



Vol. 12, Issue 1, 28-36, 2023

Academic Journal of Psychological Studies

Print ISSN: 2375-7450

Online ISSN: 2333-0821

ajps.worldofresearches.com

The Effectiveness of Schema Therapy on Differentiation of Women with Addicted Spouses

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A B S T R A C T

The aim of this study was to determine the effectiveness of schema therapy on the differentiation of women with addicted spouse. The sample consisted of 30 people who were selected by available sampling method. 15 subjects in the experimental group and 15 in the control group were randomly assigned. The experimental design was a pre-test-posttest with control and experimental group. To run, at first, the pre-test was taken from both groups. Subsequently, the experimental group was subjected to schema therapy in smaller groups during 36 sessions of 90 minutes and then both groups were subjected to post-test. Data analysis was performed using multivariate covariance analysis (MANCOVA) and one way analysis of covariance (ANCOVA). The results of this study showed that schema therapy has a significant effect on differentiation of women with addicted spouse.

Keywords: Schema Therapy, Distinction, Women with Addicted Spouse.

INTRODUCTION

Given the role of the family, which is one of the main pillars of society, the classification of a healthy society depends on the family. Family health depends on the mental health of people and having a good relationship with each other. It is also difficult for couples who have problems to be good parents to their children (Booth & Amato, 2001; Velleman & Templeton, 2007). In the meanwhile, the consumption of consumables affects the whole person and the characteristics become a wide range of pathological behaviors and disrupt the normal functioning of the individual in the family, work environment and community. This disruption causes spouses to be in lower systems in terms of communication maps, emotional response, emotional participation, behavior control, and general efficiency (Yahya Zadeh & Khedri, 2015; Yousefi, Sharifzadeh, Norozi, Sahranavard, & Miri, 2019).

Among the factors to promote women's general health that can be self-efficacy (Bieyabanie & Mirghafourvand, 2020; Erdwins, Buffardi, Casper, & O'Brien, 2001; Parrott, 2001). It seems that one of the important factors in creating a person's motivation for action is his belief and ability to act and influence (Dornyei & Ottó, 1998).

Families are each involved in some way with the addict and the issues and problems related to him, they are slightly differentiated from their families and are able to think and

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DOI: [In pressing](#)

To cite this article: Esteki Organi, M., Gorji, Y. (2023). The Effectiveness of Schema Therapy on Differentiation of Women with Addicted Spouses. *Academic Journal of Psychological Studies*, 12 (1), 28-36.

differentiate their feelings from others and easily with a family that They are imposed. Does, it is disturbed that this state is also dependence and differentiation ([Dekkers, De Ruyscher, & Vanderplasschen, 2020](#); [El-Guebaly, 2012](#)). In theories, Bowen showed that the entanglement of feelings, emotions, thoughts, and emotions occurs in families with high mixing and low differentiation. Highly differentiated individuals are self-aware of emotions and are able to assess situations thoughtfully. These people grow up and can maintain their peace and comfort in social relationships, and so they use emotional fusion or emotional separation to train their inner tensions. Less differentiated individuals, on the other hand, tend to fuse with others and thus become attached to important people in life, or to emotional separation ([Carter et al., 2013](#); [Hawke & Provencher, 2011](#); [Malogiannis et al., 2014](#); [Renner et al., 2018](#)).

In a study, Bowen (1976), found that the intertwining of emotions, feelings, thoughts, and feelings occurs in families with high mixing and low differentiation. In relationships, they maintain their peace and comfort and therefore seek emotional training or emotional separation to train their inner tensions ([Bowen, 1993](#)). People who are less differentiated or tend to fuse with others, and thus become disoriented with important people in life, or give in to emotional separation. Therefore, when an accident occurs, they react with emotional intimacy. These anxiety reactions are rooted in maladaptive childhood schemas ([Murdock, Flynn, & Bresin, 2022](#); [Willis, Miller, Yorgason, & Dyer, 2021](#)).

One of the main applications of psychology is the application of its principles in finding new ways of life, studying individual and family issues and problems ([Mohammadi, Hafezi, Ehteshamzadeh, Eftekhari Saadi, & Bakhtiarpour, 2020](#); [Raftar Aliabadi & Shareh, 2022](#)), and promoting health ([Shahmoradi, Khaleghipour, & Masjedi, 2019](#); [Yaghoubi, Bayazi, Babaei, & Asadi, 2020](#)). One of the types of educational interventions is one of the signs of differentiation, schema therapy. The design goes back to childhood. According to Young, Klosko, and Weishaar (2006), some people create early maladaptive schemas because of negative childhood experiences that affect the way they think, feel, and behave in later intimate relationships and other aspects of their lives. Yang believes that schemas are created because the basic emotional needs of childhood are not satisfied, which include: secure attachment to others, mobility, adequacy and identity, freedom to express healthy needs and emotions, self-motivation and fun., Realistic contracts and restraint. Many studies examine the relationship between overlapping concepts and differentiation in the areas of early maladaptive schemas, indicating a major impact of these areas on emotional mixing or disintegration in individuals ([Chung & Gale, 2006](#)). Therefore, the present researcher intends to study the role of maladaptive schema domains in predicting differentiation. According to this study, this study answers the question of whether treatment schemes are effective for women with addicted husbands?.

METHODOLOGY

This research was conducted by quasi-experimental method with pre-test and post-test design with control group. The statistical population of this study includes all women with addicted spouses in Shahinshahr (city in Iran), which in 2019 and 2020, their number is 150 people. With the coordination and receipt of the letter of introduction, the research program began. Then, 150 women with addicted spouses of Shahinshahr Anonymous Addicts Families Association are selected by sampling and they are asked to answer the questionnaires. After completing the work, 30 of them received the lowest score. they do. Selected the differentiation questionnaire and from this number, 15 people were randomly selected for the experimental group and 15 people for the control group. Before starting the schema therapy plan, individual pre-tests were taken from both groups. The experimental group was then treated for 8 sessions of

90 minutes and after the end of the post-test sessions, the experimental and control groups were performed. We divided the experimental group into smaller groups with a common schema. The first group with 6 members with a release scheme, the second group with 3 members and the dependency schema of inadequacy and the third group with 4 members and the failure schema and for the other members who did not have common schemas, individual meetings were held.

A) Demographic Variables Questionnaire: includes questions related to the age of addicts' spouses, educational status and employment status.

B: Self-Differentiation Questionnaire Bowen Theory: This questionnaire is a 45-item tool used to measure the degree of differentiation of individuals and from four subscales including emotional escape, reactivity, fusion with others and my position are composed and the rest of the questions in the exploratory analysis of the agent are not assigned to a specific factor. Each question is scored on a 6-point scale. In the present study, the internal consistency of the questionnaire in a sample of 216 students based on Cronbach's alpha for the overall score of the questionnaire was calculated to be 0.58.

Experimental-post-test experimental research design was performed with control and experimental groups. The experimental group also had 8 90-minute training sessions in the treatment sessions, and in some sessions, the relevant exercises and worksheets were used. A brief description of the training sessions according to the group schema therapy training protocol (in general) by Young (1990) is given below. It is important to note that the group meetings are described in detail in the appendix.

Table 1. Group Schema Therapy Training Protocol by Young (2003)

First session	Familiarize group members with each other and create a good relationship based on trust between members and communicate the rules and goals of the group.
second session	Performing the stage of assessing and teaching schema therapy, expressing the instructions and general rules of teamwork, explaining the schema therapy model in simple and clear language for the subjects.
third session	Teaching and applying cognitive techniques to challenge schemas, such as the schema validity test, a new definition of schematic confirming evidence.
fourth Session	Establishing a dialogue between the healthy and unhealthy aspects of the schema, compiling and making an educational card and completing the schema registration form, providing homework and feedback.
fifth meeting	Introduction and training of emotional (experimental) techniques
Sixth Session	Introduce and perform imaginative conversation techniques, depicting traumatic events, writing a letter to a spouse, and mental imagery to break behavioral patterns based on intervention instructions and teamwork in these sessions to help subject's combat emotional schemas.
Seventh session	Teaching and practicing behavioral modeling techniques, persuading subjects to abandon maladaptive coping styles.
Session 8	Receive feedback from the previous session, practice effective coping behaviors: such as behavior change, motivation, review the advantages and disadvantages of continuing the behavior and practice healthy behaviors, summarize skills, prepare people to end sessions

In order to analyze the data from descriptive statistical methods such as frequency calculation, percentage, average, standard deviation; Kolmogorov-Smirnov test (to observe the normality of normal distribution of scores in society); Inferential statistical methods including univariate analysis of covariance and Cronbach's alpha method were used to calculate the reliability coefficients. SPSS 22 computer software was used to analyze the research data. The ethical considerations of the present study were as follows:

1- All people received written information about the research and participated in the research if they wished.

2. Assurance was given to individuals that all information is confidential and will be used for research purposes.

3- In order to protect privacy, the names and surnames of the participants were not registered.

RESULTS

Participants in the experimental group with a mean age of 42.53 years and the control group with a mean age of 41.43 years were present. The highest education in the experimental group was bachelor (40%). The highest education in the control group was bachelor (53.3%). Table 2 presents the mean and standard deviation of research variables in terms of pre-test and post-test.

Table 2. Mean, standard deviation for scores of research variables in pre-test, post-test

Variables		Group	Pre-Exam		Post-Test		
			Mean	Std. Deviation	Mean	Std. Deviation	
Self-differentiation	Emotional integration with others	Experiment	4.51	4.51	9.27	5.47	
		Control	4.51	4.51	5.27	4.93	
	My place	Experiment	4.93	4.93	8.34	4.60	
		Control	3.07	3.07	3.95	3.42	
	Emotional escape	Experiment	3.48	3.48	9.32	3.52	
		Control	2.95	2.95	3.73	3.52	
	Emotional responsiveness	Experiment	4.34	4.34	9.34	4.42	
		Control	3.83	3.83	2.37	4.17	
	Total score of self-differentiation		Control	8.38	5.27	12	5.85
			experiment	8.28	5.82	9.86	4.85

The results of Kolmogorov-Smirnov test on the default normality of the distribution of scores of the research variables showed that the default normality of the distribution of scores in the pre-test and in both experimental and control groups is confirmed. The results of Levin test to check the assumption of equality of variance showed that the presumption of equality of variance of scores in both experimental and control groups was confirmed. The results also show that the regression homogeneity slope assumption is established. The results of multivariate analysis of covariance are presented in Table 3.

Table 3. Results of multivariate analysis of covariance (MANCOVA) on the mean post-test scores of differentiations of experimental and control groups with pre-test control

Effect	Value	Hypothesis df	Error df	F	Sig.	Eta
Pillai's Trace	0.48	5	24	14.04	0.001	0.48
Wilks' Lambda	0.19	5	24	14.04	0.001	0.48
Hotelling's Trace	4.03	5	24	14.04	0.001	0.48
Roy's Largest Root	4.03	5	24	14.04	0.001	0.48

As shown in Table 3, by pre-testing the significance levels of all tests, they indicate that the differences between the experimental and control groups at least in terms of one of the dependent variables (subscales of their differentiation) There is significance (P <0.0001 and FF 40 14.40).

CONCLUSION

one of the reasons given by researchers for the strong relationship between some areas of therapeutic schemas and differentiation is that these two structures have a high conceptual overlap with each other. For example, subscales of early maladaptive schema domains refer to the interpersonal aspect of differentiation, which refers to a person's ability to maintain intimate relationships with others while achieving and maintaining autonomy and independence of the "self," and the intrapersonal aspect refers to one's ability. It refers to the distinction between rational reason and emotional reason, as well as the ability to strike a balance between them ([Licht & Chabot, 2006](#)). In the emotional response item, for example, undifferentiated individuals tend to respond to environmental stimuli based on automatic emotional responses, emotional outbursts, variability, or emotional instability. This variable overlaps with the first domain of schemas in the subscales of distrust (first experimental group), deprivation, the second domain in the subscales of vulnerability to harm or disease, and the third domain in the subscales of inadequacy / self-discipline. Similarly, indistinguishable individuals on the Emotional Fault Scale find intimacy deeply threatening and separate themselves from others and their emotions as well as their feelings ([Peleg-Popko, 2002](#)), which is also negative with the subscales of schema domains in the emotional inhibition / negative segment. Pessimism, entitlement / secretary, social isolation / alienation and abandonment / instability (group I) overlap. On the other hand, the scale of integration with others overlaps with the subscales of dependence / inadequacy (group II) and other orientation, obedience and self-sacrifice in the domains of schema. In childhood and history, a person has an upbringing style and underlying factors can play a high role in the formation of these factors, which is also the reason for the research mentioned above.

On the other hand, Walsh and Harrigan (2003), stated that differentiation is at both basic and functional levels, but assessing the differentiation of individuals through this questionnaire does not reveal the difference between these two levels. According to the results of the findings of this part of the study, it seems that the functional level of differentiation has been measured and this level also changes based on the relationship training. Thus, it may be slightly different from the baseline level that originated in childhood; however, the functional level affects the basal level, and the basal level has its roots in childhood. Early maladaptive schemas, on the other hand, are resistant to change and self-sustaining, and are formed during childhood and adolescence, usually as a result of the child's natural interactions and different developmental experiences with family members or caregivers. They are also triggered by some changes in the environment, such as the loss or loss of a job, and when they are activated, they are associated with high levels of excitement; They develop throughout a person's life and are significantly different and dysfunctional ([Young et al., 2006](#)).

The concept of self-differentiation refers to the ability to experience intimacy with others and to remain in an emotional atmosphere while being independent of others, so that people with high self-differentiation control their reactions rationally, while people with low self-differentiation control themselves. They tend to exercise this control with emotional reactions. In a marital system in which one party is addicted, when couples' own differentiation is high, couples are more likely to adapt properly to conflicts, and anxiety, emotional reactions, and eventually fusion are reduced. On the other hand, couples with low self-differentiation choose avoidance and distance when conflict occurs, which leads to a disturbance of the balance between togetherness and individuality, and in the long run leads to marital incompatibility. In this regard, Likani in his research showed that self-differentiation is inversely related to marital conflict and directly related to marital satisfaction of the family.

According to the findings of this study, my position variable has a significant relationship with the degree of differentiation of women with addicted spouses and is able to predict differentiation. They do not change their behavior and beliefs for the sake of others' satisfaction. They are more satisfied with their married life. They do and have more independence. The dimension of my position reflects a clear sense of self and the ability to rationally follow one's beliefs and opinions in situations where one is under pressure from others, as well as the extent to which one can be involved. Active communication with others and the problem of addiction of your spouse without establishing an emotional relationship.

Based on the studies, it can be concluded that teaching schema therapy and using cognitive and emotional techniques can change the initial maladaptive schemas and improve differentiation by discharging emotions and improving negative emotions and feelings. It can also be said that schema therapy helps the therapist to define chronic and deeper problems, to organize them in a comprehensible way. By using this model, people can see their initial maladaptive schemas inconsistently, as a result of being aware of their existence, to be more motivated to get rid of problems.

Since there is a lot of confusion of thoughts, feelings and behaviors in the dependency-inadequacy schema in women with addicted husbands, women became purified after knowing and insight into the schema and felt less inadequate than before and were able to make more independent decisions than before. They felt less inadequate than before.

People with abandonment-instability schemas were able to recognize their coping styles and reconsider their behaviors. They had less control over their spouse's substance use and behaviors, and this change improved their relationship. Because the husband's addiction had caused many problems in the lives of these women and their fear of the future had made them anxious. When subjects recognized the abandonment-instability schema, they found that fear of loss caused them to endure difficult situations, and coping styles such as surrender prevented them from making the right moves in their lives and improving their relationships. Maintain the same conditions. After recognizing inconvenient schemas and dysfunctional coping styles, they were able to change and control the situation. They were less afraid of losing and more secure. Their failure scheme had prevented them from doing anything for fear of failing and thinking they did not deserve a better life.

Research has shown that less differentiated people are more mixed and experience chronic anxiety. They are afraid of the words and hadiths of others. When these people reach differentiation, they live more comfortably. He was able to provide a bed to experience a better married life, and due to love and healthy behaviors with his addicted wife, it resulted in him quitting.

People with pessimistic-distrust schemas, because of the feelings they experienced, reconsidered that their spouse wanted to hit them with drugs, and if their spouse told them to quit, they did not believe it and thought it was cheating. Once they knew their schema, they experienced better feelings and emotions and became differentiated.

Less differentiated people because they have high love responsiveness cannot control their emotions in stressful situations and addicted spouses are no exception. Experimental (emotional) schema therapy techniques helped these people manage their emotions in better situations. In one of the subjects, the self-sacrifice scheme concluded that this schema caused him to allow his addicted wife to comply with any of his wishes, even accepting infidelity from his wife. He did not change his behavior and beliefs for the sake of his wife's consent. They learned not to lose control in intense emotional situations that lead to unsuccessful decisions, and to make decisions based on reason and logic. Those who did not believe in their abilities realized the schematic of

inadequacy dependence that they could change, and after years of enduring difficult situations, they became self-confident and increased their sense of worthiness and self-efficacy by maintaining their own standards.

As we know, one of the five mechanisms of continuity of schemas is the choice of a spouse. In the present study, a person with an emotional inhibition schema chose a spouse who was very emotional. This person, when he got to know his schemas better, realized that he was using an extreme form of retaliatory retaliation and was influenced by his wife's consumption, and he also consumed alcoholic beverages. Then, with special practice and techniques, he was able to modify his behavior and achieve self-realization.

The person with the schema of defect and shame had chosen for himself a critical wife who despised the years, and because he had chosen the style of confrontational surrender, he added to the persistence of his scheme of incompatibility. Ever since he got to know his schema, he has been able to modify it with the dialogue technique between the schema aspect and the healthy aspect. He realized that man is valuable and recognized his true position and reached relative differentiation.

In another explanation, it was concluded that when the subjects noticed the formation of early maladaptive schemas in childhood, they reconsidered their parenting style. People learned to treat their children because of their temperament. And if they have a problem with their consuming spouse, they should not include their children in their game and realize the importance of this issue.

Women with addicted husbands may not be aware of their negative and positive emotions and may not be able to use their emotions well when they are in stressful life situations. Because their problems cause them to evaluate themselves negatively in social situations and engage less in social situations, but schema therapy in people makes them aware of the existence of negative emotions and their negative impact on self and openly Evaluation of emotions in different situations to try to keep their emotional life healthy. Schema therapy is an integrated and new treatment that is mainly based on the development of concepts and traditional cognitive-behavioral methods. Schema therapy deals with the deepest level of cognition and targets maladaptive schemas and helps individuals to overcome these schemas by using cognitive, emotional, behavioral and interpersonal strategies. The primary goal of this model of psychotherapy is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas. Numerous evidences show that although schema therapy is originally individually adjusted, the presence of group factors facilitates the activation of schema therapy techniques and has significant compensatory effects on central schemas such as exclusion, social isolation. , Has distrust and emotional deprivation. In fact, due to the close links and interactions between group members, the possibility of real encounters and linking early experiences with the schematic processes here and now in a supportive environment has increased, and on the other hand, with increasing learning opportunities, members' risk to perform new behaviors are also reinforced; Group members also learn to express empathy and meet their emotional needs in the group instead of letting go of their emotions (Porter et al., 2016). Therefore, according to the obtained results, schema therapy can improve the differentiation of women with addicted.

Suggestions

It is suggested that this research be conducted in spouses of different occupations and its results be evaluated and compared with the results of this research.

It is suggested that this research be done in other cities and its results be evaluated.

Due to the fact that no follow-up has been done in this study, it is suggested that it be considered in future studies in order to evaluate the duration of the treatment effect of the follow-up period.

Accurate evaluations and sufficient evidence, the mediating or modifying role of treatment schemas and their effect on individuals' personality dimensions.

Based on the findings of the present study, it is suggested that counselors use schema therapy to increase mental health for women with addicted spouses.

Training, internship, retraining of clinical counselors and therapists in using the schema therapy approach are other practical suggestions of this research.

Comparing the effectiveness of the present treatment with other therapies with experimental support to identify the most effective treatment for these people and also repeating the present study to clarify the effectiveness of schema therapy on differentiation symptoms and self-efficacy of modifying specific schemas of these individuals and other age populations.

Specialists and therapists in working with groups of people with social anxiety, depression, increasing self-efficacy and also developing treatment programs for these people, consider the schema therapy approach.

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