

## A Qualitative Study of the Psychological Empowerment of Women with a Healthy Adult Mode

Hamidreza. Mahmoodinejad<sup>1</sup>, Mohammad Masood. Dayarian<sup>2\*</sup>, Ismail. Mousavi<sup>2</sup>

<sup>1</sup> PhD Student, Department of Counseling, Khomeinishahr Branch, Islamic Azad University, Khomeinishahr, Isfahan, Iran

<sup>2</sup> Assistant Professor, Department of Counseling, Khomeinishahr Branch, Islamic Azad University, Khomeinishahr, Isfahan, Iran

\* Corresponding author email address: masood.dayarian@gmail.com

### Article Info

#### Article type:

Original Research

#### How to cite this article:

Mahmoodinejad, H., Dayarian, M. M., & Mousavi, I. (2024). A Qualitative Study of the Psychological Empowerment of Women with a Healthy Adult Mode. *Applied Family Therapy Journal*, 5(4), 114-123.

<http://doi.org/10.61838/kman.aftj.5.4.13>



© 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

### ABSTRACT

**Objective:** The Healthy Adult mode is one of the primary modes in schema therapy, reflecting maturity, mental health, and good judgment. The present study aimed to qualitatively investigate the psychological empowerment of women with a Healthy Adult mode.

**Methods:** This qualitative study was conducted using a phenomenological approach. Participants included women aged 20-40 from Isfahan Province in 2023, selected through purposive sampling based on inclusion criteria. Data were examined using semi-structured, in-depth interviews. Data saturation was achieved with 20 interviews. Data were analyzed using Colaizzi's seven-step method.

**Findings:** After interviewing women with a Healthy Adult mode and analyzing the data, 80 initial codes, 8 sub-themes, and 2 main themes were extracted. Coping and self-awareness were classified under the main themes, and self-compassion, self-regulation, problem-solving ability, mindfulness, developed social relationships, assertiveness, self-awareness, and the concept of a "good enough" parent were classified under the sub-themes.

**Conclusion:** Based on the findings of this study, it can be concluded that Iranian women with a Healthy Adult mode have developed components of psychological empowerment. Ultimately, it is suggested that counseling centers and organizations use practical services based on the findings of this research to enhance the psychological empowerment and promote the adult state of personality in women.

**Keywords:** *Healthy Adult, psychological empowerment, women, schema mode, schema therapy.*

### 1. Introduction

The Healthy Adult mode is one of the principal modes in schema therapy, reflecting maturity, mental health, and good judgment. This mode effectively works on the structure of psychological flexibility (Roediger et al., 2018). The Healthy Adult is a part of the self that possesses confidence, competence, and good functioning and is always able to

answer the question: "How can an adult, compassionate, and cognitively thinking person think, feel, and act?" (Edwards, 2022). The Healthy Adult mode serves as an antidote to maladaptive and dysfunctional modes (Shaeban et al., 2021). There is a difference between the modes of healthy and unhealthy individuals. In healthy individuals, the adult mode is more logical, stronger, and often active. Therefore, they

can simultaneously experience conflicting emotions and control negative emotions (Ghasemi et al., 2023).

This state in an individual, akin to a sufficiently good and kind parent, has three main tasks: creating security, supporting and accepting the vulnerable child within, setting healthy limits for the angry and impulsive child, and confronting inner critic modes and overcoming maladaptive protector modes. All these are done to achieve an integrated self within the journey of individuation, integration, and balance. This journey is one that a human being endeavors to undertake throughout their limited and finite lifespan (Faghirpoor & Ahmadi, 2019). Thus, it indicates a level of self-reflective functioning and mindfulness based on personal values. This mental state is capable of rational and functional behavior in the present moment, and it more successfully fulfills the individual's basic needs. It pertains to the satisfaction of long-term needs and is capable of managing self-destructive life patterns (Lobbestael et al., 2005; Phillips et al., 2020). Additionally, this mode engages in adult-pleasurable activities such as good sex, intellectual, artistic, and cultural interests, healthcare and wellness activities, and sports. In essence, it creates a good balance between one's needs and those of others, internalizing the therapist as a model in individuals (Roediger et al., 2018), and performs appropriate adult functions such as work, parenting, taking responsibility, committing, and practical ways of enjoying life (Basile et al., 2018).

According to Roediger et al. (2018), achieving balance in life occurs with the development of a Healthy Adult. A person with a weak or undeveloped Healthy Adult mode does not know themselves, does not understand how their emotions are triggered, and does not know the root of their feelings. The role and place of parents in an individual's life in their relationship with them are confusing (Roediger et al., 2018). Additionally, the person does not have independent thinking, has no control over their future, and believes in the influence of fate and destiny over adverse events. They live a slave-like life for a long time and then turn into a rebel; because of overly compliant behavior, there is a possibility of rebellion against it. The growth of the Healthy Adult as the ultimate goal of schema therapy occurs through emphasizing the discovery of the developmental roots of psychological problems and early maladaptive schemas (Basile et al., 2018). According to Lobbestael et al. (2005), higher levels of the Healthy Adult state are generally associated with lower levels of psychological pathology (Lobbestael et al., 2005). Helping individuals enhance their psychological status and achieve an optimal level of

psychological empowerment can play an important role in improving their functioning (Haeyen, 2019). Psychological empowerment, as a motivational construct, manifests in four cognitive domains: meaning, competence, self-determination, and efficacy. These four cognitions together reflect an active orientation (Thomas & Velthouse, 1990).

Since women hold unique roles as daughters, wives, mothers, and sisters in both developed and developing societies, they also have a specific need for positive strategies (Duflo, 2012). Based on what has been mentioned, the psychological empowerment of women has been one of the most debated terms in recent decades and is used in many areas (Duflo, 2012; Khaledi et al., 2022). Psychological empowerment of women refers to a process in which women are cognitively and behaviorally empowered to organize their individual, family, and social lives (Kazemian et al., 2019). According to the Iranian Statistical Center (2017), women comprise 49% of the country's population (Ghasemi et al., 2023). Considering the sensitivities regarding women as the mainstay of the family and society, such as raising the next generation and their influence on children, parenting relationships, and their roles as spouses and other roles, the psychological empowerment issues of women and, consequently, the prevention of disorders (as outlined in DSM-5) through psychological interventions are considered one of the most fundamental and decisive elements in the development of societies. To examine and understand psychological empowerment, it is necessary to index its dimensions and strive to enhance women's empowerment through indigenous models aligned with Iranian culture. To accurately analyze this need, special attention should be paid to women's perspectives. Examining these perspectives at the individual level is very important because individual attitudes determine behavior. By studying their viewpoints, one can also study their behavior and change people's behavior toward goals by changing attitudes (Faghirpoor & Ahmadi, 2019).

The findings of Haeyen (2019) in the field of strengthening the Healthy Adult self in art therapy, where schema therapy was used as a positive psychological intervention for individuals with personality disorders, showed that this facilitates the achievement of experiences and enables development through the Healthy Adult state in a way that is more felt than imagined (Haeyen, 2019). Khaledi et al.'s (2022) research also showed that the psychological empowerment program for women significantly improves the resilience and mental health of the wives of veterans (Khaledi et al., 2022). According to the

findings of Faghirpour and Ahmadi (2019), the psychological empowerment training program for female heads of households can lead to the growth and flourishing of women in their role as family members and, by preventing helplessness in life decisions, improves control over personal life and enhances their family life quality (Faghirpour & Ahmadi, 2019). In recent research by Videler et al. (2020), findings showed that attention to early maladaptive schemas in treatment might help strengthen the Healthy Adult state and change their negative life review (Videler et al., 2020). Research indicates that in patients with borderline personality disorder, the Healthy Adult mode is at its weakest, and the individual needs to cultivate and eventually dominate this mode over other mental states. Research shows that the lack of growth of healthy self-parts manifests in areas such as bonding with others, autonomy, expressing values, feeling miserable, and inability to regulate emotions and express emotional needs (Basile et al., 2018). Phillips et al.'s (2020) research indicates that the adult schema state is associated with reduced psychological pathology and that maladaptive child states (angry and vulnerable child) are associated with increased psychological pathology (Phillips et al., 2020). Roelofs et al.'s (2015) research showed a positive and significant relationship between happy child modes and the Healthy Adult with quality of life (Roelofs et al., 2015).

This research aims to investigate the phenomenology of the psychological empowerment of Iranian women with a Healthy Adult mode. It is evident in society that despite the roles women undertake in their culture and tradition, which are sometimes conflicting and pressuring, many have been able to expand their psychological empowerment and move from unhealthy modes toward a Healthy Adult mode. Although considerable research has been done on schema modes using qualitative and quantitative methods, there is still a research gap in the Healthy Adult mode in domestic research, particularly in women's communities. Based on theoretical foundations and previous research, psychological empowerment and the Healthy Adult mode both influence individuals' mental health and personality. The present research seeks to find deeper and more precise insights into the components of psychological empowerment in Healthy Adult women to enhance individual, social, and family functioning. Educating women on psychological empowerment to form a Healthy Adult mode helps improve their mental health, fostering their behavior, thoughts, and feelings towards a healthy adult state. Therefore, the present study aims to answer the following question:

- What are the components of psychological empowerment in women with a Healthy Adult mode?

## 2. Methods

### 2.1. Study Design and Participants

Given the aim and nature of this study, it is a qualitative research using a descriptive phenomenology approach based on the Colaizzi method. Semi-structured interviews were used for this purpose. Participants were selected purposively, considering the research topic and their ability to participate in the study. The study population consisted of all women aged 20-40 living in Isfahan Province during 2022-2023. The participants were 20 women aged 20-40. According to the research aim, inclusion criteria included being within the age range of 20-40 years, not having personality disorders and severe clinical disorders as per DSM-5 criteria through clinical interviews, voluntary and informed participation, and interest in understanding the nature and meaning of their experience. Exclusion criteria included a history of psychiatric medication use, psychiatric and clinical disorders (mental illnesses, undergoing psychological treatment, and medication use). The sample size was determined using the theoretical saturation criterion. After 20 semi-structured interviews, researchers felt that the data obtained were repetitions of previous interviews. To ensure further, a few additional interviews were conducted, confirming that no new concepts emerged from the new interviews, marking the end of the data collection process.

### 2.2. Measures

#### 2.2.1. Semi-Structured Interview

Data in this study were collected through semi-structured interviews. The interview protocols were designed to allow respondents to answer questions within an approximate 45 to 60-minute framework. Interviews were conducted in a quiet and mutually agreed-upon environment. Questions were designed based on the phenomenology of psychological empowerment in women with a Healthy Adult mode, using available sources (Research Methods in Psychology and Educational Sciences by Dr. Ali Delavar). They were reviewed by three specialists and initially evaluated in a preliminary interview to ensure validity and reliability. The interview started with general questions, such as: "Do you think you have a healthy and developed

personality? If yes, how did you come to this conclusion?" Follow-up questions were asked based on previous responses for deeper and more specific insights. To validate the findings, the researcher used the method of participant verification during the interviews. After each interview, the notes and recorded content were immediately reviewed to ensure the accuracy of extracted concepts and categories by comparing them with the reality described by participants. Additionally, selected themes were reviewed in multiple sessions with the research supervisors to validate findings. Before data collection, the study's purpose was explained to participants, and they were asked to sign an informed consent form to participate in recorded interviews. This form detailed how participants could withdraw from the study at any time. Participants were assured of the confidentiality of their interviews, and pseudonyms were used to protect their privacy. Interviews began with general questions, and simultaneous recording and note-taking occurred. If clarification was needed, additional questions were asked. Interviews continued until data saturation, where no new information was obtained. Each interview was transcribed immediately after recording, and data were collected, coded, and categorized into major themes over six months.

### 2.3. Data analysis

In this study, Colaizzi's method was used for data analysis, which involves the following steps: 1. Thoroughly reading all participant statements: all interviews were recorded, documented, and reviewed multiple times. 2. Extracting significant statements and phrases: sentences or phrases relevant to the psychological empowerment of women with a Healthy Adult mode were extracted. 3. Formulating (conceptualizing): the meaning of each significant statement from the interviewee's words was extracted and noted in parentheses. 4. Categorizing data: significant statements were grouped into larger informational units called semantic units or subcategories. This process was repeated for each interview, organizing a multitude of extracted meanings into clusters of topics. During this stage, there could be discrepancies within or between clusters, requiring the researcher to revisit the initial conversations to understand the roots of meanings better and make necessary categorization decisions. 5. Providing a clear and explicit statement of the fundamental structure of the studied phenomenon: ultimately, by formulating and categorizing the phenomenon under study, a comprehensive picture of the phenomenon's structure or the main category

was presented. To ensure the accuracy and precision of the obtained information, three methods were used: credibility, dependability, and confirmability. Ensuring credibility involved sharing findings with participants and reviewing them. For dependability, the researcher, supervisor, and consultant reached a consensus on the accuracy of the data, conducting the process as a team with expert consultation. For confirmability, the researcher attempted to minimize the influence of their prior assumptions during data collection. Additionally, to ensure traceability, all concepts and themes identified by the researcher were linked to specific data segments, with external researchers familiar with qualitative research methods reviewing and evaluating the codes and categories.

### 3. Findings and Results

From a demographic perspective, the study included 20 women. The average age was 32.9 years, with the youngest participant being 21 years old and the oldest being 40 years old. Additionally, 7 participants (35%) were single, 1 participant (5%) was divorced, 1 participant (5%) had experienced the death of a spouse, and 11 participants (55%) were married. Among the participants, 8 women (40%) had children, with the maximum number of children being 2 (10%) and the minimum being 1 child (5%). All participants had educational qualifications, with the highest degree being a master's and the lowest being a high school diploma. Among them, 2 participants (10%) were housewives, and 18 participants (90%) were employed (either as employees or in freelance jobs). Data analysis led to the identification of eighty initial concepts, eight sub-themes, and two main themes, which are explained below.

**Self-Compassion:** Women with a Healthy Adult mode have accepted their overall conditions and aspects. Therefore, in times of anxiety and internal conflicts, they do not harshly judge themselves or others. They strive to maintain their calm, acknowledge their feelings, and validate them. Simultaneously, they try to guide themselves toward balance and avoid being overwhelmed by anxiety. They maintain controlled interactions with themselves, opening their hearts to their wounded parts and ceasing self-comparison with others. Thus, they do not get trapped in the bewildering question of why they remain in a swamp of self-blame. Instead of moral judgment, they seek self-improvement. Participant 4: "I compare myself less and feel more adequate." Participant 7: "I have fewer questions about myself and others; I try to understand the reasons behind



problems in myself and others." Participant 14: "I made a mistake; I rebuilt it, and I am not distressed about myself now. Without making mistakes, you cannot understand what the right thing is."

**Self-Regulation:** Women with a Healthy Adult mode strive to reflect on both their intellect and emotions and create a balance between them when issues arise. They do not silence either voice. They have developed self-awareness (both positive and negative) and manage it to express themselves more consciously and maturely at the appropriate time and place. The development of emotional intelligence in women leads to awareness of all their feelings and self-control in managing them during different precursors. In times of anxiety, strategies like meditation, silence, or humor have effectively controlled the environment. These skills have also helped women separate work and family issues. Participant 6: "I think and reflect on my behavior much more, and it has matured." Participant 15: "I practice my breathing a lot and repeat something repeatedly. For example, I say, focus on your breathing..." Participant 19: "Another feature of mine is managing my emotions, which gives me a better opportunity to think and anchor myself."

**Problem-Solving Ability:** When they need to solve a problem, they consider multiple ways to solve it. If necessary, they discuss the issue with others (spouse, friends, counselor) to see different dimensions and avoid stubbornness. They separate themselves from the problem, allowing more flexibility in controlling the situation and finding solutions. A realistic view of issues here and now prevents expanding the topic to other situations. This ability also prevents magnifying the issue and focuses the mind on the main problem. They use all their personality aspects to facilitate problems and develop decision-making skills. Participant 1: "Problems have arisen, and the most important thing that helped me was talking." Participant 2: "Now, the first thing I do is see how difficult the situation is and not blame anyone, so I can better find solutions." Participant 10: "I need to understand that this mistake is from this part of my life and here. It should not spread to other areas like an illness."

**Mindfulness:** The mindfulness of adult women allows them to nudge themselves during difficult times, turning hardships into opportunities, and redirecting themselves to the path of movement to face their fears. They do not surrender to the problem, letting life's flow pull them in any direction; instead, they take control. They also silence negative mental ruminations, striving to become aware of

their discomforts, recognizing if they have unfulfilled tasks, accepting their current capabilities, and avoiding guilt over lost goals and dreams, thus, re-engaging in their interests as much as possible. Participant 4: "Previously, I couldn't and would surrender to that mistake, often breaking myself from severe blame." Participant 5: "By doing things I love and am interested in and completing them, I didn't need to blame myself. I had diligent follow-up and effort." Participant 7: "When faced with a problem, something brings me back to it, so I don't get confused and immersed in that challenge."

**Developed Social Relationships:** These women value the growth of others as much as their own and support those around them in various ways. Instead of judging others, they strive to understand them through their words. The ability to understand another's suffering is an important developed characteristic for these women, providing security to others. From their perspective, this psychological security is mutual. Their humor and energy create lively groups through sharing this positive spirit. They do not try to change people and have no unreasonable expectations of others, ensuring no emotional harm to them. They do not expect reciprocity in their developed kindness towards others. Maintaining close relationships through calls, meetings, etc., is significant to these women. Participant 12: "I pay attention to my counterpart. I check in periodically. I call and make plans to go out." Participant 16: "Now, it might be that their political or religious tendencies, age, and appearance differ significantly from mine, or even their education. I understand this and form intimacy." Participant 20: "I try to teach things to my friends in virtual and face-to-face groups - I also learn. A small help from me is enough for them to grow."

**Assertiveness:** These women have accepted that mistakes and errors are inevitable in life, but they have matured their approach to dealing with them. Instead of self-blame, they introspect to understand their experience and the reason for their guilt. They seek the help of knowledgeable individuals for introspection if needed and help themselves transcend the unhealthy values imposed from outside. They try to moderate their intense emotions through methods like writing their feelings and effective inner dialogue, confronting significant mistakes realistically, even if difficult. They can also make amends for mistakes against others by apologizing and assertively admitting their wrongdoings. Participant 3: "Many times, I've felt guilt and shame, but I practiced and told myself that I could get better." Participant 10: "If I've insulted someone and feel guilty, I go up to them and say, 'Hey, I made a mistake.'"

Participant 17: "I've tried to analyze what weaknesses I had in that situation and period when I did that and worked on my weaknesses."

Self-Awareness: Women develop their psychological aspects toward self-awareness about the inherent guilt of healthy behavior in valuable actions and recognize the emotions arising from this feeling, such as anxiety, crying, sadness, anger, etc. Therefore, when experiencing them, they do not get upset and are aware of the possibility of experiencing all human emotions. They consider guilt and mistakes as part of human nature and say they use anxiety for their growth. Participant 8: "You know, in some situations, a trigger makes a person anxious and sad... I see this as natural, and it cannot be stopped." Participant 13: "If I want to say that anyone claims not to have or not to have had it, that itself is a lie and a sin. I've done such things." Participant 16: "Sometimes, when I feel angry, I analyze what factors have formed in my mind and how much is external and internal."

Good-Enough Parenting: Healthy adult women see themselves on the path to being good-enough mothers. This indicates they avoid idealizing themselves in child-rearing. Despite this, they provide compassion, security, and consistent behavior towards their children. They participate in their children's joy and games, have times for expressing affection, such as hugs and bedtime stories, and support their activities without idealizing them, sometimes providing opportunities to learn from mistakes. They help them become their true selves and maintain mutual individuality along with support. Participant 9: "I kiss a simple drawing they make and stick it on myself and the refrigerator. Even with their father, we mark the drawings they make at different ages with dates." Participant 11: "I stay warm and give them love and affection verbally and physically and try to provide all five love languages." Participant 18: "I treat my children in a way that guides them towards the best future for themselves."

**Table 1**

*Extracted Themes from Interview Content with Women with a Healthy Adult Mode*

Initial Concepts	Sub-Themes	Main Theme
Having more inner peace, self-care against negative inner emotions, providing security to oneself, not getting stuck in intense anger, opening up to wounded parts, final self-acceptance despite mistakes and trying not to repeat them, not escaping the consequences of one's actions, positive self-talk, efforts to heal pains, not being harsh with oneself, striving to achieve goals and interests and reducing self-blame, not being provoked in every situation, and paying attention to mental health, not comparing oneself to others, understanding the reasons for self-blame (reasons for actions or life's precursors)	Self-Compassion	Coping
Displaying mature behaviors, awareness of one's emotions in different situations, importance of controlling emotions like anger, anchoring in sadness and managing instead of fighting oneself, self-calming in crises, calming the environment in crises, solitude in crises and striving for self-development, having strategies to soothe anxiety in crises, self-restraint at work during life crises	Self-Regulation	
Problem-solving and facilitation through dialogue, developing decision-making skills, realism in problem-solving, ability to separate oneself from the problem, talking with a spouse in difficult situations, seeing issues and problems in the here and now, solving or coping with problems, ability to make rational decisions in critical situations without harming others, not magnifying problems	Problem-Solving Ability	
Nudging oneself in difficult situations and returning to the path, ability to make up for mistakes, not surrendering to the problem, less negative mental rumination	Mindfulness	
Support, empathy, desire for others' growth as much as their own, active listening, valuing mutual emotional security in relationships, understanding others' conditions, humor, awareness of body language in relationships and interactions, mature behavior towards others' mistakes, not having unreasonable expectations of others, kindness without expecting reciprocity in friendships, not imposing one's beliefs in conversations, maintaining close relationships	Developed Social Relationships	
Examining guilt through introspection instead of constant self-blame, examining guilt with the help of knowledgeable individuals, personal efforts for development and growth in personality, healthy amends for guilt if necessary, awareness of past cognitive errors, facing and interacting with unpleasant emotions during significant mistakes, not judging oneself during guilt, ability to apologize and talk when making mistakes against others, ability to accept mistakes and take steps to solve them	Assertiveness	Self-Recognition
Awareness of guilt and self-blame in valuable actions, monitoring and considering bitter experiences, validating emotions, not having an ideal image of a perfect human, insight into negative inner emotions and allowing their experience, recognizing anxiety and using it for growth, not projecting problems outward, finding internal or external sources of emotional disturbances, tracking and timely expressing thoughts and feelings	Self-Awareness	
Having fun times and playing with children, planning time according to adolescents' needs, creating emotional security instead of insecure attachment, raising children towards independence, spending time on children's issues, authority when necessary, providing opportunities for children to learn from mistakes, valuing children's activities and helping build their self-confidence, accepting special affection from children, verbal and physical love, accompanying children in their interests, teaching worthiness instead of blame and conditional value, raising children to become their true selves and achieving individuality	Good-Enough Parenting	

#### 4. Discussion and Conclusion

This study aimed to qualitatively investigate the psychological empowerment of women with a Healthy Adult mode (women aged 20-40 years). To this end, a qualitative research method using phenomenological analysis was employed. Based on the results of the interviews, two main themes, "Coping" and "Self-Recognition," were identified.

The first main theme is "Coping." Its sub-themes include self-compassion, self-regulation, problem-solving ability, mindfulness, and developed social relationships. This core theme aligns somewhat with the results of prior studies (Ghabadizade et al., 2019; Wu et al., 2020) on the positive effects of adaptive coping styles on individuals. Teaching normative coping styles can be used as an effective therapy to improve distress tolerance and psychological flexibility. Utilizing adaptive coping strategies is associated with increased psychological capacity and problem-solving skills, improving distress tolerance (Ghabadizade et al., 2019). These findings suggest a significant relationship between normative coping and psychological empowerment in various emotional and cognitive conditions. Therefore, it can be said that women with a Healthy Adult mode use adaptive coping strategies in their lives and in dealing with life's challenges. By replacing adaptive emotional management strategies, they can reduce life problems, chronic interpersonal issues, and emotional instability, thus activating emotional and cognitive regulation (Renner et al., 2018). They have developed their psychological capabilities towards adaptive efficiency and use these abilities to handle various events in their daily personal and social lives. Regarding self-compassion and developed social relationships, consistent with Gilbert's (2009) view, compassion, like other motivations, can affect our psychological abilities, including emotions, attention, and self-perception, to achieve desired outcomes and social relationships (Gilbert, 2009). When we consciously place compassionate motivations, such as kindness, help, encouragement, and support for ourselves and others, at the center of our lives, we see its long-term impact on our relationships with ourselves, others, and the world (Renner et al., 2018; Videler et al., 2020). Healthy Adult women, even if influenced by maladaptive coping during childhood and adolescence, have corrected these through their experiences, avoiding self-rejection. Consequently, they are compassionate towards themselves. In crises, they are fully

open to themselves and provide their own security. When making mistakes, they take responsibility instead of fleeing the situation, having the ability to admit their mistakes. They do not consider themselves or others deserving of harsh punishment. They know that they need to improve their interactions in sensitive conditions to accept experiences and events in themselves at any moment, reducing the need for maladaptive defense mechanisms and ensuring their mental health. Ultimately, the women in this study have reached self-understanding and acceptance, using their painful experiences for growth instead of blaming themselves for past actions or making anxiety-inducing predictions for the future. Socially, they value healthy relationships and mutual growth opportunities with others, developing compassion (empathy, acceptance, security, etc.) for others as well as themselves. Self-compassion leads to healthy behavior towards others, fostering developed interpersonal relationships. They can establish and accept relationships without needing to change others. Healthy Adult women have the psychological capacity to understand others' suffering and support them through empathy. They do not get upset with their counterparts' mistakes, utilizing their emotional intelligence. They use humor as an essential aspect of close relationships and take planned time to care for important relationships.

Healthy Adult women do not leave themselves at the mercy of events and are mentally aware of their internal occurrences, preventing external emotions from influencing their actions. Individuals with an open and active mind and cognitive abilities are less involved in impulsive and hasty behaviors, experiencing less stress and anxiety. Negative beliefs and thoughts about worry and using ineffective coping methods lead to an inability to control negative emotions. Therefore, those who use negative cognitive emotion regulation strategies do not perform well in interpreting, coping, and appropriately expressing emotions in various situations, increasing the risk of depression and anxiety and preventing them from appropriately expressing themselves in different situations. In this regard, they emphasize controlling intense harmful emotions like anger while trying to express them healthily, thus controlling emotional arousal and directing their thoughts towards mature actions. These skills have also helped women separate work and family issues, ensuring that work performance is not affected by life crises. These cognitive skills do not mean suppression but are a way to anchor themselves amid daily anxiety-provoking challenges, better recognizing their emotions and finding the right way to

reduce and reuse those emotions healthily and effectively. Another theme is mindfulness. Mindfulness allows individuals to broaden their perspective, observe maladaptive thoughts, mental ruminations, existing cognitive processes, and deficiencies, ideally changing or redirecting them (Shaeban et al., 2021; Videler et al., 2020). Regarding mindfulness, women do not surrender to problems but take the initiative. Even if they find a weakness in themselves, they work to correct it. This psychological empowerment also enables them to seek reparation or resolution instead of blaming themselves when feeling guilty.

Problem-solving is another psychological empowerment of women. Problem-focused coping strategies include conscious efforts or logical evaluations of the problem, aiming to change or eliminate the stressor, focusing more on the stressor itself. Using this strategy reduces psychological and emotional behavioral problems (Faghirpoor & Ahmadi, 2019; Haeyen, 2019). These women do not react impulsively in difficult life situations; instead, they understand that problems in life are natural and need to be solved by the individual. They may seek help from others or specialists and strive to view the issue realistically. Healthy Adult women have the psychological ability to solve problems and, if necessary, adapt to the situation instead of worsening their psychological state and problems by struggling.

The second main theme is "Self-Recognition." This theme includes sub-themes of assertiveness, self-awareness, and good-enough parenting. The results of this main theme align with the prior findings (Haeyen, 2019; Shaeban et al., 2021). One of the most important goals in life is self-knowledge, as it is one of the best ways to achieve happiness and peace. Jung presents the issue of self-recognition in concepts like "self-awareness" and "individuation," emphasizing the importance of gaining self-knowledge and striving to achieve a balanced nature and inner spirituality (Ghabadizade et al., 2019; Haeyen, 2019). Regarding the findings of this theme, it can be noted that the psychological empowerment of women with a Healthy Adult mode has developed in terms of self-recognition; meaning they have achieved self-awareness regarding psychological conflicts and facing and understanding them. Consequently, they have improved their performance in life, experiencing less psychological turmoil and choosing their behavior more consciously in their environment. Assertive behavior enables individuals to act assertively in stressful and challenging life situations. Assertiveness is neither aggression nor hostility but a behavioral skill that can be

learned and taught (Lobbestael et al., 2005; Phillips et al., 2020; Roelofs et al., 2015). Regarding this theme, women with a Healthy Adult mode strive to examine tensions and grow from them when facing internal conflicts, showing assertiveness in accepting personal responsibilities. This confrontation prevents denial and facing bitter internal events, even if difficult. Developed women have become aware of past cognitive errors that exacerbated psychological problems and ineffective error resolution. Now, they take personal responsibility for their errors, how they handle them, and how they improve their personality. Therefore, alongside mature growth, they have stopped judging and blaming themselves when feeling guilty. Developing psychological empowerment in assertiveness through the power to accept errors and introspection for developed resolution, away from pathological guilt, significantly impacts self-knowledge in women with a Healthy Adult mode.

According to Frankl, being responsible and aware shapes human existence and gives life meaning (Bagherzade et al., 2018). Bagherzadeh et al. (2018) found that individuals with greater self-awareness have a better understanding of their strengths and weaknesses, needs, and drives and can evaluate, guide, and control life events. Healthy adults do not seek psychological peace in the absence of tensions and mistakes and have abandoned idealistic views (Bagherzade et al., 2018). This has led them to understand themselves as complete individuals without wanting to suppress parts of themselves. They have become aware of internal stress and tension and experience anxiety healthily. They do not deny their fear in facing important life situations and internal emotions and are open to experiencing life's bitter moments. Instead of getting immersed in the experience, they strive to gain insight into their reactions. They see the anxiety from these processes as a natural existential aspect, using it to grow. Recognizing the reality and nature of potential errors and sins and examining the aspects of unpleasant emotions arising from these actions, tracking and expressing them appropriately, and compensating at the right time and place form a circular pattern outside rigidity for women with a Healthy Adult mode, significantly expanding their psychological capacity.

Naturally, developed women who take on the role of mothers also impact their children's healthy upbringing with this psychological maturity. From Winnicott's perspective, a supportive environment is the foundation of individual mental health, established by a mother who sufficiently cares for and expresses love towards her child (Cassidy & Shaver,



1999). A good-enough mother values her child's developmental needs, understanding the sensitive world of adolescents and spending time with them according to their needs. They understand the differences in thoughts and interests of adolescents. They value their child's academic, artistic, sports activities, etc., without fostering perfectionism. Developed mothers are aware not to damage their child's self-esteem through conditional valuing and blaming. They accompany their children in becoming their true selves and finding their individual identity. They also strive to maintain their and their child's independence by setting boundaries and living their individual lives. They have the psychological capability to allow mistakes and learning from them as growth opportunities for their children in difficult situations. These mothers recognize their child's positive and negative emotions, engaging in dialogue and providing emotional security. These attributes make them good-enough mothers who maintain their individuality outside the maternal role. These traits foster self-worth, independence, and the development of a healthy mode in their children.

Therefore, this study highlights awareness and personal effort in achieving growth and flourishing of psychological empowerment to become a Healthy Adult. It is noteworthy that these women have undergone a long process to attain a Healthy Adult mode and do not claim absolute perfection. They see themselves on this journey to enhance psychological empowerment and lead a healthier life. This means they have made efforts to progress on a scale but have not reached the end of the Healthy Adult path, as the nature of life and humans is dynamic and requires constant effort and awareness. The process of advancing towards a Healthy Adult mode and transitioning from unhealthy modes requires serious programs in centers and organizations, empowering women's psychology in areas such as self-compassion, developed relationships, self-regulation, problem-solving ability, mindfulness, assertiveness, self-awareness, and good-enough parenting.

## 5. Suggestions and Limitations

The limitations of this study include the sampling method and the use of interviews for data collection. These limitations prevent confidently generalizing the findings, so caution is recommended in generalizing the results. It is suggested that a quantitative study be conducted on this topic. Additionally, the education levels and occupations of women in this study were not considered. It is recommended

that a qualitative study be conducted in this area with women of different education levels and occupations.

## Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript. This article is derived from the first author's doctoral dissertation.

## 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

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

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

## Ethical Considerations

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

## References

- Bagherzade, S., Hosseini Tabaghdehi, S. L., & Hafezian, M. (2018). Relationship of self-awareness and self-regulated learning to social adjustment among girl high school students. *Journal of Educational Psychology Studies*, 15(30), 29-50. <https://doi.org/10.22111/jeps.2018.3607>
- Basile, B., Tenore, K., & Mancini, F. (2018). Investigating schema therapy constructs in individuals with depression. *J Psychol Clin Psychiatry*, 9(2), 214-221. <https://apc.it/wp-content/uploads/2018/05/2018-Investigating-schema-therapy-Basile-et-al.pdf>
- Cassidy, J., & Shaver, P. R. (1999). *Handbook of attachment: Theory, research, and clinical applications*. Rough Guides. <https://books.google.com/books?hl=en&lr=&id=haEfq-nKqjgC&oi=fnd&pg=PA3&dq=26.+Cassidy,+J.,+%26+Sha>

- ver,+PR.+(2002).+Handbook+of+Attachment:+Theory,+Research,+and+Clinical+Applications:+Guilford+Publications.&ots=Tn3G6c4jkO&sig=EN2S\_cL7Df9Oe3fiGWyp9BEH8A
- Duflo, E. (2012). Women Empowerment and Economic Development. *Journal of Economic Literature*, 50(4), 1051–1079. <https://doi.org/10.1257/jel.50.4.1051>
- Edwards, D. J. A. (2022). Using Schema Modes for Case Conceptualization in Schema Therapy: An Applied Clinical Approach [Review]. *Frontiers in psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.763670>
- Faghirpoor, M., & Ahmadi, E. (2019). Study of the Relationship between Psychological Empowerment and Mental Health in Female Heads of Households in Rasht. *Family and Health*, 9(1), 13-27. [https://journal.astara.ir/article\\_246684.html](https://journal.astara.ir/article_246684.html)
- Ghabadizade, S. H., Yosefi, N., & Ghadery, F. (2019). The role of early maladaptive schemas, coping styles and cognitive emotion regulation strategies in predicting students' tendency to addiction. *Journal of School Psychology*, 7(4), 121-142. <https://doi.org/10.22098/jsp.2019.751>
- Ghasemi, M., Badsar, M., & Falahati, L. (2023). Investigating the Role of Psychological Variables on the Rural Women's Empowerment in Environmental Conservation. *Environmental Researches*, 13(26), 335-354. <https://doi.org/10.22034/eiap.2023.170002>
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in psychiatric treatment*, 15(3), 199-208. <https://doi.org/10.1192/apt.bp.107.005264>
- Haeyen, S. (2019). Strengthening the Healthy Adult Self in Art Therapy: Using Schema Therapy as a Positive Psychological Intervention for People Diagnosed With Personality Disorders [Hypothesis and Theory]. *Frontiers in psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.00644>
- Kazemian, S., Fadakar Davarani, F., & Seifi, M. (2019). Study and Comparison of Psychological Empowerment Indices of Rural and Urban Women in Crisis. *Woman in Development & Politics*, 17(3), 349-368. <https://doi.org/10.22059/jwdp.2020.286143.1007690>
- Khaledi, A., Cherami, M., Amadi, R., & Sharifi, T. (2022). Validation and Effectiveness of Women's Psychological Empowerment Package on Resilience and Mental Health of Women with Veteran Husbands. *ajauims-mcs*, 9(3), 216-230. <http://mcs.ajauims.ac.ir/article-1-537-en.html>
- Lobbestael, J., Arntz, A., & Sieswerda, S. (2005). Schema modes and childhood abuse in borderline and antisocial personality disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, 36(3), 240-253. <https://doi.org/10.1016/j.jbtep.2005.05.006>
- Phillips, K., Brockman, R., Bailey, P. E., & Kneebone, I. I. (2020). Schema in older adults: does the schema mode model apply? *Behavioural and Cognitive Psychotherapy*, 48(3), 341-349. <https://doi.org/10.1017/S1352465819000602>
- Renner, F., DeRubeis, R., Arntz, A., Peeters, F., Lobbestael, J., & Huibers, M. J. H. (2018). Exploring mechanisms of change in schema therapy for chronic depression. *Journal of Behavior Therapy and Experimental Psychiatry*, 58, 97-105. <https://doi.org/10.1016/j.jbtep.2017.10.002>
- Roediger, E., Stevens, B. A., & Brockman, R. (2018). *Contextual schema therapy: An integrative approach to personality disorders, emotional dysregulation, and interpersonal functioning*. New Harbinger Publications. [https://www.researchgate.net/publication/325430387\\_Contextual\\_Schema\\_Therapy\\_An\\_Integrative\\_Approach\\_to\\_Personality\\_Disorders\\_Emotional\\_Dysregulation\\_and\\_Interpersonal\\_Functioning](https://www.researchgate.net/publication/325430387_Contextual_Schema_Therapy_An_Integrative_Approach_to_Personality_Disorders_Emotional_Dysregulation_and_Interpersonal_Functioning)
- Roelofs, J., Muris, P., & Lobbestael, J. (2015). Acting and Feeling Like a Vulnerable Child, an Internalized "Bad" Parent, or a Healthy Person: The Assessment of Schema Modes in Non-Clinical Adolescents. *Journal of personality disorders*, 30(4), 469-482. [https://doi.org/10.1521/pedi\\_2015\\_29\\_209](https://doi.org/10.1521/pedi_2015_29_209)
- Shaeban, M., Peyvastegar, m., & khosravi, z. (2021). The effectiveness of the localized model of schema therapy on changing the schema of therapists. *Journal-of-Psychological-Science*, 20(100), 511-520. <http://psychologicalscience.ir/article-1-821-en.html>
- Thomas, K. W., & Velthouse, B. A. (1990). Cognitive Elements of Empowerment: An "Interpretive" Model of Intrinsic Task Motivation. *The Academy of Management Review*, 15(4), 666-681. <https://doi.org/10.2307/258687>
- Videler, A. C., van Royen, R. J. J., Legra, M. J. H., & Ouwers, M. A. (2020). Positive schemas in schema therapy with older adults: clinical implications and research suggestions. *Behavioural and Cognitive Psychotherapy*, 48(4), 481-491. <https://doi.org/10.1017/S1352465820000077>
- Wu, Y., Yu, W., Wu, X., Wan, H., Wang, Y., & Lu, G. (2020). Psychological resilience and positive coping styles among Chinese undergraduate students: a cross-sectional study. *BMC psychology*, 8(1), 79. <https://doi.org/10.1186/s40359-020-00444-y>