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- 1 Ph.D. student of General Psychology, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran.
- 2 Associate Professor, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran.
- 3 Assistant Professor, Department of Psychology, Lahijan Branch, Islamic Azad University, Lahijan, Iran.

Corresponding author email address: rzarbaksh@yahoo.com



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Introduction

Divorce is one of the most complex and distressing challenges in marital life, with far-reaching psychological, emotional, and social consequences for individuals and families. As marital dissatisfaction and

Comparing Group Schema Therapy and Mindfulness-Based Stress Reduction in Improving Relationship Beliefs and Resilience Among Divorcing Individuals

Bahareh. Hasanpour Asil¹, Mohammadreza. Zarbaksh Bahri^{2*},
Tahereh. HamzehPoor Haghighi³

ABSTRACT

Objective: This study aimed to compare the effectiveness of group schema therapy and MBSR in improving relationship beliefs and resilience among individuals undergoing divorce proceedings.

Methods and Materials: A quasi-experimental design was employed, consisting of a pre-test, post-test, control group, and a three-month follow-up. Sixty individuals seeking divorce were selected via convenience sampling and randomly assigned to three groups: schema therapy (n=20), MBSR (n=20), and control (n=20). Participants completed the Relationship Beliefs Inventory (Eidelson & Epstein, 1982) and the Connor-Davidson Resilience Scale (2003) at all three time points. The interventions were delivered in eight weekly 90-minute group sessions. Data were analyzed using repeated measures ANOVA and Scheffé post hoc tests.

Findings: Both schema therapy and MBSR led to significant improvements in relationship beliefs and resilience compared to the control group ($p < 0.05$). Schema therapy was significantly more effective than MBSR in reducing dysfunctional relationship beliefs ($MD = 7.65$, $p = 0.035$), while no significant difference was found between the two interventions in improving resilience ($MD = 2.97$, $p > 0.05$).

Conclusion: The findings indicate that group schema therapy and MBSR are effective interventions for individuals navigating divorce. Schema therapy, in particular, appears to be more effective in modifying irrational beliefs about relationships. These results have practical implications for clinicians working with distressed individuals to improve emotional regulation, interpersonal functioning, and adaptive coping during marital transitions.

Keywords: Group schema therapy, mindfulness-based stress reduction, relationship beliefs, resilience, divorce.

separation increase globally, scholars and practitioners are increasingly concerned with understanding the psychological mechanisms that contribute to marital breakdown and with designing effective preventive interventions. In recent years, Iran has experienced a notable increase in divorce rates, ranking it among the

top countries worldwide in this regard. This trend is partially driven by shifting social norms, urbanization, economic pressures, and changing gender roles, all of which highlight the urgency for scientifically grounded therapeutic strategies (Aalami et al., 2020; Rahmani Firouzehjahi et al., 2021).

Among the psychological variables involved in marital deterioration, relationship beliefs—the assumptions and expectations individuals hold about intimate partnerships—have received increasing attention. Dysfunctional beliefs such as “disagreements are destructive,” “my partner should know what I need without being told,” or “people cannot change” can significantly impair relational satisfaction and emotional intimacy. These beliefs often reflect deeply ingrained schemas developed through early interpersonal experiences (Eidelson & Epstein, 1982; Willner et al., 2013). If unaddressed, they can escalate conflict, erode empathy, and contribute to the decision to divorce. In parallel, resilience, or the psychological capacity to recover from adversity, has been identified as a protective factor against marital stress. Individuals with higher resilience are more likely to regulate emotions, maintain perspective, and adapt constructively during divorce-related transitions (Connor & Davidson, 2003; Moradhaseli & Yarmohammadi Wasel, 2017).

These two constructs—relationship beliefs and resilience—represent both cognitive vulnerabilities and adaptive strengths that shape individuals’ marital experiences. Thus, they are promising targets for psychological intervention. One such approach is Schema Therapy, an integrative treatment model that targets early maladaptive schemas through a combination of cognitive, experiential, behavioral, and interpersonal techniques (Leahy et al., 2011; Young et al., 2006). Schema therapy enables individuals to identify and modify patterns that negatively affect their relationships. Studies have demonstrated its efficacy in enhancing marital satisfaction, improving communication, and reducing maladaptive beliefs (Akbari et al., 2021; Eftekhari et al., 2018; Malekimajd et al., 2024). Group delivery of schema therapy offers additional benefits, such as peer feedback, emotional support, and cost-effectiveness (Escois et al., 2015).

A complementary approach is Mindfulness-Based Stress Reduction (MBSR), a structured program designed to cultivate present-moment awareness and

reduce emotional reactivity. Developed by Kabat-Zinn (1980), MBSR has been widely used to help individuals manage psychological distress through meditation, breathwork, and body awareness exercises. In the context of intimate relationships, mindfulness enables individuals to observe emotional triggers without automatic reactions, thereby reducing conflict and enhancing emotional regulation (Gillespie et al., 2015; Tabatabaei-Nejad & Ebneyamin, 2020). MBSR has also been associated with greater resilience, self-compassion, and interpersonal functioning, making it a relevant intervention for individuals facing the stress of divorce (Azadganmehr et al., 2021; Baghernajad & Mousavi, 2015).

Despite the growing body of research supporting both schema therapy and MBSR, few studies have directly compared their effectiveness in the context of divorce. Given their distinct mechanisms—schema therapy working at the level of deep cognitive structures and MBSR focusing on emotional regulation and present-moment awareness—a comparison of these approaches can provide valuable insights for clinical practice. Understanding which approach more effectively addresses dysfunctional beliefs and enhances resilience can inform tailored interventions for individuals navigating marital dissolution.

Therefore, the present study aims to compare the effectiveness of group schema therapy and mindfulness-based stress reduction on relationship beliefs and resilience in individuals seeking divorce. The results may guide practitioners in selecting appropriate interventions and contribute to the development of integrative therapeutic models for this at-risk population.

Methods and Materials

Study Design and Participants

This study employed a quasi-experimental design with three groups (two intervention groups and one control group), using a pre-test, post-test, and three-month follow-up framework. The target population consisted of individuals undergoing divorce proceedings who were referred to Family Court Complex No. 2 in Velenjak, Tehran, between December 2023 and March 2023. A total of 60 participants were selected through convenience sampling and randomly allocated into three equal groups ($n = 20$ in each): schema therapy,

mindfulness-based stress reduction (MBSR), and a control group.

Inclusion criteria were: (1) aged between 20 and 45 years, (2) married for at least five years, (3) a minimum education level of high school diploma, (4) a score above 100 on the Relationship Beliefs Inventory (RBI), and (5) a score below 75 on the Connor-Davidson Resilience Scale (CD-RISC). Exclusion criteria included: (1) current diagnosis of severe psychiatric disorders (based on self-report or clinical records), (2) current use of psychiatric medications, (3) substance use disorders, (4) prior experience with schema therapy or mindfulness training, (5) more than two absences during the intervention sessions, and (6) engagement in concurrent psychological treatment during the study period.

To ensure sufficient statistical power, a priori power analysis was conducted using G*Power 3.1, which indicated that a minimum sample size of 54 participants would be required to detect a medium effect size ($f = 0.25$) with $\alpha = 0.05$ and power = 0.80 in repeated-measures ANOVA. To account for potential attrition, the sample size was increased to 60.

Random assignment to groups was conducted using a computer-generated randomization list by an independent researcher. Participants were blinded to the study hypotheses but not to their treatment group due to the nature of the interventions. Participants completed both questionnaires at three time points: baseline (pre-test), immediately after the final session (post-test), and three months after the intervention (follow-up). Assessments were conducted by trained research assistants who were blinded to group assignments. For participants who missed a follow-up, reminders were sent, and alternative appointments were arranged.

Instruments

In this study, the Relationship Beliefs Inventory (Eidelson & Epstein, 1982) was used to measure irrational marital beliefs. This questionnaire consists of 40 items, rated on a 6-point Likert scale, ranging from 0 (completely false) to 5 (completely true). It includes five subscales: Belief in the destructiveness of disagreement, Belief in the unchangeability of a spouse, Mind-reading expectations, Sexual perfectionism, and Beliefs about gender differences. Eidelson and Epstein (1982) found that the Relationship Beliefs Inventory had a positive

correlation with the Jones (1968) General Irrational Beliefs Questionnaire and a negative correlation with Locke-Wallace (1959) Marital Adjustment Scale. They reported Cronbach's alpha reliability for the subscales in the range of 0.72 to 0.81. The Persian version of this questionnaire was prepared by Mazaheri and Pour-Etemad (2003) using the translation and back-translation method, and they reported a Cronbach's alpha of 0.75 for the total scale (Mazaheri & Pour-Etemad, 2001).

The Connor-Davidson Resilience Scale (2003) was developed by reviewing research from 1979 to 1991 in the field of resilience to measure resilience levels across individuals. This scale consists of 25 items, rated on a five-point Likert scale from 1 (completely incorrect) to 5 (completely correct). It provides a total score, where higher scores indicate greater resilience. Factor analysis results suggest that the scale consists of five subscales: Personal competence, Trust in one's instincts and tolerance for negative emotions, Positive acceptance of change and secure relationships, Self-control, and Spiritual influences. Connor and Davidson (2003) asserted that this questionnaire effectively distinguishes between resilient and non-resilient individuals in both clinical and non-clinical settings, making it useful for both research and clinical purposes (Connor & Davidson, 2003). In the study by Abdi et al. (2019), construct validity was examined using confirmatory and exploratory factor analyses, and all fit indices were found to be at a satisfactory level (Abdi et al., 2019).

Interventions

The schema therapy group received eight weekly sessions (each 90 minutes) based on Young et al.'s (2006) schema therapy protocol, which was translated and adapted for Persian-speaking clients. The sessions were facilitated by a licensed clinical psychologist with formal training in schema therapy. Sessions included identification of maladaptive schemas, schema mode work, imagery rescripting, cognitive restructuring, and limited reparenting exercises. Treatment fidelity was monitored through weekly supervision and adherence checklists.

1: Introduction, rapport-building, and empathy; familiarization with the therapist and participants, explanation of treatment rules, introduction to schema therapy

2: Understanding core needs and the developmental roots of schemas

3: Exploring schema domains and their role in marital conflicts

4: Identifying characteristics of maladaptive schemas and their role in marital distress

5: Differentiating between conditional and unconditional schemas

6: Understanding how schemas persist over time

7: Identifying maladaptive coping styles in marital conflicts

8: Learning strategies to modify maladaptive schemas

The MBSR group received eight weekly sessions (each 90 minutes) following Kabat-Zinn's (2009) standard protocol, delivered by a certified mindfulness instructor. Sessions included body scan, sitting meditation, mindful breathing, walking meditation, and visualizations of mountains and lakes. Participants were encouraged to engage in daily home practice and maintain mindfulness diaries. Weekly adherence to home practice was reviewed to ensure engagement.

1: Introduction to mindfulness, mindful eating (raisin exercise), body scan meditation

2: Body scan meditation, awareness of pleasant events, introduction to breath-focused meditation

3: Sitting meditation, mindful breathing, body awareness, walking meditation

4: Mindfulness of thoughts and emotions, discussion on the impact of stress

5: Mindfulness in daily life, awareness of stress reactions

6: Mountain and lake meditation, emotional and cognitive awareness

7: Mindfulness in relationships, mindful walking, preparation for post-treatment assessment

8: Review of progress, final mindfulness meditation, home practice strategies

Data Analysis

Data were analyzed using SPSS version 25—a repeated measures ANOVA was employed to examine both within-group and between-group effects over time. Assumptions of normality (Shapiro-Wilk), homogeneity of variances (Levene's test), and sphericity (Mauchly's test) were checked and met. Post hoc comparisons were conducted using Scheffé tests. Baseline scores were used as covariates to control for initial group differences.

Findings and Results

The descriptive statistics for relationship beliefs and resilience in the sample of 60 individuals seeking divorce, divided into two experimental groups and a control group, are presented in Table 1 at the pre-test, post-test, and follow-up stages.

Table 1

Descriptive Statistics for Relationship Beliefs and Resilience in Pre-test, Post-test, and Follow-up Across Three Groups

Variable	Groups	Indices	Pre-test	Post-test	Follow-up
Relationship Beliefs	Control	Mean	122.60	122.40	122.60
		SD	10.86	10.70	10.70
	Group Schema Therapy	Mean	121.95	99.80	100.40
		SD	9.84	8.78	8.51
	MBSR	Mean	122.15	111.40	111.55
		SD	8.36	8.46	8.35
Resilience	Control	Mean	57.05	56.70	56.85
		SD	12.18	11.98	11.87
	Group Schema Therapy	Mean	57.60	70.80	69.30
		SD	11.30	12.90	13.05
	MBSR	Mean	57.70	65.70	65.40
		SD	10.19	10.35	10.37

Descriptive statistics for relationship beliefs and resilience across the three groups (schema therapy, MBSR, and control) at pre-test, post-test, and three-month follow-up are presented in Table 1. At baseline, the groups were comparable on both outcome measures,

with no significant between-group differences ($p>0.10$). Mean scores indicated reductions in dysfunctional relationship beliefs and increases in resilience following both interventions. The results of the Shapiro-Wilk test for normality assessment of dependent variables in each

group and across different time points are shown in Table 2.

Table 2

Shapiro-Wilk Test for Normality Assessment of Dependent Variables

Variable	Group	Pre-test	Post-test	Follow-up
		Test Statistic	p-value	Test Statistic
Relationship Beliefs	Control	0.971	0.683	0.899
	Group Schema Therapy	0.978	0.693	0.973
	MBSR	0.982	0.973	0.950
Resilience	Control	0.973	0.797	0.959
	Group Schema Therapy	0.971	0.667	0.945
	MBSR	0.985	0.964	0.956

The Shapiro-Wilk test indicated that the distributions of all dependent variables met the assumption of normality ($p > 0.05$). Homogeneity of variance (Levene's

test) and sphericity (Mauchly's test) assumptions were also met. Visual inspection of Q-Q plots and histograms supported these findings.

Table 3

Repeated Measures ANOVA (Within-Group and Between-Group Effects of Treatments on Dependent Variables)

Effect	Variable	SS	df	Mean Squares	F	p-value	Eta-Squared
Within-Group	Relationship Beliefs	4733.63	1.384	3420.69	749.63	0.001	0.929
	Time \times Group	3155.77	2.768	1140.23	249.88	0.001	0.898
	Error		395.93	78.88	4.56		
Between-Group	Relationship Beliefs	6885.90	2	3442.95	13.15	0.001	0.316
	Error		14929.72	57	261.93		
Within-Group	Resilience	1791.30	2	895.65	338.43	0.001	0.856
	Time \times Group	1121.67	4	280.42	105.96	0.001	0.788
	Error		301.70	114	2.65		
Between-Group	Resilience	2544.13	2	1272.07	3.20	0.048	0.101
	Error		22637.40	57	397.15		

A 3 (group) \times 3 (time) mixed-design repeated measures ANOVA was conducted for each outcome variable. For relationship beliefs, there was a significant main effect of time ($F(1.38, 78.88) = 749.63, p < 0.001, \eta^2 = 0.929$), a significant interaction effect (group \times time: $F(2.77, 114) = 249.88, p < 0.001, \eta^2 = 0.898$), and a significant between-group effect ($F(2, 57) = 13.15, p < 0.001, \eta^2 = 0.316$). For resilience, similar results were observed: time ($F(2, 114) = 338.43, p < 0.001, \eta^2 = 0.856$), interaction ($F(4, 114) = 105.96, p < 0.001, \eta^2 = 0.788$), and

group differences ($F(2, 57) = 3.20, p = 0.048, \eta^2 = 0.101$). Partial eta squared values indicated large effects for within-subjects changes over time in both outcome measures ($\eta^2 = 0.85$) and a moderate effect size for between-group differences in relationship beliefs ($\eta^2 = 0.316$). These results suggest the observed changes are both statistically and clinically meaningful (Table 3). To determine whether there were differences between the two experimental groups, post hoc Scheffé tests were conducted, and the results are shown in Table 4.

Table 4

Pairwise Comparisons of Treatment Effects on Relationship Beliefs and Resilience (Scheffé Test)

Variable	Comparison	Mean Difference (MD)	SE	p-value
Relationship Beliefs	Schema Therapy – MBSR	7.65	2.95	0.035
	Schema Therapy – Control	15.15	2.95	0.001
	MBSR – Control	7.50	2.95	0.042
Resilience	Schema Therapy – MBSR	2.97	3.64	0.100
	Schema Therapy – Control	9.03	3.64	0.041
	MBSR – Control	6.07	3.64	0.048

Pairwise comparisons using Scheffé's test revealed that schema therapy was significantly more effective than MBSR in reducing dysfunctional relationship beliefs ($MD = 7.65$, $SE = 2.95$, $p = 0.035$, 95% CI [1.69, 13.61]). Both schema therapy and MBSR outperformed the control group in this outcome. In terms of resilience, both interventions resulted in significantly higher resilience scores than the control group (Schema vs. Control: $MD = 9.03$, $p = 0.041$; MBSR vs. Control: $MD = 6.07$, $p = 0.048$). However, the difference between schema therapy and MBSR in resilience improvement was not statistically significant ($MD = 2.97$, $SE = 3.64$, $p = 0.100$), suggesting comparable effectiveness in this domain.

Discussion and Conclusion

The present study aimed to compare the effectiveness of group schema therapy and mindfulness-based stress reduction (MBSR) in improving dysfunctional relationship beliefs and resilience among individuals undergoing divorce. The findings indicated that both interventions were associated with statistically significant improvements in both outcome variables. That schema therapy was particularly more effective in reducing irrational relationship beliefs compared to MBSR. No significant difference was found between the two interventions in enhancing resilience, suggesting comparable benefits in that domain.

The observed impact of schema therapy on relationship beliefs is consistent with previous studies emphasizing the role of early maladaptive schemas in shaping interpersonal patterns (Akbari et al., 2021; Malekimajd et al., 2024; Shokhmgar, 2016). From a schema-based theoretical perspective, these beliefs are deeply rooted cognitive structures that influence how individuals interpret their partner's behavior, resolve conflicts, and regulate emotions. Schema therapy may help participants develop greater self-awareness of these patterns through techniques such as cognitive reframing, experiential rescripting, and schema mode work. The group format may further enhance this process by normalizing experiences and encouraging reflection through interpersonal feedback.

The results also revealed that both schema therapy and MBSR led to significant improvements in resilience compared to the control group. This finding supports

prior research highlighting the positive impact of both interventions on psychological adaptation and stress tolerance (Baghernajad & Mousavi, 2015; Panahi & Baramash, 2024). From a process-based perspective, resilience is not only a stable trait but also a dynamic outcome of emotional regulation and coping flexibility. In schema therapy, the emphasis on emotional validation, cognitive restructuring, and building healthier internal representations of self and others can contribute to the development of psychological endurance. Likewise, MBSR facilitates greater emotional awareness and acceptance, encouraging participants to observe rather than react to internal distress. Practices such as mindful breathing and mountain meditation reinforce concepts of inner stability and impermanence, both of which are foundational to the development of resilience.

Despite the more pronounced effect of schema therapy on relationship beliefs, MBSR remains a valuable approach. It may be particularly effective for individuals with high emotional reactivity or those who benefit from somatic and awareness-based practices. Future studies might explore which baseline characteristics (e.g., attachment style, cognitive rigidity, trauma history) predict a better response to each intervention. Such insights would be beneficial in developing personalized treatment plans.

This study is not without limitations. First, the use of convenience sampling limits the generalizability of the findings to broader populations. Second, the lack of blinding among participants and facilitators may have introduced bias. Third, treatment fidelity and adherence, although generally monitored, were not measured through independent raters. Fourth, the study did not examine the specific mechanisms of change within each treatment (e.g., changes in schema modes or mindfulness facets), which would have deepened understanding of the therapeutic process. Finally, while the 3-month follow-up provides some indication of durability, long-term maintenance of gains remains unknown.

Despite these limitations, the current findings offer meaningful implications. Clinicians working with individuals in the process of divorce may consider integrating schema-focused strategies to target dysfunctional cognitive patterns while also incorporating mindfulness techniques to enhance

emotional regulation and resilience. The structured, group-based delivery of both interventions offers a cost-effective and scalable approach for high-demand clinical settings.

In conclusion, both schema therapy and MBSR were associated with improvements in relationship beliefs and resilience among individuals undergoing divorce, with schema therapy demonstrating superior outcomes in modifying maladaptive relationship cognitions. These findings contribute to the growing body of literature on psychological interventions for marital distress and underscore the importance of addressing both cognitive and emotional components in treatment. Future research is encouraged to examine long-term effects, explore the differential impact of these interventions across demographic and psychological profiles, and assess the utility of combined or integrative therapeutic models.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional. The study was approved by the Ethics Committee of Islamic Azad University, Tonekabon Branch (IR.IAU.TON.REC.1402.061).

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

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