KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 07 April 2026
Revised 08 July 2026
Accepted 15 July 2026
Initial Publication 18 July 2026
Final Publication 01 March 2027

Psychology of Woman Journal

Volume 8, Issue 2, pp 1-14

E-ISSN: 3041-8615

The Effectiveness of Schema Therapy on Self-Esteem, Self-Compassion, and Loneliness in Divorced Women with Depressive Symptoms: A Case Study

Seyed Ali. Mosavi[1], Heydarali. Zarei[2*]

[1] MA in Clinical Psychology, Department of Clinical Psychology, Ur.C., Islamic Azad University, Urmia, Iran
[2] Department of Psychology, Khoy.C., Islamic Azad University, Khoy, Iran

*** Corresponding author email address**: h.zarei@iau.ac.ir

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Mosavi, S. A. & Zarei, H. (2027). The Effectiveness of Schema Therapy on Self-Esteem, Self-Compassion, and Loneliness in Divorced Women with Depressive Symptoms: A Case Study. *Psychology of Woman Journal, 8*(2), 1-14.
http://dx.doi.org/10.61838/kman.pwj.5707

A B S T R A C T

Objective: This study aimed to investigate the effectiveness of schema therapy in improving self-esteem and self-compassion and reducing loneliness among divorced women with depressive symptoms.

Methods and Materials: This applied study was conducted using a single-case experimental design with a multiple-baseline structure. The statistical population consisted of divorced women with depressive symptoms who referred to counseling and treatment centers in Khoy, Iran, in 2025. Three participants were selected through purposive sampling based on the inclusion criteria, including elevated depression scores on the Beck Depression Inventory. The participants received a 10-session schema therapy protocol based on Young's model. Data were collected using the Rosenberg Self-Esteem Scale, Neff Self-Compassion Scale, and Russell Loneliness Scale. The data were analyzed through visual analysis, including level, trend, stability, immediate change, and overlap indices, as well as quantitative indices including reliable change index, effect size, and mean percentage of improvement.

Findings: The results of visual and quantitative analyses indicated that schema therapy produced clinically meaningful and stable improvements in all target variables. The intervention had a large effect on self-esteem, with an effect size of 3.71, indicating a substantial increase after treatment. Self-compassion also improved significantly, with a large effect size of 1.84. In addition, loneliness showed a meaningful reduction, with a large negative effect size of -1.68. All components of self-compassion, including self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification, demonstrated statistically meaningful improvement patterns. The reliable change indices and improvement percentages confirmed the stability and clinical significance of the therapeutic changes across participants.

Conclusion: Schema therapy appears to be an effective psychological intervention for enhancing self-esteem and self-compassion and reducing loneliness in divorced women with depressive symptoms.

Keywords: *Schema therapy; self-esteem; self-compassion; loneliness; depressive symptoms; case study.*

1. Introduction

Divorce is not merely the legal termination of a marital contract; it is a major psychosocial transition that may reorganize a woman's emotional, interpersonal, economic, and identity-related structures. For many divorced women, the end of marriage can activate a complex pattern of psychological vulnerability, especially when the divorce is accompanied by social stigma, perceived failure, loss of relational security, disrupted attachment bonds, financial pressure, and diminished social support. Although divorce may sometimes represent liberation from an unhealthy relationship, it can also expose women to persistent emotional distress, depressive symptoms, loneliness, and negative self-evaluations. Within this context, depression is often maintained not only by current life stressors but also by deeper cognitive-emotional structures through which individuals interpret themselves, others, and the future. Therefore, interventions for divorced women with depressive symptoms need to address both symptomatic distress and the underlying personality, attachment, and schema-based vulnerabilities that sustain maladaptive emotional patterns.

Depressive symptoms after divorce are frequently associated with a diminished sense of personal worth. Self-esteem, as a global evaluation of one's value and competence, is particularly vulnerable in women who interpret divorce as a personal inadequacy, relational rejection, or evidence of unlovability. When marital separation is internalized as failure, individuals may develop or reactivate negative self-beliefs such as "I am defective," "I am not enough," or "I cannot maintain meaningful relationships." These beliefs may intensify depressive affect, social withdrawal, and interpersonal avoidance. Recent evidence has shown that schema therapy can improve self-esteem across different clinical and vulnerable populations. For example, schema therapy has been reported to improve self-esteem and social isolation in partially sighted individuals, indicating that schema-based interventions may be useful when low self-worth is intertwined with perceived difference, marginalization, and interpersonal disconnection (Abbasi & Miri, 2025). Similarly, schema therapy has been found effective in improving self-esteem and psychological well-being among incarcerated women, suggesting its relevance for women experiencing compounded psychosocial adversity and identity-related distress (Nosrati & Moghanloo, 2025). These findings highlight the importance of examining self-esteem as a central therapeutic outcome in divorced women with depressive symptoms.

Self-compassion is another important construct in understanding post-divorce psychological adjustment. It refers to the ability to respond to one's suffering with kindness rather than self-criticism, to understand painful experiences as part of shared human vulnerability rather than personal isolation, and to maintain mindful awareness rather than becoming overidentified with negative emotions. Women with depressive symptoms after divorce may struggle with harsh self-judgment, shame, rumination, and overidentification with perceived failure. In such conditions, self-compassion may serve as a protective mechanism by reducing self-blame and facilitating adaptive emotional processing. Research has increasingly emphasized the clinical relevance of self-compassion in populations exposed to relational trauma, interpersonal violence, emotional breakdown, and body-related shame. For instance, schema therapy and compassion-oriented approaches have been shown to improve psychological health among victims of intimate partner violence, supporting the role of schema modification in reducing shame-based and trauma-related vulnerabilities (Nikparvar & Stith, 2023). In addition, evidence indicates that self-esteem and self-compassion mediate the relationship between early maladaptive schemas and violence against women, suggesting that schema structures may influence women's vulnerability through both self-evaluative and self-relational pathways (Ezzati & Yazdi-Ravandi, 2024).

Loneliness is also a crucial psychological consequence of divorce. It is not limited to the objective absence of social contact but reflects a subjective perception of relational deprivation, emotional disconnection, and unmet attachment needs. Divorced women may experience loneliness due to the loss of marital companionship, changes in family networks, reduced social participation, or perceived judgment by others. Loneliness can also become a schema-driven experience when individuals expect rejection, abandonment, or exclusion and consequently avoid social closeness. Previous studies have shown that schema therapy can reduce loneliness in several psychologically vulnerable groups. For example, schema therapy has been reported to reduce loneliness and emotional distress among couples experiencing conflict (Ojaghloo & Tahaei, 2022), and it has also demonstrated effectiveness in reducing emotional adjustment problems and loneliness in women with binge eating disorder and perceived parental rejection (Borhani & Oreyzei, 2023). Moreover, studies comparing schema

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

therapy and self-compassion-based therapy have shown improvements in loneliness, negative body image, and rejection sensitivity among women applying for cosmetic surgery (Rabeei & Shabani, 2023). Together, these findings indicate that loneliness may be meaningfully conceptualized through schema-related mechanisms, especially schemas involving abandonment, emotional deprivation, social isolation, and defectiveness.

Schema therapy provides a comprehensive integrative framework for understanding and treating chronic emotional and interpersonal problems. Developed to address deeply rooted personality patterns and persistent psychological difficulties, schema therapy combines cognitive, behavioral, experiential, attachment-based, and interpersonal techniques. Its central assumption is that early maladaptive schemas develop when core emotional needs are not adequately met during childhood and adolescence. These schemas then become enduring cognitive-emotional patterns that shape perception, affect regulation, interpersonal behavior, and coping responses across the lifespan. In divorced women with depressive symptoms, schemas such as abandonment, defectiveness/shame, emotional deprivation, failure, dependence, subjugation, and social isolation may become activated or intensified after marital dissolution. When such schemas are triggered, individuals may respond through surrender, avoidance, or overcompensation, which can further maintain depression, low self-esteem, reduced self-compassion, and loneliness.

The expanding clinical scope of schema-focused therapy supports its application beyond personality disorders and into a broad range of psychological difficulties. Recent narrative and theoretical work has emphasized the widening therapeutic potential of schema-focused therapy in addressing adolescent and parenting difficulties, indicating that the approach can be adapted for diverse developmental and relational problems (Byrne, 2025). A bibliometric analysis of quantitative schema therapy literature has similarly shown the growing empirical attention to schema therapy across clinical, health-related, and psychosocial domains (Pilkington & Karantzas, 2024). Schema therapy has also been examined in older adults with personality disorders, where group schema therapy combined with psychomotor therapy has been evaluated in a multicenter randomized controlled trial, reflecting increasing methodological sophistication in schema therapy research (Veenstra-Spruit & Oude Voshaar, 2024). These developments suggest that schema therapy is no longer limited to narrow diagnostic applications; rather, it is increasingly conceptualized as a transdiagnostic intervention targeting the underlying schema patterns that contribute to emotional and interpersonal dysfunction.

Several recent intervention studies have demonstrated the effectiveness of schema therapy in reducing depression and related psychological difficulties. Among women seeking divorce, schema therapy has been shown to reduce depressive symptoms, supporting its clinical utility in populations directly affected by marital dissolution (Taghipour et al., 2020). Schema therapy has also been reported to reduce dysfunctional attitudes, depression, and loneliness among divorced women, providing direct support for its relevance to the population targeted in the present study (Ahmadi Tayfkani et al., 2024). In fatherless depressed adolescents, schema therapy improved depression, self-esteem, and distress tolerance, demonstrating that schema change can be associated with both symptom reduction and strengthening of psychological resources (Fereydooni & Sheykhan, 2024). In unmarried girls, mentality-based schema therapy has also been found effective in improving loneliness, depression, and self-concept, further supporting the schema model in female populations experiencing relational or identity-related vulnerability (Damirchi & Homayoon, 2024).

Research on divorced women and women experiencing relational disruption has particular relevance to the present study. Schema therapy has been compared with acceptance and commitment therapy in improving psychological well-being among divorced women, suggesting that schema-focused interventions may be useful for post-divorce adjustment and emotional recovery (Nikpour et al., 2021). Schema therapy has also been used among divorced women referred to welfare services, where it was shown to improve ambiguity tolerance and alexithymia, two constructs closely related to emotion regulation and adaptive coping after relational loss (Amalardani Soumeh et al., 2023). Among women after spousal infidelity, schema therapy has been compared with acceptance and commitment therapy in improving forgiveness, indicating its relevance in contexts of betrayal, relational injury, and post-relationship reconstruction (Najari et al., 2023). In unmarried girls with emotional breakdown, schema therapy and acceptance/commitment therapy have been examined for their effects on love trauma syndrome and self-compassion, highlighting the potential of schema-based work in addressing the psychological consequences of disrupted attachment and romantic loss (Nejad Rodani & Shahbazi, 2023).

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

The effectiveness of schema therapy has also been supported across other clinical and behavioral domains, which reinforces its transdiagnostic relevance. For example, schema therapy has been found effective in improving maladaptive schemas, emotional regulation, and frustration tolerance among students, suggesting that it can target both deep cognitive structures and practical emotion-regulation capacities (Mohamadzadeh & Banisi, 2025). Schema therapy has also been compared with emotion-oriented therapy in improving treatment adherence among patients with multiple sclerosis, indicating its applicability in chronic health conditions where maladaptive beliefs may interfere with coping and treatment engagement (Mohaghegh & Tajeri, 2025). In individuals with stimulant substance use disorder, schema therapy and mindfulness-based cognitive therapy have been shown to influence emotion-focused coping strategies and craving, further demonstrating the relevance of schema modification to affect regulation and behavioral control (Choheili & Asgari, 2025). In individuals with obesity, schema therapy has improved body image, weight-related outcomes, and self-esteem, suggesting that schema-level interventions may influence both self-perception and maladaptive behavioral patterns (Bahadori & Pashang, 2022).

The comparative effectiveness of schema therapy has also been examined alongside other evidence-based approaches. Studies comparing schema therapy with group emotion-focused couple therapy have shown that both approaches can influence maladaptive schemas in couples, suggesting that schema-related patterns play an important role in relational distress (Aghaei et al., 2021). Schema therapy has also been compared with mindfulness-based cognitive therapy in infertile women, where effects on worry and psychological well-being were examined, highlighting its relevance for women experiencing chronic stress and identity-related suffering (Sahour & Heydari, 2024). In another comparative study, positive-oriented psychotherapy and schema therapy were examined in relation to quality of life and irrational beliefs, indicating that schema therapy can be positioned among contemporary interventions aimed at restructuring dysfunctional belief systems and improving psychological functioning (Farokhtaj & Hashemi, 2025). These studies collectively suggest that schema therapy is a clinically flexible approach that may be particularly useful when maladaptive beliefs and emotional patterns are deeply rooted and resistant to change.

Schema therapy may be especially relevant for divorced women because divorce often activates attachment injuries and early maladaptive schemas. The abandonment schema may be intensified by the loss of marital partnership; the defectiveness/shame schema may emerge through self-blame or perceived social judgment; the emotional deprivation schema may be reinforced by unmet needs for care and support; and the social isolation schema may be strengthened when women feel excluded from family or community networks. These schemas can increase depressive symptoms by promoting hopelessness, self-criticism, and withdrawal. In turn, depression can further reduce self-esteem, impair self-compassion, and intensify loneliness, creating a self-perpetuating cycle. Schema therapy directly addresses this cycle through psychoeducation, schema identification, cognitive restructuring, experiential techniques such as imagery, limited reparenting, empathic confrontation, and behavioral pattern-breaking. Through these mechanisms, the individual learns to recognize schema activation, challenge maladaptive meanings, reduce punitive or vulnerable modes, and strengthen healthier self-relational and interpersonal responses.

The relationship between maladaptive schemas and psychological distress is further supported by research on rumination, anxiety, and interpersonal cognition. Co-rumination has been linked with anxiety and maladaptive cognitive schemas, showing that interpersonal processes can reinforce schema-based distress when emotional discussion becomes repetitive, negative, and dysregulated (Carlucci & Balsamo, 2018). This finding is relevant to divorced women with depressive symptoms because post-divorce rumination may sustain negative self-appraisals, increase emotional pain, and prevent adaptive meaning-making. Schema therapy can address these patterns by helping participants differentiate between adaptive emotional processing and schema-driven rumination. Moreover, clinical experiences of using schema-focused therapy in culturally diverse populations, including Black Americans with panic disorder, suggest that schema therapy can be adapted to different sociocultural contexts when clinicians attend to lived experience, identity, and culturally shaped meanings of distress (Akanaefu, 2025). This adaptability is important in studies of divorced women because divorce-related distress is often embedded in sociocultural expectations, gender roles, stigma, and family norms.

Recent Iranian and international studies provide a strong empirical rationale for examining schema therapy in divorced women with depressive symptoms; however, important gaps remain. Many available studies have used

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

group or quasi-experimental designs with larger samples, while fewer studies have examined detailed intra-individual change patterns using single-case experimental designs. A multiple-baseline case-study design can provide clinically rich evidence by tracking how each participant changes across baseline and treatment phases, allowing the researcher to evaluate level, trend, stability, immediate change, overlap, reliable change, effect size, and improvement percentage. Such a design is particularly valuable when the target population is clinically specific, when intensive therapeutic monitoring is required, and when the researcher seeks to document both individual variability and overall therapeutic response. Given that divorced women with depressive symptoms may differ in age, employment, duration since divorce, educational level, and severity of symptoms, a case-study approach can reveal clinically meaningful differences in responsiveness that may be obscured in group-level analyses.

Taken together, the literature suggests that schema therapy has meaningful potential for improving self-esteem, increasing self-compassion, and reducing loneliness among women experiencing psychological vulnerability after relational disruption. Previous studies have supported its effectiveness in divorced women, women seeking divorce, victims of interpersonal violence, individuals with emotional breakdown, women with body-related concerns, and other clinical populations characterized by maladaptive schemas, depression, shame, loneliness, and impaired self-concept (Forouhar Magham & Al Yasin, 2023; Khajeh-Hasani-Rabari & Abdollahi-Chirani, 2024; Nosrati & Moghanloo, 2025). However, further research is needed to examine its effectiveness specifically among divorced women with depressive symptoms using a multiple-baseline single-case design and focusing simultaneously on self-esteem, self-compassion, and loneliness as interrelated psychological outcomes. Therefore, the aim of the present study was to investigate the effectiveness of schema therapy on self-esteem, self-compassion, and loneliness in divorced women with depressive symptoms using a multiple-baseline case-study design.

2. Methods and Materials

2.1. Study design and Participant

The present study was applied in terms of purpose and was conducted using a single-case experimental design with a multiple-baseline approach. This quasi-experimental design was selected because it allows the researcher to examine intra-individual changes over time and evaluate the stability and clinical significance of therapeutic effects in a small number of participants. In this design, each participant served as her own control, and the changes in the target variables were assessed across two main phases: baseline and post-treatment. For each participant, data were recorded through two consecutive measurements in the baseline phase and two consecutive measurements after the intervention in order to examine the stability of scores within each phase and compare changes following the implementation of schema therapy. The statistical population consisted of all divorced women with depressive symptoms who referred to psychotherapy centers, comprehensive health centers, psychology clinics, and psychiatric clinics in Khoy, Iran, in 2025. The diagnosis of depression was confirmed based on existing clinical records in the centers or through the assessment of a psychiatrist or clinical psychologist, and it was further screened using the Beck Depression Inventory. Considering the case-study nature of the research, purposive sampling was used. After coordination with treatment and health centers, a list of divorced women with a clinical diagnosis of depression was prepared. Then, after reviewing the eligibility criteria and obtaining informed consent, three women who met the required characteristics of the study, including moderate to severe depressive symptoms, willingness to participate, and absence of severe comorbid psychiatric disorders, were selected as the final sample. The inclusion criteria were being a divorced woman, obtaining a high score on the Beck Depression Inventory, being between 25 and 50 years old, and not receiving concurrent psychological treatment during the study. The exclusion criteria included the presence of severe psychiatric disorders, use of specific psychiatric medications that could interfere with the treatment process, and unwillingness to continue participation. Ethical considerations were observed throughout the research process. Participants were informed that participation was voluntary, their information would remain confidential, and they could withdraw from the study at any stage without any negative consequences. The intervention was implemented in a way that minimized psychological discomfort and respected the autonomy, dignity, and privacy of all participants.

2.2. Measures

The Rosenberg Self-Esteem Scale was used to assess self-esteem. This scale was developed by Rosenberg in 1965 and consists of 10 items designed to evaluate individuals'

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

positive and negative attitudes toward themselves. The response format is based on agreement and disagreement. For items 1 to 5, an agreement response receives a positive score and a disagreement response receives a negative score, whereas the scoring procedure is reversed for items 6 to 10. After scoring each item, the total score is calculated and divided by 10. Higher positive scores indicate higher self-esteem, while negative scores indicate lower self-esteem. A score of 10 represents very high self-esteem, and a score of -10 represents very low self-esteem. Scores above zero are interpreted as high self-esteem, and scores below zero are interpreted as low self-esteem. Previous studies have supported the validity and reliability of this scale. The correlation between the Rosenberg Self-Esteem Scale and the Satisfaction with Life Scale has been reported as 0.43 among adolescents and 0.54 among university students. In Iranian studies, the reliability of the scale has also been supported, with Cronbach's alpha coefficients around 0.69 and split-half reliability around 0.68. Test-retest reliability coefficients have been reported as 0.77 after one week, 0.73 after two weeks, and 0.78 after three weeks. In another study conducted among students, the Cronbach's alpha coefficient of the questionnaire was reported as 0.71, indicating acceptable internal consistency.

The Self-Compassion Scale was used to measure self-compassion. This questionnaire was developed by Neff in 2003 and includes 26 items measuring six components of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The items are scored on a five-point Likert scale ranging from strongly disagree to strongly agree. Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 are reverse-scored. Higher scores on the adaptive dimensions, including self-kindness, common humanity, and mindfulness, reflect greater self-compassion, whereas higher scores on the maladaptive dimensions, including self-judgment, isolation, and over-identification, indicate lower self-compassion when not reversed. In the present study, this scale was used to assess the participants' ability to treat themselves with kindness, recognize their suffering as part of shared human experience, and maintain balanced awareness of painful emotions. The psychometric properties of the scale have been confirmed in previous Iranian research. The Cronbach's alpha coefficient for the total score has been reported as 0.76, and the alpha coefficients for the subscales of self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification have been reported as 0.81, 0.79, 0.84, 0.85, 0.80, and 0.83, respectively. These values indicate acceptable to strong internal consistency for the total scale and its components. The validity of the questionnaire has also been reported as satisfactory.

The Russell Loneliness Scale was used to assess loneliness. This scale was developed by Russell, Peplau, and Cutrona in 1980 and consists of 20 items, including 10 negatively worded and 10 positively worded statements. The questionnaire is scored on a four-point scale, with response options ranging from never to always. For most items, never receives a score of 1, rarely receives a score of 2, sometimes receives a score of 3, and always receives a score of 4. However, items 1, 5, 6, 9, 10, 15, 16, 19, and 20 are reverse-scored, so that never receives a score of 4 and always receives a score of 1. The total score ranges from 20 to 80, with higher scores indicating a greater level of perceived loneliness. The midpoint of the scale is 50, and scores above this value indicate a higher intensity of loneliness. In the present study, this scale was used to evaluate the subjective experience of social isolation and emotional loneliness among divorced women with depressive symptoms. The reliability of the revised version of this scale has been reported as 0.78, and its test-retest reliability has been reported as 0.89. The Persian version of the scale has been translated and adapted for use in Iranian samples, and its validity has been evaluated and confirmed through expert judgment.

The Beck Depression Inventory-II was used as a screening instrument to identify depressive symptoms and determine eligibility for participation in the study. This questionnaire includes 21 groups of items, each assessing one symptom or clinical feature of depression. Each item describes a specific emotional, cognitive, behavioral, or somatic state, and the total score reflects the severity of depressive symptoms. Previous clinical research has indicated that a score of 17 may be useful for differentiating depressed and non-depressed individuals. In Iranian studies, scores from 0 to 13 are generally interpreted as minimal or mild depression, scores from 14 to 19 as mild depression, scores from 20 to 28 as moderate depression, and scores from 29 to 63 as severe depression. A clinical cut-off score of 14 is commonly used to indicate the need for further clinical evaluation and intervention. The Beck Depression Inventory has demonstrated acceptable diagnostic validity, predictive capacity, and concurrent validity with clinical ratings. Internal consistency coefficients have been reported between 0.73 and 0.92, with an average of 0.86. Studies on content validity, construct validity, discriminant validity, and factor structure have generally reported satisfactory

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

findings. In Iranian research, a correlation of 0.54 has been reported between this questionnaire and the depression scale of the MMPI, supporting its concurrent validity.

2.3. Intervention

The intervention used in the present study was based on Young's schema therapy protocol and was implemented over 10 weekly sessions, each lasting approximately 60 to 90 minutes. The purpose of the intervention was to identify, challenge, and modify early maladaptive schemas and dysfunctional coping styles that may become activated after divorce and contribute to depressive symptoms, low self-esteem, reduced self-compassion, and loneliness. In the first session, the therapist established rapport with the participants, introduced the general goals of schema therapy, explained the rules and structure of the therapeutic process, and conceptualized the participants' difficulties within the schema therapy framework. In the second session, the concept of schema therapy was explained, and early maladaptive schemas and their core characteristics were introduced. In the third session, schema domains and specific maladaptive schemas were discussed, and cognitive techniques such as testing the validity of schemas and evaluating the advantages and disadvantages of coping styles were taught. In the fourth session, maladaptive coping styles and coping responses that maintain schemas were introduced, and the concept of schema modes was explained. In the fifth session, participants learned healthy communication and imagery dialogue techniques, and schema assessment was conducted through relevant schema-based exercises. In the sixth session, experiential techniques were introduced, including guided imagery of problematic situations and emotional confrontation with the most distressing experiences. In the seventh session, the therapeutic relationship, dialogue between the healthy side and schema-driven side, relationships with significant others, and role-playing techniques were emphasized. In the eighth session, participants practiced healthy behaviors through role-play, letter writing, and imagery dialogue. In the ninth session, the advantages and disadvantages of healthy and unhealthy behaviors were examined, and strategies for overcoming barriers to behavioral change were taught. In the final session, the content of previous sessions was reviewed, learned strategies were practiced, motivation for change was reinforced, and healthy behaviors were further strengthened through imagery and role-playing exercises.

2.4. Data Analysis

Data analysis was conducted using both visual and quantitative methods appropriate for single-case experimental designs. In the visual analysis phase, line graphs were prepared for each participant based on the scores obtained during the baseline and post-treatment phases. The visual analysis focused on several core indices, including level, trend, direction of change, stability, immediate change, and overlap. The level index referred to the mean score within each phase and provided the basis for comparing baseline and post-treatment scores. The trend index indicated the direction of score changes across time and was used to determine whether improvement was likely to be associated with the intervention rather than natural fluctuations in the behavior or psychological condition. The stability index assessed the degree of variability in participants' scores within each phase and was used to confirm whether the baseline scores were sufficiently stable before the intervention was introduced. The immediate change index reflected the difference between the last baseline measurement and the first post-treatment measurement, indicating the speed and initial strength of the intervention effect. The overlap index examined the extent to which data points from the baseline and treatment phases overlapped; lower overlap between phases was interpreted as stronger evidence for the effectiveness of the intervention. In the quantitative analysis phase, the reliable change index, effect size, and mean percentage of improvement were calculated. A reliable change index greater than the critical value of 1.96 was considered evidence of clinically significant change. Effect size values of 0.20, 0.50, and 0.80 were interpreted as small, moderate, and large effects, respectively. The mean percentage of improvement was also calculated to determine the relative degree of change from the baseline phase to the post-treatment phase. The integration of visual and quantitative analyses made it possible to evaluate both statistical and clinical significance of schema therapy for improving self-esteem and self-compassion and reducing loneliness among the participants.

3. Findings and Results

The demographic and psychological characteristics of the three participants showed that the mean age of the participants was 37 years, with an age range of 35 to 40 years, indicating that all participants were in middle adulthood. The duration of married life ranged from 4 to 10 years, with a mean of 6.67 years, and the time elapsed since

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

divorce ranged from 7 to 11 years, with a mean of 9 years. This relatively long period since divorce suggests that the participants had passed the initial crisis phase and were likely in a stage of psychological adaptation and reconstruction. In terms of education, two participants held a bachelor's degree and one held a master's degree, indicating a relatively high educational level. Regarding employment status, two participants were employed and one was unemployed. The depression scores of all participants were above the clinical cut-off point and within the moderate range, confirming that all participants entered the study with clinically significant depressive symptoms. Overall, the participants were relatively homogeneous in terms of age, educational level, and divorce history, although some differences were observed in employment status and depression severity, which may be relevant in interpreting the degree of response to the intervention.

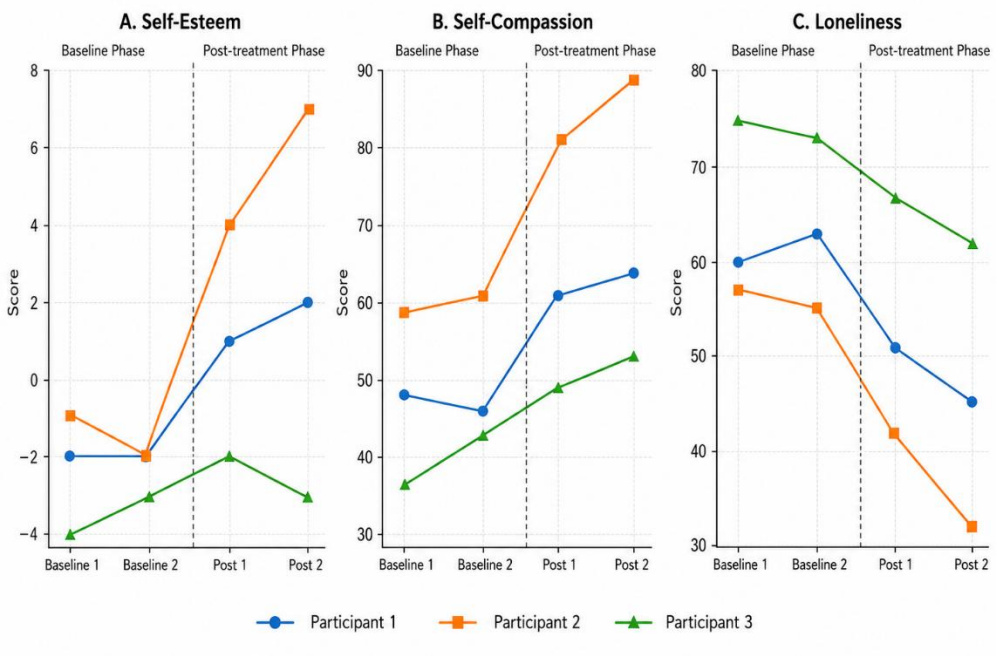
Table 1

Statistical Indices of Change in Self-Esteem, Self-Compassion, and Loneliness Scores Across Baseline and Post-Treatment Phases

Variable	Participant	Baseline 1	Baseline 2	Baseline Mean	Post-Treatment 1	Post-Treatment 2	Post-Treatment Mean	Total Baseline Mean	Total Post-Treatment Mean	Standard Deviation	RCI	ES	MPI
Self-Esteem	Participant 1	-2	-2	-2.00	1	2	1.50	-2.33	1.50	1.03	9.75	3.71	Not calculable
Self-Esteem	Participant 2	-1	-2	-1.50	4	7	5.50	—	—	—	—	—	—
Self-Esteem	Participant 3	-4	-3	-3.50	-2	-3	-2.50	—	—	—	—	—	—
Self-Compassion	Participant 1	48	46	47.00	61	64	62.50	49.00	66.17	9.32	5.32	1.84	35.03
Self-Compassion	Participant 2	59	61	60.00	81	89	85.00	—	—	—	—	—	—
Self-Compassion	Participant 3	37	43	40.00	49	53	51.00	—	—	—	—	—	—
Loneliness	Participant 1	60	63	61.50	51	45	48.00	63.83	49.83	8.35	-7.15	-1.68	-21.93
Loneliness	Participant 2	57	55	56.00	42	32	37.00	—	—	—	—	—	—
Loneliness	Participant 3	75	73	74.00	67	62	64.50						

Figure 1

Changes in self-esteem, self-compassion, and loneliness scores across baseline and post-treatment phases for all three participants.



PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

The results related to self-esteem showed a clinically meaningful improvement after schema therapy. In the baseline phase, all three participants had negative and relatively stable self-esteem scores, with a total baseline mean of -2.33, indicating low self-esteem before the intervention. After treatment, the total mean increased to 1.50, reflecting an overall shift from negative to positive self-evaluation. The strongest improvement was observed in Participant 2, whose mean self-esteem score increased from -1.50 at baseline to 5.50 after treatment. Participant 1 also showed a clear improvement, increasing from -2.00 to 1.50, while Participant 3 showed a smaller change, increasing from -3.50 to -2.50. The reliable change index was 9.75, which is far above the critical value of 1.96, indicating clinically significant change. The effect size was 3.71, showing a large intervention effect. The mean percentage of improvement was not calculated for this variable due to the presence of negative baseline scores. Overall, the visual and quantitative findings supported the effectiveness of schema therapy in improving self-esteem among divorced women with depressive symptoms.

The results for self-compassion also indicated a stable and clinically meaningful improvement following the intervention. The total baseline mean for self-compassion was 49.00, which increased to 66.17 after treatment. This improvement was observed across all three participants, although the degree of change differed between them. Participant 2 demonstrated the greatest improvement, with the mean score increasing from 60.00 at baseline to 85.00 after treatment. Participant 1 also showed a notable increase, from 47.00 to 62.50, while Participant 3 improved from 40.00 to 51.00. The reliable change index was 5.32, exceeding the clinical significance threshold, and the effect size was 1.84, indicating a large effect of schema therapy on self-compassion. The mean percentage of improvement was 35.03%, reflecting a considerable positive change compared with the baseline phase. These findings suggest that schema therapy was effective in strengthening self-kindness, emotional acceptance, balanced awareness of distress, and overall self-compassion in the participants.

The findings related to loneliness demonstrated a meaningful reduction after schema therapy. In the baseline phase, loneliness scores were high and relatively stable, with a total baseline mean of 63.83. Following the intervention, the total mean decreased to 49.83, indicating a reduction in perceived loneliness. Participant 2 showed the strongest reduction, with the mean loneliness score decreasing from 56.00 at baseline to 37.00 after treatment. Participant 1 also showed a clear decrease, from 61.50 to 48.00, while Participant 3 showed a smaller but still favorable decrease, from 74.00 to 64.50. The reliable change index was -7.15, indicating a clinically meaningful reduction in loneliness, and the effect size was -1.68, representing a large intervention effect in the expected direction. The mean percentage of improvement was -21.93%, reflecting a substantial decrease in loneliness compared with baseline. In general, the visual and quantitative results indicated that schema therapy was effective in reducing loneliness among divorced women with depressive symptoms, although the magnitude of change varied across participants.

4. Discussion

The present study aimed to investigate the effectiveness of schema therapy on self-esteem, self-compassion, and loneliness in divorced women with depressive symptoms using a multiple-baseline case-study design. The findings indicated that schema therapy produced clinically meaningful improvements across all three target variables. Self-esteem increased from a total baseline mean of -2.33 to a post-treatment mean of 1.50, with a reliable change index of 9.75 and a large effect size of 3.71. Self-compassion also improved substantially, increasing from a baseline mean of 49.00 to a post-treatment mean of 66.17, with a reliable change index of 5.32, a large effect size of 1.84, and a mean improvement percentage of 35.03%. Loneliness decreased from a baseline mean of 63.83 to a post-treatment mean of 49.83, with a reliable change index of -7.15, a large effect size of -1.68, and a mean improvement percentage of -21.93%. These findings suggest that schema therapy was not only associated with statistical and visual improvement but also with clinically meaningful psychological change in divorced women with depressive symptoms.

The improvement in self-esteem observed in the present study is consistent with previous research showing that schema therapy can strengthen self-worth and reduce negative self-evaluation in vulnerable populations. The results align with findings indicating the effectiveness of schema therapy in improving self-esteem among partially sighted individuals, particularly when self-esteem problems are related to social isolation and internalized negative beliefs (Abbasi & Miri, 2025). The present findings are also consistent with research showing the effectiveness of schema therapy on self-esteem and psychological well-being among incarcerated women, suggesting that schema therapy may be useful for women exposed to social stigma, identity

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

disruption, and chronic emotional strain (Nosrati & Moghanloo, 2025). Similarly, the finding supports evidence from studies on obese individuals, in which schema therapy improved self-esteem alongside body image and weight-related outcomes (Bahadori & Pashang, 2022). These convergent findings suggest that self-esteem may improve when individuals are helped to identify and modify maladaptive schemas related to defectiveness, shame, failure, and social rejection.

From a schema therapy perspective, the increase in self-esteem can be explained by the reduction of schema-driven self-criticism and the strengthening of the healthy adult mode. Divorced women with depressive symptoms may interpret the end of marriage through maladaptive schemas such as defectiveness/shame, abandonment, failure, and emotional deprivation. These schemas can produce rigid beliefs such as "I am not lovable," "I have failed as a woman," or "I am not worthy of care." Through cognitive restructuring, experiential work, imagery, limited reparenting, and behavioral pattern-breaking, schema therapy helps clients recognize that these beliefs are not objective truths but schema-based interpretations rooted in earlier emotional experiences. This mechanism is consistent with findings showing that schema therapy can reduce maladaptive schemas in couples (Aghaei et al., 2021), students (Mohamadzadeh & Banisi, 2025), and individuals with various psychological vulnerabilities (Pilkington & Karantzas, 2024). Therefore, the observed increase in self-esteem may reflect a therapeutic shift from schema surrender toward healthier self-appraisal and greater psychological agency.

The improvement in self-compassion is another important finding of the present study. The results showed that all three participants experienced increases in self-compassion after schema therapy, although the magnitude of change varied across participants. This finding is in line with studies showing that schema therapy can improve self-compassion and related psychological outcomes in populations affected by emotional disruption, rejection, and trauma. For example, schema therapy has been shown to influence self-compassion in unmarried girls with emotional breakdown and love trauma syndrome (Nejad Rodani & Shahbazi, 2023). It has also been examined alongside compassion-based acceptance therapy in improving the psychological health of intimate partner violence victims, suggesting that interventions targeting maladaptive schemas may help reduce shame, self-blame, and emotional dysregulation (Nikparvar & Stith, 2023). Moreover, the mediating role of self-esteem and self-compassion in the relationship between early maladaptive schemas and violence against women supports the idea that schema structures may directly undermine compassionate self-relating (Ezzati & Yazdi-Ravandi, 2024).

Theoretically, schema therapy may improve self-compassion by helping clients recognize the origin of punitive, demanding, or shaming internal voices. Divorced women with depressive symptoms often experience self-blame and harsh self-judgment, especially when divorce is perceived as a personal failure or social inadequacy. Schema therapy targets these internalized punitive modes and gradually strengthens a more accepting, caring, and balanced relationship with the self. Techniques such as imagery rescripting, chair work, empathic confrontation, and limited reparenting may help clients respond to vulnerable emotional states with care rather than criticism. This explanation is consistent with research showing the effectiveness of schema therapy on psychological constructs closely related to self-compassion, including body shame and uncertainty intolerance in women applying for cosmetic surgery (Khajeh-Hasani-Rabari & Abdollahi-Chirani, 2024), ambiguity tolerance and alexithymia in divorced women (Amalardani Soumeh et al., 2023), and emotional regulation and frustration tolerance in students (Mohamadzadeh & Banisi, 2025). Thus, the increase in self-compassion may indicate that participants became better able to understand their suffering without excessive self-condemnation.

The reduction in loneliness found in this study is also consistent with previous evidence supporting schema therapy for interpersonal and attachment-related distress. The present results are aligned with findings that schema therapy reduces loneliness and emotional distress among conflicting couples (Ojaghloo & Tahaei, 2022). They also support research indicating that schema therapy can reduce loneliness in women with binge eating disorder who perceive parental rejection (Borhani & Oreyzei, 2023). Furthermore, studies comparing schema therapy with self-compassion-based therapy have shown positive effects on loneliness, negative body image, and rejection sensitivity among women applying for cosmetic surgery (Rabeei & Shabani, 2023). Similar findings have also been reported in studies examining schema therapy in unmarried girls, where improvements were observed in loneliness, depression, and self-concept (Damirchi & Homayoon, 2024). These studies collectively support the interpretation that loneliness is not

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

only a social condition but also a schema-mediated emotional experience.

The decrease in loneliness in the present study may be explained through the modification of abandonment, emotional deprivation, and social isolation schemas. After divorce, women may experience the loss of a primary attachment relationship, changes in family structure, reduced social participation, and fear of social judgment. If early maladaptive schemas are activated, these experiences may be interpreted as evidence of permanent rejection or unworthiness. Schema therapy helps clients distinguish present interpersonal realities from schema-driven expectations of rejection, thereby reducing avoidance and increasing readiness for healthy relational engagement. This mechanism is compatible with broader evidence indicating that schema therapy can be applied across a widening range of therapeutic problems involving attachment, identity, and interpersonal difficulties (Byrne, 2025). It is also consistent with research on co-rumination, anxiety, and maladaptive cognitive schemas, which shows that interpersonal cognitive patterns can intensify emotional distress when individuals repeatedly process negative relational experiences through maladaptive schemas (Carlucci & Balsamo, 2018).

The pattern of findings also showed individual differences in response to treatment. Participant 2 demonstrated the strongest improvement across all three variables, while Participant 3 showed more modest change. These differences may be related to contextual and clinical characteristics such as employment status, education, baseline severity of depression, duration since divorce, personal coping resources, and readiness for change. Such variability is clinically meaningful in a single-case design because it shows that schema therapy may be broadly effective while still being moderated by individual background factors. Previous studies have also indicated that schema therapy outcomes may vary depending on population characteristics, treatment format, comorbidity, and contextual factors. For example, schema therapy has been studied among older adults with personality disorders in a group format combined with psychomotor therapy (Veenstra-Spruit & Oude Voshaar, 2024), among infertile women in comparison with mindfulness-based cognitive therapy (Sahour & Heydari, 2024), among patients with multiple sclerosis in relation to treatment adherence (Mohaghegh & Tajeri, 2025), and among individuals with stimulant substance use disorder in relation to coping strategies and craving (Choheili & Asgari, 2025). These studies suggest that while schema therapy has broad clinical applicability, individual and contextual characteristics shape the degree of therapeutic response.

The present findings also support the relevance of schema therapy for women facing relational rupture and post-relationship psychological distress. Previous studies have shown the effectiveness of schema therapy in divorced women's psychological well-being (Nikpour et al., 2021), depression among women seeking divorce (Taghipour et al., 2020), and dysfunctional attitudes, depression, and loneliness among divorced women (Ahmadi Tayfkani et al., 2024). The current study extends this line of evidence by focusing simultaneously on self-esteem, self-compassion, and loneliness in divorced women with depressive symptoms and by using a multiple-baseline case-study design. This design allowed the therapeutic changes to be examined at the level of each participant rather than only at the group level. The findings also align with studies showing that schema therapy can be beneficial in cases of relational injury, including women after spousal infidelity (Najari et al., 2023), girls with body dysmorphic concerns and shame (Forouhar Magham & Al Yasin, 2023), and individuals exposed to culturally and clinically complex emotional experiences (Akanaefu, 2025).

The improvement observed after schema therapy can also be interpreted in relation to the intervention's integrative structure. Unlike approaches that focus only on current symptoms, schema therapy addresses deeper personality patterns, unmet emotional needs, maladaptive coping responses, and internalized self-critical modes. This may explain why the intervention affected three related but distinct outcomes: self-esteem, self-compassion, and loneliness. Improvements in self-esteem may have emerged through challenging defectiveness and failure schemas; improvements in self-compassion may have resulted from reducing punitive self-talk and strengthening the healthy adult mode; and reductions in loneliness may have followed from modifying abandonment and social isolation schemas. The findings are compatible with comparative studies showing that schema therapy can improve psychological outcomes alongside other contemporary interventions, including positive-oriented psychotherapy (Farokhtaj & Hashemi, 2025), mindfulness-based cognitive therapy (Sahour & Heydari, 2024), and acceptance and commitment therapy (Najari et al., 2023; Nikpour et al., 2021). Therefore, schema therapy may be especially appropriate when clients present with persistent, schema-based emotional patterns that are not limited to one symptom domain.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

5. Conclusion

Overall, the findings of this study support the effectiveness of schema therapy as a clinically meaningful intervention for divorced women with depressive symptoms. The intervention was associated with large effects on self-esteem, self-compassion, and loneliness, and the visual analysis showed improvement patterns across participants after the treatment phase. These results are consistent with the expanding literature on schema therapy as a transdiagnostic and integrative therapeutic approach (Nosrati & Moghanloo, 2025; Pilkington & Karantzas, 2024). They also support the view that post-divorce psychological distress can be better understood when current depressive symptoms are linked to underlying maladaptive schemas, self-critical modes, and interpersonal expectations of rejection. By targeting these deeper mechanisms, schema therapy may help divorced women reconstruct self-worth, develop a more compassionate relationship with themselves, and reduce the subjective experience of isolation.

6. Limitations and Suggestions

The present study had several limitations. First, the sample consisted of only three participants, which is appropriate for a multiple-baseline case-study design but limits the generalizability of the findings to the wider population of divorced women with depressive symptoms. Second, the study relied on self-report questionnaires, which may be affected by response bias, social desirability, or participants' emotional state at the time of measurement. Third, the intervention was evaluated over a relatively limited number of measurement points, and the study did not include a long-term follow-up phase to determine the durability of therapeutic gains over several months. Fourth, although the participants were similar in age range and divorce history, they differed in employment status, depression severity, and educational level, which may have influenced their responsiveness to treatment. Finally, the absence of a comparison intervention or control condition prevents firm causal conclusions beyond the logic of the single-case baseline design.

Future studies are recommended to replicate the present findings using larger samples and stronger experimental designs, including randomized controlled trials and multiple-group comparisons. Researchers should also include follow-up assessments at one month, three months, and six months after treatment to examine the stability of schema therapy effects over time. Future research may benefit from examining potential moderators such as age, duration since divorce, number of children, social support, economic status, attachment style, severity of depression, and dominant early maladaptive schemas. It is also suggested that future studies compare schema therapy with other evidence-based interventions, such as cognitive-behavioral therapy, compassion-focused therapy, acceptance and commitment therapy, emotion-focused therapy, and mindfulness-based cognitive therapy. In addition, qualitative interviews may be used alongside quantitative measures to provide deeper insight into how divorced women experience schema change, self-reconstruction, and emotional recovery during therapy.

From a practical perspective, the findings suggest that schema therapy can be used by counselors, clinical psychologists, and mental health professionals working with divorced women who experience depressive symptoms, low self-esteem, self-criticism, and loneliness. Mental health centers, family counseling clinics, and community-based psychological services may benefit from incorporating schema assessment and schema-focused interventions into post-divorce support programs. Practitioners should pay particular attention to schemas related to abandonment, defectiveness/shame, emotional deprivation, failure, and social isolation, as these schemas may be strongly activated after divorce. Therapeutic work should also focus on strengthening the healthy adult mode, reducing punitive self-talk, promoting self-compassion, and helping clients develop healthier interpersonal patterns. Because divorced women may differ in their level of readiness, social support, and emotional vulnerability, individualized case conceptualization is essential for maximizing therapeutic effectiveness.

Authors' Contributions

Authors equally contributed 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.

Acknowledgments

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

References

Abbasi, A. F. J. T. M., & Miri, S. (2025). Schema therapy in partially sighted individuals with a focus on social isolation and self-esteem: an interventional study. *BMC psychiatry*, *25*(1), 289.

Aghaei, A., Kahrazei, F., & Farnam, A. (2021). Comparing the effectiveness of schema therapy and group emotion-focused couple therapy on couples' maladaptive schemas. *Social Health*, *8*(3).

Ahmadi Tayfkani, H., Karami Baldaji, R., & Divanzadeh, H. (2024). Effectiveness of schema therapy on reducing dysfunctional attitudes, depression, and loneliness among divorced women. Sixth National Conference on Professional Research in Psychology and Counseling with a Teacher-Perspective Approach, Minab.

Akanaefu, M. E. (2025). *Clinicians' Experiences of Using Schema-Focused Therapy in Black Americans with Panic Disorder* Walden University].

Amalardani Soumeh, S., Azmoudeh, M., Abdi, R., & Hosseini Nasab, D. (2023). Effectiveness of schema therapy on ambiguity tolerance and alexithymia among divorced women referred to welfare services. *Rooyesh-e-Ravanshenasi*, *12*(10).

Bahadori, A. G. M. K., & Pashang, S. (2022). The effectiveness of schema therapy intervention in weight, body image and self-esteem of obese people: a randomized controlled trial. *Hormozgan Medical Journal*, *26*(2), 82-87.

Borhani, P. K. S., & Oreyzei, H. (2023). The Effectiveness of Cognitive-Behavioral Therapy versus Schema Therapy on Emotional Adjustment and Sense of Loneliness in Women with Binge Eating Disorder with Perception of Parental Rejection. *Community Health Journal*, *17*(2), 13-26.

Byrne, G. (2025). The Widening Therapeutic Scope of Schema Focused Therapy (SFT): Potential in Addressing Adolescent and Parenting Difficulties: A Theoretical and Narrative Review. *Clinical Social Work Journal*, *1-11*.

Carlucci, L. D. A. I. I. M. S. A., & Balsamo, M. (2018). Co-rumination, anxiety, and maladaptive cognitive schemas: when friendship can hurt. *Psychology research and behavior management*, *133-144*.

Choheili, H. M. F. S. S. S., & Asgari, P. (2025). Effectiveness of Mindfulness-Based Cognitive Therapy and Schema Therapy on Emotion-Focused Coping Strategies and Craving in Individuals with Stimulant Substance Use Disorder. *Journal of Clinical Care and Skills*, *6*(3), 1001-1007.

Damirchi, E. S. M. Z., & Homayoon, M. N. (2024). Investigating the effectiveness of based-on-mentality schema therapy on feelings of loneliness, depression and self-concept of unmarried girls. *Journal of Preventive Counselling*, *5*(4).

Ezzati, V. G. M. N., & Yazdi-Ravandi, S. (2024). The mediating role of self-esteem and self-compassion in the relationship between early maladaptive schema and violence against women. *Current Psychology*, *43*(42), 32515-32524.

Farokhtaj, M. M. S. A., & Hashemi, S. E. (2025). Comparing the Effectiveness of Positive-Oriented Psychotherapy with Schema Therapy on the Quality of Life and Irrational Beliefs. *Journal of Psychological Studies*, *20*(4), 121-136.

Fereydooni, F., & Sheykhan, R. (2024). The Effectiveness of Schema Therapy on Depression, Self-Esteem, and Distress Tolerance in Fatherless Depressed Adolescents. *Journal of Adolescent and Youth Psychological Studies*, *5*(8), 87-96.

Forouhar Magham, A., & Al Yasin, S. A. (2023). Effectiveness of schema therapy on social anxiety, fear of negative evaluation, and body-interpretation shame in girls with body dysmorphic disorder. *Clinical Psychology Achievements*, *9*(3).

Khajeh-Hasani-Rabari, F. H. E. S. H. E. M. F., & Abdollahi-Chirani, E. (2024). The Effectiveness of Schema Therapy on Self-Compassion, Body Shame, and Uncertainty Intolerance in Women Applying for Cosmetic Surgery. *International Journal of Body, Mind & Culture (2345-5802)*, *11*(3).

Mohaghegh, A., & Tajeri, B. (2025). Comparing efficacy of schema therapy & emotion-oriented therapy on adherence to treatment in patients with MS. *Journal of Psychological Science*, *24*(145), 81-95.

Mohamadzadeh, F. V. H., & Banisi, P. (2025). The Effectiveness of Schema Therapy on Frustration Tolerance, Emotional Regulation, and Maladaptive Early Schemas in Students. *International Journal of Education and Cognitive Sciences*, *6*(2), 1-10.

Najari, F., Niknam, M., & Dokanei Fard, F. (2023). Comparing the effectiveness of acceptance and commitment therapy and schema therapy on forgiveness in women after spousal infidelity. *Journal of Psychological Science*, *22*(124).

Nejad Rodani, R. S. M. F. S., & Shahbazi, M. (2023). Relative Effectiveness of Acceptance/Commitment and Schema Therapies on Love Trauma Syndrome and Self-compassion in Unmarried Girls With Emotional Breakdown. *Journal of Research and Health*, *13*(6), 437-446.

Nikparvar, F. S. F. S. C., & Stith, S. (2023). Effectiveness of compassion-based acceptance therapy and schema therapy on intimate partner violence victims' psychological health. *Journal of interpersonal violence*, *38*(17-18), 9845-9868.

Nikpour, F., Khalatbari, J., Rezaei, O., & Jomhari, F. (2021). Comparing the effectiveness of schema therapy and acceptance and commitment therapy on psychological well-being of divorced women. *Journal of Psychological Science*, *20*(101).

Nosrati, N. R. M. A. S. Z., & Moghanloo, M. (2025). A Comparison of the Effectiveness of Schema Therapy and Mindfulness-Based Cognitive Therapy on Self-Esteem and Psychological Well-Being of Incarcerated Women. *International Journal of Education and Cognitive Sciences*, *1-10*.

Ojaghloo, S. G. S., & Tahaei, S. S. (2022). The effectiveness of schema therapy on feelings of loneliness and emotional distress of conflicting couples. *A New Approach to Children's Education Quarterly*, *4*(3), 109-122.

Pilkington, P. D., & Karantzas, G. C. (2024). A bibliometric analysis of the quantitative schema therapy literature. *Clinical Psychology & Psychotherapy*, *31*(2), e2963.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

Rabeei, M. M. M. H. M. Z. F., & Shabani, S. (2023). Comparing of the Effectiveness of Schema Therapy and Self-Compassion-Based Therapy on Feelings of Loneliness, Negative Body Image, and Sensitivity to Rejection in Women Applying for Cosmetic Surgery.

Sahour, A. M. B., & Heydari, S. (2024). Comparing the Effectiveness of schema therapy and Mindfulness-Based Cognitive Therapy on Worry and psychological well-being in infertile women. *Shenakht Journal of Psychology and Psychiatry*, *10*(6), 175-189.

Taghipour, E., Zomorodi, S., & Ghodrati, S. (2020). Effectiveness of schema therapy on depression among women seeking divorce in District 4 of Tehran. Seventh National Conference on Modern Studies and Research in Educational Sciences, Psychology, and Counseling in Iran, Tehran.

Veenstra-Spruit, M. S. B. R. v. D. S. D. v. A. A. D. v. A. S. P. V. D. H., & Oude Voshaar, R. C. (2024). Group schema therapy combined with psychomotor therapy for older adults with a personality disorder: an open-label, multicentre, randomised controlled trial. *The Lancet Healthy Longevity*, *5*(4), e245-e254.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615