






Effectiveness of Schema Therapy on Psychological Symptoms and Suicidal Thoughts in Individuals Attending Counseling Centers

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ABSTRACT

The present study aimed to determine the effectiveness of schema therapy on psychological symptoms and suicidal thoughts in individuals attending counseling centers. The research design was quasi-experimental, employing a pretest-posttest control group framework. The statistical population of this study included individuals visiting counseling centers in Babol, Iran, in 2023. Using convenience sampling, 28 individuals were selected and assigned to experimental and control groups (14 participants in each group). The experimental group underwent eight 90-minute sessions of schema therapy interventions, while the control group did not receive any intervention. Data were collected using questionnaires on psychological symptoms and suicidal thoughts, and hypotheses were tested using analysis of covariance (ANCOVA). The findings indicated a significant difference in the mean scores of psychological symptoms and suicidal thoughts between the control and experimental groups in the posttest compared to the pretest. Therefore, schema therapy has an impact on psychological symptoms and suicidal thoughts in individuals attending counseling centers.

Keywords: Schema therapy, psychological symptoms, suicidal thoughts

1. Introduction

Anxiety is an inherent part of human life and exists in all individuals. In moderate levels, it is considered an adaptive response. It could be argued that without anxiety, we might succumb to lethargy. The absence of anxiety can expose individuals to significant challenges and dangers. Thus, anxiety, as a component of human life, forms a crucial element of personality structure. From this perspective, some forms of anxiety can be deemed normal, and their positive effects on human growth are acknowledged. Such anxiety provides individuals with opportunities to develop adaptive mechanisms to confront stress-inducing and anxiety-provoking sources. In some cases, anxiety fosters creativity and productivity, enables individuals to anticipate scenarios and gain control over them, or motivates them to take on significant responsibilities, such as assuming a social duty (Shibani et al., 2020). Psychological symptoms encompass states of stress, depression, and psychological anxiety caused by real or imagined problems (Chester et al., 2018).

Depression is a mental state characterized by dissatisfaction, despair, and fatigue. It is often accompanied by varying degrees of anxiety, reduced self-esteem, impaired cognitive and emotional expression, self-discovery, and self-disclosure, as well as psychomotor retardation. This retardation can delay responses to stimuli (Wang, 2013). According to the World Health Organization, depression is one of the leading causes of disability and the fourth major contributor to the global burden of disease (World Health Organization, 2017).

Psychosocial stressors are among the factors that increase the risk of suicide in individuals with depression. Depression is a complex emotional disorder. It is not one of the core emotions, such as love or sadness, but rather encompasses broader situations involving various emotions. Depression includes sadness and self-reflective emotions such as shame (Kaplan & Sadock, 2020).

Suicidal thoughts refer to any self-destructive ideation. These thoughts range from vague notions of ending one's life to fully developed plans for suicide. Personality is a risk factor influencing the occurrence of suicidal behaviors (Renaud et al., 2018). Suicidal thoughts are a medical term describing a preoccupation with suicide. These thoughts manifest in different forms. Some may involve mere imagination and fantasies, such as planning a suicide attempt, role-playing, or thinking about failed or symbolic suicides intended to communicate emotional distress to

others. However, others may be serious and reflect a deliberate intent to end one's life. Statistics indicate that not all individuals who contemplate suicide act on these thoughts, but many eventually do. Depression is the most critical factor influencing suicidal ideation (Oh & Heo, 2023).

Suicide can be broadly defined as an aggressive act resulting from frustration. In other words, it is the ultimate outcome of aggression directed inward against oneself. Suicide involves self-harm with the intent to end one's life (Arab et al., 2024). A suicide attempt refers to executing a plan or method to terminate life, which may result in either a completed suicide or failure (Berardelli et al., 2019). Suicidal thoughts are self-reported ideations about suicide, ranging from vague desires for death to detailed plans for suicide (Anderson, 2002). The presence of suicidal thoughts, intentions, or plans is a significant risk factor for suicide. These thoughts involve rumination, preoccupation, and imaginative engagement with death or self-harm (Liang et al., 2020). The intensity and persistence of these thoughts increase the risk of suicide (Olsson et al., 2021).

Schema therapy is considered an innovative and integrative approach primarily based on the expansion of cognitive-behavioral concepts and methods. It integrates principles from cognitive-behavioral therapy, attachment theory, object relations, constructivism, and psychoanalysis into a valuable conceptual treatment model (Young et al., 2003).

Schema therapy emphasizes the modification of early maladaptive schemas. These schemas are the oldest and deepest cognitive components, comprising unconditional beliefs and feelings about oneself. They arise from the interaction between a child's innate temperament and dysfunctional experiences with parents, siblings, and peers during early life (Young et al., 2003). Group schema therapy has several advantages. It reduces the need for long waiting lists for training, optimizes therapists' time, and offers significant benefits to patients in a group setting, such as shared experiences, peer modeling, and peer support (Skewes et al., 2014). Therefore, this study seeks to answer the question: Does schema therapy affect psychological symptoms and suicidal thoughts in individuals attending counseling centers?

2. Methods and Materials

2.1. Study Design and Participants

The present research employed a quasi-experimental design with a pretest-posttest control group framework. The statistical population included individuals attending counseling centers in Babol, Iran, in 2023. Using convenience sampling, 28 individuals were selected and assigned to experimental and control groups (14 participants in each group). The experimental group underwent eight 90-minute schema therapy intervention sessions, while the control group received no intervention. Data collection was conducted using psychological symptom and suicidal ideation questionnaires.

2.2. Measures

2.2.1. Psychological Symptoms

To measure psychological symptoms, the Depression, Anxiety, and Stress Scale (DASS) developed by Lovibond and Lovibond (1995) was utilized. This scale consists of 21 items assessing three components: depression, anxiety, and stress, using a Likert scale ranging from 1 (not at all) to 4 (very much). Of the 21 items, 7 are related to stress, 7 to anxiety, and 7 to depression. The reliability and validity of the scale have been estimated in previous studies, with Cronbach's alpha coefficients of 0.73 for depression, 0.81 for anxiety, and 0.71 for stress (Foster et al., 2024; Pangngay, 2024). Additionally, Alizadeh et al. (2014) performed a factor analysis of the scale, confirming the presence of three factors: depression, anxiety, and stress. Their findings showed that 68% of the total variance was explained by these factors. The eigenvalues for stress, depression, and anxiety were 9.07, 2.89, and 1.23, respectively, with Cronbach's alpha coefficients of 0.97, 0.92, and 0.95 for the three factors (Abbasian Hadadan, 2024; Abdolahi et al., 2024). In this study, the reliability of the scale was calculated using Cronbach's alpha, yielding coefficients of 0.78 for anxiety, 0.83 for depression, and 0.84 for stress.

2.2.2. Suicidal Thoughts

The Beck Scale for Suicidal Ideation (BSSI) was developed by Aaron Beck in 1961. This scale consists of 19 items assessing aspects such as the desire for death, active and passive suicidal ideation, duration and frequency of suicidal thoughts, self-control, deterrents to suicide, and readiness for a suicide attempt. The scale includes 5 screening items. If responses indicate active or passive suicidal ideation, the respondent proceeds to complete the

remaining 14 items. Factor analysis with psychiatric patients revealed that the scale comprises three factors: desire for death (5 items), preparation for suicide (7 items), and actual suicidal intent (4 items). Two items assess deterrents or concealment of suicidal ideation, which are not included in any of the three factors. Anisi et al. (1999) evaluated the reliability and validity of the BSSI in a study involving 100 male participants aged 19 to 28, selected via convenience sampling. Results showed a correlation of 0.76 between the BSSI and the Goldberg Depression Scale. The reliability of the scale was assessed using Cronbach's alpha (0.95) and split-half reliability (0.75). Thus, the internal consistency, test-retest reliability, and concurrent validity of the scale were deemed acceptable (Ebrahimi et al., 2023).

2.3. Interventions

2.3.1. Schema Therapy

Schema therapy is an integrative approach that combines cognitive-behavioral, attachment, psychodynamic, and experiential techniques to address deep-rooted maladaptive schemas. The following protocol outlines an 8-session intervention designed to reduce psychological symptoms and suicidal thoughts by identifying, challenging, and modifying maladaptive schemas in participants. Each session is 90 minutes long and structured to build on the previous one, with a focus on fostering insight, emotional regulation, and adaptive coping strategies.

Session 1: Introduction and Rapport Building

The first session focuses on establishing rapport, introducing schema therapy concepts, and setting therapeutic goals. Participants are educated on the concept of schemas, how they develop, and their impact on emotions and behaviors. A collaborative atmosphere is established by exploring the participant's current challenges, expectations, and motivations for change. The session concludes with participants identifying personal goals for the therapy process.

Session 2: Identifying Maladaptive Schemas

In this session, participants complete structured assessments, such as schema inventories, to identify their specific maladaptive schemas. The therapist helps participants understand how these schemas influence their thoughts, emotions, and behaviors. Psychoeducation continues, emphasizing the origins of schemas in early childhood experiences and their persistence in adulthood.

Session 3: Schema Triggers and Emotional Awareness

Participants learn to recognize situations and relationships that activate their maladaptive schemas. The therapist guides them through exercises to connect their emotional responses with schema activation. Emotional awareness techniques are introduced to help participants identify and articulate the emotions tied to schema activation.

Session 4: Challenging Maladaptive Schemas

This session focuses on cognitive restructuring. Participants are taught to evaluate the evidence for and against their maladaptive schemas and develop alternative, more adaptive perspectives. The therapist introduces thought records and other cognitive techniques to help participants challenge unhelpful beliefs.

Session 5: Developing Adaptive Coping Strategies

Participants are introduced to healthier coping mechanisms to replace maladaptive behaviors associated with schema activation. Behavioral experiments and role-playing are used to practice these new strategies in a safe and supportive environment. Participants begin to plan how they will apply these strategies in their daily lives.

Session 6: Reparenting and Emotional Healing

The therapist uses imagery rescripting and other experiential techniques to address unmet emotional needs from childhood and foster emotional healing. Participants are guided to reimagine painful memories with a focus on nurturing and comforting the younger self. This process aims to reduce the emotional intensity of past experiences and promote self-compassion.

Session 7: Strengthening Adaptive Schemas

This session emphasizes reinforcing adaptive schemas and integrating them into the participant's self-concept. Participants practice using their new schemas in challenging

situations through role-playing and problem-solving exercises. The therapist provides feedback and helps refine strategies as needed.

Session 8: Review and Termination

The final session reviews the progress made throughout the intervention, revisits therapy goals, and celebrates achievements. Participants reflect on their journey and create a personalized plan for maintaining and strengthening their gains post-therapy. The session concludes with a discussion of resources and strategies for relapse prevention.

2.4. Data Analysis

Data analysis was conducted using SPSS version 26. Descriptive statistics, including means and standard deviations, were calculated for all variables in both the pre-test and post-test. To examine the differences between the experimental and control groups, an independent samples t-test was used for between-group comparisons. Additionally, a one-way analysis of covariance (ANCOVA) was performed to assess the impact of schema therapy on psychological symptoms and suicidal thoughts, controlling for pre-test scores. The significance level was set at 0.05 for all statistical tests, and effect sizes were calculated to determine the magnitude of the intervention's impact.

3. Findings and Results

As shown in the data presented in [Table 1](#), the mean scores of psychological symptoms and suicidal thoughts in the pre-test and post-test for the control group are equal. Additionally, the mean scores of psychological symptoms and suicidal thoughts in the pre-test and post-test for the experimental group differ.

Table 1

Descriptive Statistics of the Research Variables in Pre-Test and Post-Test

Variable	Group	Mean Pre-Test	Standard Deviation Pre-Test	Mean Post-Test	Standard Deviation Post-Test
Total Psychological Symptoms Score	Experimental	49.68	6.23	39.88	5.88
	Control	47.45	6.86	48.45	6.56
Suicidal Thoughts	Experimental	19.32	4.23	13.83	3.35
	Control	20.45	4.34	19.23	4.14

Levene's test results showed that the obtained F value was not significant. Since the significance level (Sig) for all research variables was greater than 0.05, it can be inferred

that the variances are homogeneous. Therefore, the assumption of equal variances holds, and conducting analysis of covariance (ANCOVA) is feasible.

Table 2*Results of One-Way ANCOVA for the Total Psychological Symptoms Score*

Source	Sum of Squares	Degrees of Freedom	Mean Squares	F-Statistic	Significance Level	Effect Size
Pre-test	1542.963	1	1542.963	62.963	0.001	0.625
Group Membership	412.452	1	412.452	19.152	0.001	0.499
Error	369.885	25	14.79			

As shown in [Table 2](#), the ANCOVA analysis for the total psychological symptoms score after adjusting for the pre-test score indicates that, after removing the effect of the pre-test score, the effect of schema therapy on the post-test score is

significant. In other words, schema therapy has an impact on the psychological symptoms of individuals visiting counseling centers.

Table 3*Results of ANCOVA for Between-Group Effects*

Component	Sum of Squares	Degrees of Freedom	Mean Squares	F-Statistic	Significance Level	Effect Size
Suicidal Thoughts	102.963	1	102.963	24.542	0.001	0.596

As indicated in [Table 3](#), the significance level for the ANCOVA test is less than 0.05. Therefore, schema therapy has an impact on the suicidal thoughts of individuals visiting counseling centers.

4. Discussion and Conclusion

The findings related to the first hypothesis showed that there is a significant difference in the mean scores of psychological symptoms between the control and experimental groups in the post-test compared to the pre-test. Therefore, schema therapy has an impact on the psychological symptoms of individuals visiting counseling centers. The results of this study are consistent with previous research ([Abbasian Hadadan, 2024](#); [Khatibi & Meghrizi, 2023](#); [Mohammadi et al., 2019](#); [Mohammadkhani et al., 2022](#); [Monjezi et al., 2022](#)).

In schema therapy, by targeting these schemas, attitudes, and underlying beliefs of individuals toward various situations, people are assisted in finding better coping strategies in harmful life circumstances. Therefore, it is expected that schema therapy will have an effect on individuals' self-confidence; however, contrary to this expectation, the current study yielded the opposite result. The primary role of schemas lies in their influence on processing styles. While schemas typically assist the mind in decision-making and often provide the most predictable forecasts, preparing the brain for normative functioning, they may also act as resistant factors to change. Thus, individuals encounter challenges in the process of modifying

their behavioral patterns. These challenges seem to be primarily related to schemas or the organization of perceptions, imaginations, beliefs, and feedback ([Mohammadkhani et al., 2022](#)).

Schema therapy, like all third-wave therapies, aims to help patients accept their emotions and thoughts rather than avoiding them. Accordingly, it assists individuals in accepting their emotions and feelings as an inseparable part of their lives and adopting a new perspective toward them, rather than suppressing them. Furthermore, considering the similarities between emotional schema therapy and acceptance and commitment therapy, which emphasize experiencing personal events fully and expanding individuals' capacity for observation, mindfulness techniques such as detached awareness and defusion are employed in this therapeutic model to increase individuals' fundamental acceptance abilities. In this way, the implementation of mindfulness techniques enhances individuals' psychological flexibility, facilitating the process of emotional acceptance and improving their conscious existence, helping them shift from ineffective coping with negative emotions to observing and accepting them ([Abbasian Hadadan, 2024](#); [Mohammadkhani et al., 2022](#)).

The findings related to the second hypothesis showed a significant difference in the mean scores of suicidal thoughts between the control and experimental groups in the post-test compared to the pre-test. Therefore, schema therapy affects the suicidal thoughts of individuals visiting counseling centers. The results of this study align with previous research

findings (Ebrahimi et al., 2023; Mozamzadeh et al., 2018; Pour Panjeh & Tabatabaenejad, 2023).

Schemas are constructs formed based on reality or experience and act as mediators of individuals' behavioral responses. Schema therapy addresses the deepest level of cognition, targeting early maladaptive schemas, and assists individuals in overcoming these schemas through cognitive, experiential (emotional), behavioral, and interpersonal strategies. The primary goal of this therapeutic model is to create psychological awareness and increase conscious control over schemas, with the ultimate goal being the improvement of schemas and coping styles (Pour Panjeh & Tabatabaenejad, 2023). Thus, schema therapy, through its various techniques, influences individuals' schemas that cause dissatisfaction with life, despair, and hopelessness, and by helping them find cognitive strategies to cope with these, alleviates their sense of dissatisfaction.

Since schemas are generally defined as structures, patterns, or frameworks, in the context of cognitive developmental therapy, a schema is seen as a template shaped by reality or experience to help individuals interpret their experiences (Ebrahimi et al., 2023). Schema therapy, by targeting maladaptive schemas, helps individuals change their interpretation of life situations and enables them to find appropriate and adaptive strategies to cope with problems and harmful situations.

Suicide is often a response to the belief that a situation is unbearable for an individual and that nothing can be done to change it. Consequently, suicide is seen as a solution to this problem. Since many individuals who attempt suicide hold dysfunctional attitudes and illogical beliefs, these beliefs generate negative emotions, which, in turn, become the main triggers for suicidal tendencies. Therefore, through effective interventions, we can teach them a new way of thinking, which will allow them to experience more positive emotions and feel less need to resort to suicide as an escape from life situations.

One of the limitations of the present study is its reliance on a relatively small sample size, which limits the generalizability of the findings to a broader population. Additionally, the study was conducted in a specific geographical location (Babol), which may affect the external validity of the results. Another limitation is the absence of long-term follow-up to assess the durability of the effects of schema therapy on psychological symptoms and suicidal thoughts. Furthermore, the study only focused on individuals attending counseling centers, potentially excluding those who do not seek professional help. Lastly, the self-reported

nature of the data collection, such as the use of questionnaires for psychological symptoms and suicidal thoughts, could introduce response biases.

Future research could benefit from including a larger and more diverse sample to enhance the generalizability of the findings across different populations and regions. It would also be useful to conduct longitudinal studies to explore the long-term effects of schema therapy on psychological symptoms and suicidal thoughts. Additionally, future studies could investigate the effectiveness of schema therapy in combination with other therapeutic approaches, such as cognitive-behavioral therapy or mindfulness-based interventions, to determine if a combined approach yields better outcomes. Finally, exploring the mechanisms of change within schema therapy, such as the specific cognitive, emotional, or behavioral processes that lead to improvement, would be valuable for advancing the understanding of how schema therapy works.

The findings of this study have important implications for clinical practice, particularly in the treatment of psychological symptoms and suicidal thoughts. Schema therapy can be considered an effective intervention for individuals experiencing psychological distress, as it helps in addressing the underlying cognitive patterns that contribute to negative emotional states. Mental health professionals may consider incorporating schema therapy into their practice, especially when working with individuals with maladaptive schemas and chronic psychological issues. Additionally, the study suggests the importance of integrating emotional acceptance and cognitive restructuring techniques to improve coping mechanisms in individuals at risk of suicide. This research highlights the need for tailored therapeutic interventions that address deep-rooted cognitive and emotional patterns to foster long-term mental well-being.

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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