

Efficacy of Schema Therapy training on self-efficacy, self-esteem and assertiveness in women heads of households covered by welfare in Karaj

Shiva. Moradi^{1*}, Shahrzad. Moradi²

¹ M.A in family counseling, Adiban Institute of Higher Education, Semnan, Iran

² M.A in Rehabilitation counseling, Payame Noor University of Qazvin, Qazvin, Iran

* Corresponding author email address: shiva.moradi20211400@gmail.com

Article Info

Article type:

Original Research

How to cite this article:

Moradi, S., & Moradi, S. (2023). Efficacy of Schema Therapy training on self-efficacy, self-esteem and assertiveness in women heads of households covered by welfare in Karaj. *Psychology of Woman Journal*, 4(2), 9-16. <http://dx.doi.org/10.52547/psychowoman.4.2.9>



© 2023 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: The present study investigated the effectiveness of schema therapy approach training on self-esteem, self-efficacy and assertiveness of female heads of households.

Method: The research design was pre-test-post-test with a control group. The statistical population included all female heads of households covered by Karaj welfare in 2021. Sampling was done in a targeted way on all the eligible people from the total statistical population. They completed the measure tools and, then, 40 people with the lowest score in each component were randomly divided into two experimental and control groups (20 people in each group). Then, the experimental group was trained in a ten-session schema therapy protocol. Finally, a post-test was conducted for two groups. Then the data were analyzed with the statistical test of analysis of covariance in SPSS software version 26.

Results: The results of data analysis showed that schema therapy group training effectively increases self-efficacy, self-esteem and assertiveness in women heads of households ($p < 0.001$).

Conclusion: According to the research findings, schema therapy approach training can effectively increase self-efficacy, self-esteem and assertiveness in women heads of households.

Keywords: *assertiveness, self-efficacy, schema therapy, self-esteem, Women heads of households*

1 Introduction

Heads of the household women are a group who have assumed the headship of the household due to various reasons such as death, divorce, addiction, disability, imprisonment of the spouse, abandonment by irresponsible immigrant men. There are many reasons why women who head the household can be considered as vulnerable groups

(Mousapour lilibadi, Fatahi andbil, & Jafari, 2020). Female heads of the household, in addition to the duty of taking care of the family and earning money to provide a living, are also responsible for the important duty of motherhood (Azadeh & Tafteh, 2016). The multiplicity of double roles worry about economic issues and the future adds to their problems and imposes much pressure on them. Therefore, all kinds of psychological pressures cast a shadow on the lives of female

heads of the family. In such a situation, their psycho-social adaptation is strongly affected by the stability of their self-concept and self-image (Azadeh & Tafteh, 2016). The presence of a positive self-concept (an important component in self-efficacy) in women makes them feel confident and secure, While the negative and unstable self-concept creates a feeling of insecurity and inadequacy and disturbs the personal and social adaptation of women (Diamond-Smith et al., 2017). *Self-efficacy* is a constructive ability by which human cognitive, social, emotional and behavioral skills are organized effectively to achieve various goals. Self-efficacy is a cognitive mechanism that creates the ability to control fearful things in a person and enables him to face problems (Janbozorgi, Darbani, & Parsakia, 2020; Parsakia, Rostami, & Saadati, 2023). People with clear, well-defined, harmonious and almost stable self-efficacy have more mental health and happiness (Rutledge, Guardia, & Bluestein, 2013). Based on the social cognitive theory, self-efficacy plays a key and important role in mental health and affects many psychological functions (Bandura, 1982).

Another important psychological component in female heads of the household is the issue of assertiveness in them. Research has shown that self-expression skills are related to many mental health concepts; Because it strengthens self-confidence in people and strengthens the feeling of competence and mastery in people (Boket et al., 2016). Bold people have close relationships with others, do not allow others to take advantage of them, and can express various negative and positive thoughts without feeling guilty, stressed, anxious, or violating the rights of others. (Avşar & Alkaya, 2017). Self-expression makes you respect yourself and others. This means that a person not only values the opinions, beliefs, thoughts and feelings of others, but also values his own opinions, beliefs, thoughts and feelings (Larijani et al., 2017). *Assertiveness* is a behavior that enables people to recognize their rights and act on them, insist on their rights without serious anxiety, and express their true feelings honestly. By considering the rights of others, he demanded and obtained his own rights (Moradi, 2015). In many societies, women have difficulty being bold and low self-esteem, so it is difficult for them to express their needs or maintain their independence (Diamond-Smith et al., 2017).

Self-esteem refers to a person's belief in achieving his goals, and it is caused by the mental attitude of people towards themselves, which is formed based on previous experiences. People with high self-esteem have better attitudes and views towards themselves, and people with low

self-esteem have negative attitudes towards themselves, even if they achieve their goals (Darbani & Parsakia, 2022; Ugwuanyi, Okeke, & Asomugha, 2020). Self-esteem is a person's general feeling of self-worth and competence in various fields of life that positively affects many personal traits. People with high self-esteem look for opportunities to grow and face problems directly (Ruzansky & Harrison, 2019). Self-love and the feeling of being satisfied with "what I am," as well as not being ashamed of one's existence, are important factors of self-esteem (Darbani & Parsakia, 2022). Self-esteem is built on the basis of deeply rooted personal values resulting from a certain social, relational and cultural context. It acts as a shield against threats to mental health (Rossi et al., 2020). A positive evaluation of one's own performance causes a person's self-esteem to increase, while if a person has a negative evaluation of his own performance, his self-esteem decreases. What is meant by self-esteem is how people think about themselves, how much they love themselves and, how satisfied they are with their performance, and the degree of harmony and closeness between their ideal self and their actual self (Harris et al., 2018). Therefore, strong self-esteem helps the cognitive processes so that a person is successful in his actions (Ghasemi et al., 2019).

Schema therapy techniques help the patient to improve schemas by reorganizing emotions, examining new self-learning, regulating interpersonal emotions, and self-relaxation (Titov et al., 2015). Early maladaptive schemas (EMS) are deep and comprehensive patterns or themes that were formed during childhood or adolescence, continue throughout life, are related to the person's relationship with himself and others, and are highly dysfunctional. (Nenadić, Lamberth, & Reiss, 2017). If the EMS of women heads of the family is not resolved and is not directed to a positive solution, it can lead to tension in life. EMS are emotional and cognitive patterns of self-harm that are formed in the mind at the beginning of growth and development and are repeated throughout life (Young, Klosko, & Weishaar, 2003). Therefore, recognizing and solving these schemas in heads of household women can effectively improve their quality of life and mental health.

In general, considering that women heads of households are among the most vulnerable sections of the society, the support and effort to improve the abilities of these women has increased their self-confidence and strengthened their self-confidence, and, finally, it leads to their favorable and effective management in critical family situations (Azadeh & Tafteh, 2016; Diamond-Smith et al., 2017; Mousapour

lilabadi, Fatahi andbil, & Jafari, 2020). Therefore, schema therapy results from a skillful attempt to enrich therapeutic techniques and shows how such people can be helped to recognize and change their maladaptive patterns. Therefore, the current research tries to answer this general question: will teaching the schema therapy approach on self-esteem, self-efficacy, and assertiveness of female heads of households under Karaj welfare coverage be effective?

2 Methods and Materials

2.1 Study design and Participant

The current research is semi-experimental with a pre-test-post-test design with a control group. The statistical population includes all female heads of households covered by Karaj welfare in 2021. From 23 private centers that provide services to women heads of households and 1200 women heads of households who were under the cover of these centers, a targeted sampling was done on all eligible people from the total statistical population.

Inclusion criteria were: (1) age range of 30-60 years, (2) not participating in other therapeutic interventions at the same time, (3) having acceptable hearing, (4) not suffering from cognitive disorders, including dementia and depression (5) not having an acute physical illness, (6) not taking major psychiatric medication due to psychological problems, (7) having the necessary physical ability to attend and sit in meetings, (8) getting a lower score than the criteria for entering the study The term: (1) age range of 30-60 years (2) not simultaneously participating in another therapeutic intervention, (3) having acceptable hearing, (4) not suffering from cognitive disorders, including dementia and depression (5) Not having an acute physical illness, (6) not taking major psychiatric medication due to psychological problems, (7) Having the necessary physical ability to attend and sit in meetings, (8) Getting a score lower than the cut-off point determined in the scale of self-esteem, assertiveness and self-efficacy (9) having consent to participate in the study (10) Having minimal literacy (reading and writing) (11) Not having a supervisor at the moment (12) independence in providing life and guardianship of children (13) They had children.

Exclusion criteria were: (1) Remarriage and having a guardian (2) taking neuropsychiatric drugs due to psychological problems during the study, (3) Absence of more than two consecutive or non-consecutive meetings and not being responsible for continuing the meetings (4) Refer to psychological clinics for treatment (5) Experiencing

severe family crises during the study such as: bereavement of family members, sudden illness of one of the family members, (6) Suffering from acute physical diseases leading to hospitalization during the study and (7) Reluctance to continue participating in schema therapy training.

They completed the measure tools and, then, 40 people with the lowest score in each component were randomly divided into two experimental and control groups (20 people in each group). Then, the experimental group was trained in a ten-session schema therapy protocol. Finally, a post-test was conducted for two groups. The 40 female heads of households participating in the study were in the age group of 30 to 60 years. Out of the total participants in the research, 32 people are the head of the household due to separation from their spouse, 7 due to the death of their spouse, and 1 due to the running away of their spouse. 28 people have two or fewer children and 12 people have more than two children. In addition, all the participants in this study were women and all of them were the head of the household. Out of the control and experimental groups, 6 live alone and 34 live with their children. Of 40 female heads of the household, 34 people have custody of the children.

2.2 Measures

2.2.1 Self-esteem

Rosenberg's self-esteem scale (Rosenberg, 1965) includes ten self-report items that positively express general feelings of self-worth or acceptance. Each statement of this scale includes a four-choice scale (from completely agree to completely disagree) whose range is from 1 to 4. 5 of its terms are presented in a positive form (items number 1 to 5) and 5 other terms are presented in a negative form (items number 6 to 10). In addition, its minimum and maximum score is 10 and 40, and higher scores indicate a high level of self-esteem in people. This scale has stronger correlation coefficients than Cooper Smith's self-esteem questionnaire and has higher validity in measuring self-esteem levels (Ghasemi et al., 2019).

2.2.2 Self-efficacy

Self-efficacy scale has been created by Sherer et al. (1982). The original version of the test included 36 questions, which were reduced to 17 based on the analysis. Answers are set on a five-point Likert scale. This scale has 17 items with five options, with points from 1 to 5 for completely disagree, disagree, no opinion, agree and

completely agree, and each person's score is between a minimum of 17 and a maximum of 85. Sherer et al. (1982) reported the reliability coefficient of this tool as 0.86 (Sherer et al., 1982). In Iran, researchers checked the validity of the self-efficacy scale and the reliability coefficient was 0.84. Cronbach's alpha was also reported 0.85. The internal consistency coefficients of this scale were equal to 0.83, and for convergent validity, its correlation with the internal locus of control was $r=0.34$. Also, in another study, the validity of this scale was obtained through construct validity of 0.61 (Janbozorgi, Darbani, & Parsakia, 2020).

2.2.3 Assertiveness

The assertiveness questionnaire was prepared based on the assertiveness test of Gambrill and Richey (1975). It has 40 main subjects, some of which have been changed due to non-compatibility with Iranian culture. Each item of the test shows a situation that requires assertiveness behavior. The subject is asked to answer the questions according to a 5-point rating scale. This test has several questions, including starting to interact with others, facing others, giving negative

feedback, responding to criticism, rejecting requests, accepting one's limitations, and praising others. Factor analysis by Gambrill and Richey (1975) showed that this scale has construct validity and also the differential validity of the questionnaire was proven in the ability to differentiate between high and low assertiveness people. The reliability coefficient of this questionnaire was reported as 0.81 and 0.83, respectively, by Cronbach's alpha and bisecting methods by Gambrill and Richey (1975) (Gambrill & Richey, 1975). Academic experts and its content validity checked the validity of this test was confirmed, and the factorial validity of the different items of the scale was calculated between 0.39 and 0.70 (Avşar & Alkaya, 2017; Larijani et al., 2017).

2.3 Intervention

2.3.1 Schema Therapy

Schema therapy sessions were implemented based on Young's protocol (Young, Klosko, & Weishaar, 2003) as follows (Table 1):

Table 1

Schema therapy sessions

Session	Content	Objectives
1	Getting to know the people of the group, introducing each participant to other group members; Explaining the schema model in simple language for the patient and how to form schemas and coping styles, measuring individual problems and searching for ineffective patterns.	Creating communication and empathy and creating motivation by expressing the importance of group members trusting each other and confidentiality, explaining the group therapy sessions and the structure of the sessions
2	Hypothesizing about schemas, identifying and naming them, identifying coping styles and the patient's mood, and mental imaging in the evaluation stage.	Expressing the definition of schema therapy, encouraging the free expression of events related to schema formation
3	Conceptualizing the patient's problem according to the schema approach, collecting the information obtained in the measurement phase, examining the objective evidence and confirming and rejecting the schemas based on the evidence of the patient's life.	Education and recognition of EMS
4	Documenting the evidence confirming schemas to childhood experiences and ineffective child-rearing methods, dialogue between schemas and the healthy side, and learning the responses of the healthy side by the patient.	Teaching and understanding the concept of cognitive coordination and ineffective coping responses
5	Arousing the emotions related to the EMS, examining the component of coping styles in the strengthening and continuation of schemas.	Assessing and teaching schema therapy
6	Strengthening the concept of a healthy adult in the patient's mind, identifying unsatisfied emotional needs and fighting schemas.	Using experimental schema therapy strategies, focusing on emotional expression and healthy emotional discharge
7	Creating an opportunity for the patient to identify his feelings towards his parents and his unmet needs by them, helping the patient to express forbidden emotions.	Assessing and teaching schema therapy
8	Finding new ways to establish communication and abandoning confrontational styles, preparing a comprehensive list of problematic behaviors, setting priorities for change, and specifying treatment goals.	Focusing on the factors hindering the formation and continuation of schemas
9	Mental imaging of problematic situations and confronting the most problematic behavior, training to replace positive schemas	Teaching pattern-breaking methods
10	Reviewing the advantages and disadvantages of healthy and unhealthy behaviors, overcoming obstacles to change behavior, summarizing and ending treatment sessions	Emphasizing the role of individual agency in improving and repairing unhealthy behavior styles

2.4 Data Analysis

The data were analyzed with the statistical test of analysis of covariance in SPSS software version 26.

3 Findings and Results

After collecting the data, multivariate covariance analysis was used to test the research hypotheses, and its assumptions (normality of score distribution, Levene's test, and M-Box's test) were checked and confirmed. Before discussing the results of inferential statistics, descriptive findings are reported in the table below.

Table 2

Descriptive Findings

Variable	Experimental		Control	
	Pre-test	Post-test	Pre-test	Post-test
	M (SD)	M (SD)	M (SD)	M (SD)
Self-efficacy	25.40 (6.01)	37.30 (4.28)	27.15 (5.18)	27.35 (5.00)
Self-esteem	15.80 (2.91)	20.85(2.87)	15.55 (2.72)	16.20 (2.78)
Assertiveness	53.85 (15.05)	109.05 (56.15)	58.05 (11.92)	58.60 (12.64)

According to [Table 2](#), in all research variables, the experimental group's mean has improved from pre-test to post-test. This improvement in the variables of self-esteem, self-efficacy, and assertiveness included an increase in the mean. While in the control group, the situation was opposite

to the experimental group. In this group, there was a very small increase in the mean of the self-efficacy variable after the test (35.27) compared to the pre-test (15.27) and also in the variables of self-esteem and assertiveness.

Table 3

MANCOVA results (covariate: pre-test scores)

Variable	Source	SS	df	MS	F	Sig	Effect size
Self-efficacy	Group	199.55	1	199.55	7.37	0.01	0.29
	Error	487.245	35	27.06			
	Total	13590	40				
Self-esteem	Group	103.678	1	134.95	32.443	0.001	0.64
	Error	522.57	35	3.19			
	Total	5154	40				
Assertiveness	Group	243.212	1	1038.38	76.126	0.001	0.56
	Error	4063	35	225.741			
	Total	62303	40				

The results of [Table 3](#) show that group schema therapy training effectively increases self-efficacy in the post-test phase ($p < 0.001$, $F = 7.37$). Also, according to the results, this training is effective in improving self-esteem ($p < 0.001$,

$F = 32.443$) and assertiveness in the post-test phase ($p < 0.001$, $F = 76.126$). Therefore, by terminating the effect of the pre-test variable, the main hypothesis that there is a significant difference in the variables of self-efficacy, self-esteem, and

assertiveness of the experimental group compared to the control group is confirmed, and the effect of the group is significant for these variables. According to the obtained means, it can be said that the variables of self-efficacy, self-esteem and assertiveness in the experimental group compared to the control group had a significant change in the post-test stage, and the research hypotheses are confirmed.

4 Discussion and Conclusion

The research findings show that the schema therapy approach training has been effective in the self-efficacy of women heads of the household. In explaining this finding, it can be mentioned that EMS are beliefs people form about themselves, others and the surrounding environment. One of these influential and important beliefs is self-efficacy. EMS can affect people's mental health by influencing their self-efficacy beliefs. In this way, EMS creates distorted and negative thoughts in the client so that they may feel different from others, imagining they cannot accept the responsibilities of their life alone. (Taylor & Harper, 2017). In this way, people consider themselves incapable of social coping with the situation, and as a result, their mental health is affected. People who have stronger self-efficacy choose more challenging goals and make more efforts to achieve them (Ugwuanyi, Okeke, & Asomugha, 2020). By improving some basic and destructive components, such as negative emotions and thoughts, schema therapy can generally improve psychological health and, thus, mental health in people (Titov et al., 2015). In fact, schema therapy can break behavioral patterns. This strategy helps clients design and implement behavioral assignments to replace compromised behavioral patterns instead of ineffective maladaptive coping responses. It can improve social motivation and communication, increasing self-efficacy (Carlucci et al., 2018).

Also, according to the findings, teaching the schema therapy approach has been effective in the self-esteem of female heads of the household. In explaining this finding, it can be said that self-esteem is one of the basic topics in psychology today. Based on the presented theories and studies conducted in recent decades, several treatment approaches have also paid attention to self-esteem and ways to increase it (Young, Klosko, & Weishaar, 2003). People who feel good about themselves can easily overcome conflicts, resist negative pressures and enjoy life well. Self-esteem is one of the main determining factors in forming

behavioral and emotional patterns, and it indicates a person's attitude towards himself and the outside world (Roelofs, Onckels, & Muris, 2013). Schemas can activate stress, dysfunctional attitudes, pessimistic explanatory style, despair and helplessness in different life situations and events and lead to different forms of psychological disturbances (Nasiri et al., 2021; Taylor & Harper, 2017; Torres, 2002). The presence of EMS weakens their self-esteem and self-worth and disrupts their social functioning. A person with EMS has beliefs about himself based on which he considers himself weak, ineffective, and helpless. This schema affects self-esteem in various fields of his life (Pugh, 2015). In fact, the existence of EMS contains the feeling of being different or not fitting in with society. People with EMS feel that they cannot handle their daily responsibilities without the serious help of others (Kiaee Rad et al., 2022).

Finally, the results showed that teaching the schema therapy approach affects the assertiveness of female heads of the household. These findings were consistent with some previous studies. In explaining this finding, it can be said that improving personal abilities and changing and modifying unhelpful and sometimes destructive lifestyles can cause specific changes in life and interpersonal relationships (Boket et al., 2016). Self-expression helps people to express the right kind of behavior in different situations and leads to increasing self-confidence and expressing thoughts and feelings. When people positively express their wishes and opinions, they show a higher level of assertiveness (Avşar & Alkaya, 2017). Basically, assertive behaviors increase self-esteem and self-confidence, while at the same time reducing a person's need to be constantly approved by others. As a result of adopting these behaviors, they eliminate the feeling of inner insecurity. On the other hand, the main reason that causes people to show bold behavior is to gain self-control. Bold behaviors make a person establish more meaningful relationships with loved ones. Therefore, the feeling of insecurity and vulnerability of the clients is reduced. A positive mental image of them is created in themselves. Because of this, the feeling of inner peace caused by the increase in self-confidence and social adequacy causes the repetition of daring behaviors. (Larijani et al., 2017). Schema therapy works on changing these cognitive distortions to make the person's knowledge of himself, the environment, and the future fit with reality. In other words, people can change their cognition through schema therapy (Nasiri et al., 2021). Therefore, people who have low self-expression, by being aware of these illogical thoughts and

replacing them with logical thoughts, they can find more courage and express their opinions more easily (Haji Hosseini, 2013).

5 Limitations

One of the limitations of this research is the existence of intervening variables, such as socioeconomic class, which has not been controlled. The research community is limited to women heads of households covered by welfare centers, which limits the generalizability of research findings to other women heads of households who do not have cases in these centers. Lack of sufficient time for long-term follow-up of the results should be considered.

6 Suggestions and Applications

It is recommended to conduct research on female heads of households whom any support institutions do not cover. It is suggested to carry out schema therapy group training in women from other cultures and ethnicities to increase the generalizability of the findings. It is also recommended that this training be conducted on working women and housewives who head the household simultaneously and

compare the effectiveness of schema therapy approach training in two groups. The effects of the treatment may not continue after one or more months of the post-test phase. Therefore, it is suggested that ST should be conducted two or three times at intervals of 2-3 months and 6 months after the post-test and the results would be compared. It is suggested to teach the schema therapy approach to women living in prisons and women's rehabilitation centers.

Acknowledgments

The cooperation of all participants in the research is thanked and appreciated.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

References

- Avşar, F., & Alkaya, S. A. (2017). The effectiveness of assertiveness training for school-aged children on bullying and assertiveness level. *Journal of pediatric nursing*, 36, 186-190. <https://doi.org/10.1016/j.pedn.2017.06.020>
- Azadeh, M. A., & Tafteh, M. (2016). The Obstacles of Happiness from the View of Female-headed Households of Tehran. *Journal of Woman and Family Studies*, 3(2), 33-60. <https://doi.org/10.22051/jwfs.2016.2207>
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist*, 37(2), 122. <https://doi.org/10.1037/0003-066X.37.2.122>
- Boket, E., Bahrami, M., Kolyaie, L., & Hosseini, S. (2016). The effect of assertiveness skills training on reduction of verbal victimization of high school students. *International journal of humanities and cultural studies*, 3(2), 690-699.
- Carlucci, L., D'Ambrosio, I., Innamorati, M., Saggino, A., & Balsamo, M. (2018). Co-rumination, anxiety, and maladaptive cognitive schemas: when friendship can hurt. *Psychology research and behavior management*, 133-144. <https://www.tandfonline.com/doi/full/10.2147/PRBM.S144907>
- Darbani, S., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. *Psychology of Woman Journal*, 3(1), 46-55. <http://dx.doi.org/10.52547/psychowoman.3.1.46>
- Diamond-Smith, N., Raj, A., Prata, N., & Weiser, S. D. (2017). Associations of women's position in the household and food insecurity with family planning use in Nepal. *PloS one*, 12(4), e0176127. <https://doi.org/https://doi.org/10.1371/journal.pone.0176127>
- Gambrill, E. D., & Richey, C. A. (1975). An assertion inventory for use in assessment and research. *Behavior therapy*, 6(4), 550-561. [https://doi.org/10.1016/S0005-7894\(75\)80013-X](https://doi.org/10.1016/S0005-7894(75)80013-X)
- Ghasemi, M., Badsar, M., Falahati, L., & Karamidehkordi, E. (2019). Investigating the Mediating Role of Self-esteem and Self-efficacy in Analysis of the Socio-cultural Factors Influencing Rural Women's Empowerment. *Women's Studies Sociological and Psychological*, 17(2), 151-186. <https://doi.org/10.22051/jwsp.2019.24257.1919>
- Harris, M. A., Wetzel, E., Robins, R. W., Donnellan, M. B., & Trzesniewski, K. H. (2018). The development of global and domain self-esteem from ages 10 to 16 for Mexican-origin youth. *International Journal of Behavioral Development*, 42(1), 4-16. <https://doi.org/10.1177/0165025416679744>
- Janbozorgi, F., Darbani, S. A., & Parsakia, K. (2020). The structural model of predicting family health based on communication patterns and self-efficacy with the mediating role of self-compassion in women. *Psychology of Woman Journal*, 1(3), 66-80. <http://psychowoman.ir/article-1-22-en.html>
- Kiaee Rad, H., Pasha, R., Askary, P., & Makvandi, B. (2022). The Effect of Schema Therapy on Extramarital Relationships and Domestic Violence in Women with Emotional Divorce. *Knowledge & Research in Applied Psychology*, 23(3), 188-204. <https://doi.org/10.30486/jsrp.2020.1906373.2551>

- Larijani, T., Aghajani, M., Zamani, N., & Ghadirian, F. (2017). Assertiveness and the Factors Affecting it Among Nursing Students of Tehran University of Medical Sciences. *International Journal of New Technology and Research*, 3(5). <https://www.neliti.com/publications/263293/assertiveness-and-the-factors-affecting-it-among-nursing-students-of-tehran-univ#cite>
- Moradi, M. (2015). Examining the Effectiveness of Training Assertiveness Skill on Self-Efficacy and Procrastination of the Female Seventh Grade Junior Students, District 19, Tehran: The Educational Year of 2014-2015. *International Letters of Social and Humanistic Sciences*, 57, 110-117. <https://www.learntechlib.org/p/176295/>
- Mousapour lilabadi, E., Fatahi andbil, A., & Jafari, A. (2020). Predicting the quality of life of female-headed households based on cognitive capital and perceived social support with the mediating role of coping styles. *Psychology of Woman Journal*, 1(1), 62-75. <http://psychowoman.ir/article-1-48-en.html>
- Nasiri, A., Sharifi, T., Ghazanfari, A., & Chorami, M. (2021). Comparison of the Effectiveness of Schema Therapy and Reality Therapy on Psychological Capital of Preschool Teachers. *Quarterly of Applied Psychology*, 15 (3): 511, 536, 2. <https://doi.org/10.52547/APS.Y.2021.222264.1060>
- Nenadić, I., Lamberth, S., & Reiss, N. (2017). Group schema therapy for personality disorders: a pilot study for implementation in acute psychiatric in-patient settings. *Psychiatry Research*, 253, 9-12. <https://doi.org/10.1016/j.psychres.2017.01.093>
- Parsakia, K., Rostami, M., & Saadati, S. M. (2023). Validity and reliability of digital self-efficacy scale in Iranian sample. *Journal of Adolescent and Youth Psychological Studies*, 4(4), 207-215. <http://dorl.net/dor/20.1001.1.28212525.1402.4.4.15.1>
- Pugh, M. (2015). A narrative review of schemas and schema therapy outcomes in the eating disorders. *Clinical psychology review*, 39, 30-41. <https://doi.org/10.1016/j.cpr.2015.04.003>
- Roelofs, J., Onckels, L., & Muris, P. (2013). Attachment quality and psychopathological symptoms in clinically referred adolescents: The mediating role of early maladaptive schema. *Journal of child and family studies*, 22, 377-385. <https://doi.org/10.1007/s10826-012-9589-x>
- Rosenberg, M. (1965). Society and the adolescent self-image Princeton. In: NJ: Princeton University Press.
- Rossi, A., Panzeri, A., Pietrabissa, G., Manzoni, G. M., Castelnuovo, G., & Mannarini, S. (2020). The anxiety-buffer hypothesis in the time of COVID-19: when self-esteem protects from the impact of loneliness and fear on anxiety and depression. *Frontiers in psychology*, 11, 2177. <https://doi.org/10.3389/fpsyg.2020.02177>
- Rutledge, C. M., Guardia, A. C. L., & Bluestein, D. (2013). Predictors of self-efficacy for sleep in primary care. *Journal of Clinical Nursing*, 22(9-10), 1254-1261. <https://doi.org/10.1111/jocn.12005>
- Ruzansky, A. S., & Harrison, M. A. (2019). Swinging high or low? Measuring self-esteem in swingers. *The Social Science Journal*, 56(1), 30-37. <https://doi.org/10.1016/j.soscij.2018.10.006>
- Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The self-efficacy scale: Construction and validation. *Psychological reports*, 51(2), 663-671. <https://doi.org/10.2466/pr0.1982.51.2.663>
- Taylor, C. D., & Harper, S. F. (2017). Early maladaptive schema, social functioning and distress in psychosis: A preliminary investigation. *Clinical Psychologist*, 21(2), 135-142. <https://doi.org/10.1111/cp.12082>
- Titov, N., Dear, B. F., Ali, S., Zou, J. B., Lorian, C. N., Johnston, L., Terides, M. D., Kayrouz, R., Klein, B., & Gandy, M. (2015). Clinical and cost-effectiveness of therapist-guided internet-delivered cognitive behavior therapy for older adults with symptoms of depression: a randomized controlled trial. *Behavior therapy*, 46(2), 193-205. <https://doi.org/10.1016/j.beth.2014.09.008>
- Torres, C. (2002). Early maladaptive schema and cognitive distortion in psychopathy and narcissism [PhD Thesis]. *Australia: Australian National University*.
- Ugwuanyi, C. S., Okeke, C. I., & Asomugha, C. G. (2020). Prediction of Learners' Mathematics Performance by Their Emotional Intelligence, Self-Esteem and Self-Efficacy. *Cypriot Journal of Educational Sciences*, 15(3), 492-501. <https://eric.ed.gov/?id=EJ1262264>
- Young, J., Klosko, J., & Weishaar, M. (2003). Schema therapy: A practitioner's guide Guilford Press. *New York, NY*. https://scholar.google.com/scholar?hl=fa&as_sdt=0%2C5&q=%29.+Schema+therapy%3A+A+practitioner%27s+guide.+guilford+press.%E2%80%8F&btnG=