

Effectiveness of Schema Therapy on Life Attitude and Distress Tolerance in Women Attending Counseling Clinics

Safoura. Forouzani¹, Fatemeh. Norbakhsh Amiri^{2*}, Mahdieh. Abbasi³, Somayeh. Pilehvar Zavareh⁴, Shirin. Maghsoudi⁵

¹ Master of General Psychology, Sari Branch, Islamic Azad University, Sari, Iran

² Master of Clinical Psychology, Ayatollah Amoli Branch, Islamic Azad University, Amol, Iran

³ Master of Clinical Psychology, Tonekabon branch, Islamic Azad University, Tonekabon, Iran

⁴ Master of General Psychology, Badroud Branch, Islamic Azad University, Badroud, Iran

⁵ Master of Educational Psychology, North Tehran Branch, Islamic Azad University, North Tehran, Iran

* Corresponding author email address: F148.nourbakhsh@gmail.com

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ABSTRACT

Objective: The aim of the present study was to determine the effectiveness of schema therapy on life attitude and distress tolerance in women attending counseling clinics.

Methods and Materials: The research method was a quasi-experimental design with pre-test and post-test along with a control group. The study population consisted of women attending counseling clinics in Tehran in 2023. The sampling method was convenience sampling, and the sample size was selected to be 30 individuals (15 in the experimental group and 15 in the control group). Data collection was carried out using life attitude and distress tolerance questionnaires. The experimental group underwent eight 90-minute schema therapy sessions, while the control group did not receive any intervention. Both groups completed the life attitude and distress tolerance questionnaires in two phases: pre-test and post-test.

Findings: Findings indicated that after schema therapy, with attention to the mean variables of life attitude and distress tolerance, the experimental group showed significant improvement in the post-test compared to the mean of the control group.

Conclusion: Therefore, schema therapy has an effect on the life attitude and distress tolerance of women attending counseling clinics.

Keywords: *schema therapy, life attitude, distress tolerance, women, counseling clinics.*

1. Introduction

Women constitute half of the population of any society and simultaneously have their own specific issues and needs. Addressing these needs and problems and

providing suitable solutions to improve their living conditions are among the most significant issues for countries (Amiri et al., 2023; Ziapour et al., 2023). Given that women are the central axis of human upbringing and the

home is the first nucleus of society formation—where humans' happiness and misery are determined and shaped.

Life attitude is a broad concept derived from an individual's cognitive system. Life attitude affects an individual's goals and performance, leading to a purposeful life accompanied by a sense of power and growth (Ghaffari & Fotoukian 2015). Life attitude encompasses an individual's outlook on life. A positive life attitude is one of the most powerful tools for healthy living. Life attitude signifies a psychological readiness for action or reaction in a particular way. Life attitude is a comprehensive concept derived from an individual's cognitive system, influencing decisions and goals, and contributing to purposefulness and meaning in life (Bokani 2019; Ghaffari & Fotoukian 2015).

Distress tolerance is defined as an individual's perceived ability to experience and endure negative and maladaptive emotional and affective states. Conversely, distress tolerance can be described as behavioral management and control in the face of goal-directed behavior during emotional and affective disturbances (Simons & Gaher, 2005). From a physical perspective, distress tolerance is considered the capacity to endure and manage negative and maladaptive physiological states (Kratovic et al., 2021). Individuals with low levels of distress tolerance find negative psychological and emotional states intolerable, lack the capacity to control them, typically resort to denial-based defense styles, and feel shame and guilt for experiencing such states (Gallego et al., 2020). Distress tolerance affects the assessment of outcomes from negative and bothersome emotional experiences in various life situations; people with lower levels of distress tolerance exhibit more severe reactions to negative emotions and feelings such as stress, anxiety, and depression (Veilleux, 2019)

In the schema therapy model, in addition to raising awareness, cognitive, emotional, interpersonal, and behavioral changes are also important. The goal of schema therapy is for individuals to use more adaptive coping styles instead of maladaptive ones, thereby satisfying their basic emotional needs with this method. This approach emphasizes the role of emotions in the change process, the use of experiential techniques, early attachments, and interpersonal behaviors (Young et al., 2003). Recent studies indicate that schema therapy is more effective compared to other approaches. This approach is capable of addressing issues overlooked by cognitive approaches, such as dysfunctional patterns in close relationships and altering problematic childhood memories (Mohammad Nezhady & Rabiei, 2015; Mohammadi et al., 2019).

Therefore, the present research seeks to answer the question of whether schema therapy affects life attitude and distress tolerance in women attending counseling clinics.

2. Methods and Materials

2.1. Study Design and Participants

The research method employed was a quasi-experimental design with pre-test and post-test alongside a control group. The research population consisted of women attending counseling clinics in Tehran in the year 2022. The sampling method was convenience sampling, and the sample size was determined to be 30 individuals (15 in the experimental group and 15 in the control group). Data collection utilized life attitude and distress tolerance questionnaires. The experimental group was subjected to eight 90-minute schema therapy sessions, while the control group did not receive any intervention. Both groups completed the life attitude and distress tolerance questionnaires in two stages: pre-test and post-test.

2.2. Measures

2.2.1. Life Attitude

The Life Attitude Index, based on the concept of a positive attitude towards life, was designed by Batista (1973). This test comprises two scales: 1) The Framework scale, which reflects the individual's perception of the structure and philosophy of life as well as their approach to deriving meaning from life, and 2) The Fulfillment scale, which pertains to the individual's perception of living according to their chosen framework. Each of these subscales includes 14 statements, with seven phrased negatively and seven positively. The total score of positive statements from both subscales yields the overall life attitude score. In this questionnaire, agreeing is scored 3 points, neutral is scored 2 points, and disagreeing is scored 1 point. The score range in this test varies from 14 to 42. A high score indicates a high personal meaning in life, while a low score indicates a lack of personal meaning. Batista and Almond (1973) reported a retest reliability of $r = 0.94$ for this index. Several studies have also reported high Cronbach's alpha coefficients for the life attitude index. Azarkhiatan Farahani (2011) also standardized this questionnaire in Iran, achieving a test reliability coefficient of 0.85. The internal consistency coefficient through retesting was 0.82, and the Cronbach's alpha was calculated to be 0.70 (Ghaffari & Fotoukian 2015).

2.2.2. Distress Tolerance

This questionnaire, created by Simons & Gaher (2005), is a self-report index of emotional distress tolerance, featuring 15 items and four subscales. The subscales are: Tolerance (endurance of emotional distress), Absorption (being absorbed by negative emotions), Appraisal (mental assessment of distress), and Regulation (managing efforts to alleviate distress). Items on this scale are scored on a five-point Likert scale, where a score of one indicates complete agreement with the item, and a score of five indicates complete disagreement. The alpha coefficients for these scales are 0.72, 0.82, 0.78, and 0.70, respectively, with an overall scale alpha of 0.82. It has also been shown that this scale has good criterion validity and preliminary convergent validity (Seyed Ali Tabar & Zadhan, 2023; Simons & Gaher, 2005; Takhayori et al., 2021).

2.3. Interventions

2.3.1. Schema Therapy

The intervention protocol for this study consisted of an 8-session schema therapy program, each session lasting 90 minutes, designed specifically for women attending counseling clinics. The protocol aimed to improve participants' life attitudes and increase their distress tolerance through a structured yet adaptive schema therapy approach. Below is a brief overview of each session's content and objectives (Mohammad Nezhady & Rabiei, 2015; Mohammadi et al., 2019; Young et al., 2003):

Session 1: Introduction and Establishment of the Therapeutic Framework

The first session was dedicated to building rapport among group members and introducing them to the principles of schema therapy. Participants were provided with an overview of the program, including its goals and the concept of schemas. This session focused on creating a safe and supportive group environment, encouraging openness and trust.

Session 2: Identification of Early Maladaptive Schemas

Participants explored their own early maladaptive schemas through guided activities and discussions. The therapist introduced the concept of schemas, how they develop, and their influence on current behavior and emotions. Participants began the process of self-reflection to identify personal schemas that negatively affect their life attitude and distress tolerance.

Session 3: Connecting Schemas to Life Events

Building on the previous session, participants were guided to identify specific life events and experiences that contributed to the formation of their maladaptive schemas. Through narrative therapy techniques and group sharing, they explored the link between past experiences and present attitudes and behaviors.

Session 4: Recognizing Schema Triggers and Responses

This session focused on helping participants recognize situations and triggers that activate their schemas. Through role-play and scenario analysis, the group discussed common triggers and practiced identifying their emotional and behavioral responses to these triggers.

Session 5: Challenging and Reframing Negative Thoughts

Participants learned cognitive restructuring techniques to challenge and reframe negative thoughts stemming from their schemas. The therapist provided tools for identifying irrational beliefs and replacing them with more adaptive, realistic thoughts, aiming to shift participants' life attitudes positively.

Session 6: Emotional Regulation and Distress Tolerance Skills

Focusing on emotional regulation, this session introduced techniques to manage and tolerate distressing emotions effectively. Participants practiced mindfulness, deep breathing, and other coping strategies to enhance their distress tolerance, using guided imagery and relaxation exercises.

Session 7: Developing Healthy Coping Strategies

The therapist introduced adaptive coping strategies to replace maladaptive schema-driven behaviors. Group activities emphasized the development of problem-solving skills, assertiveness training, and the establishment of healthy boundaries in relationships.

Session 8: Consolidation and Future Planning

The final session was dedicated to consolidating the skills and insights gained throughout the program. Participants set personal goals for continuing their progress and discussed strategies for maintaining changes in their life attitude and distress tolerance. The therapist encouraged ongoing self-reflection and provided resources for further support.

2.4. Data analysis

For data analysis, SPSS software version 24 was utilized. The results were analyzed in two sections: descriptive statistics, including means and standard deviations, and inferential statistics, involving analysis of covariance.

3. Findings and Results

As observed in Table 1, the mean scores of the research variables in the post-test phase for the experimental group,

or schema therapy, show a greater increase compared to the control group.

Table 1

Descriptive Statistics of Research Variables Scores by Group

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Life Attitude	Experimental	33.37	4.24	44.57	5.17
	Control	35.45	4.35	32.12	4.51
Distress Tolerance	Experimental	48.45	5.78	61.35	7.35
	Control	47.61	5.54	47.37	5.32

Prior to conducting the primary analyses, we rigorously examined and verified the assumptions of normality, linearity, homoscedasticity, and the absence of multicollinearity. The skewness and kurtosis values for all variables fell within the acceptable range of -2 to +2, specifically skewness ranged from -1.45 to 1.33 and kurtosis from -1.67 to 1.52, confirming the assumption of normality. Linearity was assessed through scatterplots, which demonstrated a linear relationship between the independent and dependent variables. Homoscedasticity was confirmed via Levene's test, which resulted in non-significant values ($p > 0.05$), indicating equal variances across groups. Lastly, the Variance Inflation Factor (VIF) and Tolerance statistics were within the acceptable limits ($VIF < 5$, $Tolerance > 0.2$)

for all predictor variables, thus negating the presence of multicollinearity. These assessments ensured the methodological rigor of our statistical analyses and the reliability of our findings. Table 2, based on the p-value of the F-test statistic, indicates that there is a significant difference in the mean life attitude scores between the groups ($P < 0.05$). Therefore, there is a significant difference in the post-test life attitude for women attending counseling clinics between the experimental group (schema therapy) and the control group, after controlling for pre-test life attitude scores. Hence, according to the results of the analysis of covariance, schema therapy intervention affects the life attitude of women attending counseling clinics.

Table 2

Results of Multivariate Analysis of Covariance (MANCOVA) for Life Attitude among Groups

Source of Variation	Sum of Squares	df	Mean Square (Variance Estimate)	F	Significance Level	Effect Size (Eta Squared)
Pre-test	369.53	1	369.53	29.45	0.0001	0.398
Groups	145.74	1	145.74	11.37	0.012	0.354
Error	410.37	27	15.19			
Total	568.57	30				

The results of the analysis of covariance in Table 3 indicate that, after controlling for pre-test scores, the effect of the group on post-test distress tolerance scores is significant. Such that after schema therapy, distress

tolerance scores in the intervention group significantly increased compared to the control group. Therefore, schema therapy has an effect on the distress tolerance of women attending counseling clinics.

Table 3

Results of Univariate Analysis of Covariance (ANCOVA) for Distress Tolerance Scores Difference between Two Groups

Source of Variation	Sum of Squares	df	Mean Square (Variance Estimate)	F	Significance Level	Effect Size (Eta Squared)
Pre-test	1157.56	1	1157.56	31.15	0.0001	0.453
Groups	1458.12	1	1458.12	13.69	0.012	0.411
Error	1061.65	27	39.32			
Total	2415.85	30				

4. Discussion and Conclusion

The findings indicated that after schema therapy, with attention to the means of the research variables of life

attitude and distress tolerance, the experimental group showed significant improvement in the post-test compared to the control group's means. Therefore, schema therapy affects the life attitude and distress tolerance of women attending counseling clinics. The results of the current study are consistent with the findings of previous research (Ahmadzadeh Samani et al., 2021; Fassbinder et al., 2016; Mohammad Nezhady & Rabiei, 2015; Mohammadi et al., 2019; Safari Dizaj & Alipanah, 2023).

Life attitude is a broad concept derived from an individual's cognitive system, influencing their decisions and goals, leading to purposefulness and meaning in life (Ghaffari & Fotoukian 2015). Having meaning in life acts like a key that can unlock many of life's intractable problems, leading to positive responses in individuals. Since an individual's attitude towards life and its meaning is derived from their cognitions, it can be said to be related to their cognitive schemas.

The activation of maladaptive early schemas leads to negative evaluation of events and the negative and threatening interpretation of stimuli, causing the individual to negatively evaluate stressful situations and, consequently, engage in passive and maladaptive coping strategies; following the use of maladaptive coping strategies, they experience more psychological turmoil and thus destabilize their quality of life (Young et al., 2003). Schema therapy, through cognitive and experiential strategies by challenging cognitive and emotional beliefs, identifies unmet needs and, through behavioral strategies with increased motivation for behavioral change and replacing unhealthy behaviors, aids in the improvement of schemas (Fassbinder et al., 2016; Mohammad Nezhady & Rabiei, 2015). In this way, by improving and changing behaviors and schemas and increasing motivation, the attitudes of these women towards life also change.

Schemas are considered the deepest level of an individual's cognition, encompassing experiences, memories, and emotions. If an individual's basic and primary needs (such as the need to be loved, the need for psychological and emotional security, the need for competence and freedom) are not met in the early years of life, it leads to the development of maladaptive early schemas. Additionally, distress tolerance is a psychological trait that exists in all individuals to varying degrees, but there are significant individual differences in these traits. Low levels of distress tolerance make an individual vulnerable to many psychological harms. Jeffrey Young believes that these schemas, which he refers to as "a structure or reference

framework," are stable and enduring structures that act like lenses affecting an individual's perception of the world, themselves, and others. These schemas are formed during childhood experiences and represent core beliefs about oneself and others, diverting the processing of external information onto an inefficient path (Mohammadi et al., 2019). In schema therapy, the focus is on increasing awareness and insight, understanding the role of schemas in maintaining problematic situations, and adjusting the activation and operation of schemas (Ahmadzadeh Samani et al., 2021; Fassbinder et al., 2016).

5. Limitations & Suggestions

This study, while offering insightful findings, is not without its limitations. The research was conducted with a specific demographic of women attending counseling clinics, which may limit the generalizability of the results to broader populations. The quasi-experimental design, although rigorous, does not fully eliminate potential confounding variables that a randomized controlled trial might control. Additionally, the reliance on self-reported measures introduces the possibility of response bias, potentially affecting the accuracy of the reported attitudes and distress tolerance levels. Finally, the short duration of the intervention and the follow-up period may not capture long-term effects and changes in schemas, life attitude, and distress tolerance.

Future research should consider expanding the demographic scope to include a more diverse participant pool, including men and non-binary individuals, to examine the effects of schema therapy across different populations. Implementing a randomized controlled trial design could enhance the study's internal validity by better controlling for confounding variables. Longitudinal studies with extended follow-up periods are also recommended to assess the long-term sustainability of the therapy's benefits. Additionally, incorporating objective measures alongside self-reported data could provide a more nuanced understanding of the intervention's impact.

The findings of this study have several practical implications for mental health professionals and counseling services. The demonstrated effectiveness of schema therapy in improving life attitude and distress tolerance suggests its utility as a valuable therapeutic approach in counseling settings, particularly for women facing emotional and psychological challenges. Mental health professionals could integrate schema therapy into their practice to address

maladaptive schemas contributing to distress and negative life attitudes. The study also highlights the importance of offering group therapy options, which can provide additional support through shared experiences and peer learning. Lastly, the results underscore the importance of early identification and intervention for maladaptive schemas, suggesting that mental health services should incorporate schema assessment and targeted interventions into their standard care practices to foster resilience and psychological well-being.

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Declaration of Interest

The authors of this article declared 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.

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.

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Authors' Contributions

All authors equally contributed in this article.



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