DOI: <u>https://doi.org/10.29038/2227-1376-2019-33-235-247</u>

UDK:159.995

INVESTIGATES THE ROLE OF COGNITIVE AND EMOTIONAL SCHEMAS IN STRESS

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The present study investigates the role of cognitive and emotional schemas in explaining stress. Stress is among the most prevalent mental and psychological problems that, if acute and continuous, can lead to depression and anxiety disorders that, in turn, will result in excessive use of health care services and excessive dysfunction in individuals. Based on the schematic viewpoint, the mental damage/harm caused by the formation and stability of cognitive schemas and emotional schemas, and the patterns of thinking and habitual excitement, which are very general and inclusive, identifies the type of vulnerability. Methodology: The present study is a post-event research (causal-comparative). To this end, three questionnaires of DASS questionnaire, cognitive schema questionnaire and emotional schema questionnaire were given to them simultaneously. Then, the subjects with high scores in stress, which were obtained from the questionnaire, were selected and divided into three groups of stress. The obtained data were analyzed. After calculating the descriptive statistics of the studied variables, the data of the research were analyzed using the statistic methods of Multivariate analysis of variance (MANOVA), ANOVA and Tukey's method.

Conclusion: The findings show that people with high levels of stress have guilt and uncontrollability schemas that can be due to the impact of individuals' cognitive schemas in analyzing and accepting various situations in life. Individuals with high levels of stress received high scores in Unrelenting Standards/Hypercriticalness cognitive schemas were observed.

Key words: stress, emotional schema, cognitive schema, DASS, Early Maladaptive Schema.

Сардарзаде Сурена. Роль когнітивних й емоційних схем у стресі. Дослідження стосується аналізу ролі когнітивних й емоційних схем у поясненні механізму формування стресу. Він є однією з найбільш поширених психічних і психологічних проблем, які, якщо мають гострий і хронічний характер, можуть призвести до депресії й тривожних розладів, що, зі свого боку, спричинить надмірне використання медичних послуг та втрату функціональності індивідуумів. Виходячи зі схематичного погляду, ми помітили, що психічна травма/шкода, спричинена формуванням і стабілізацією когнітивних та емоційних схем, а також моделлю мислення й звичної поведінки, які є дуже

ISSN 2308-3743 (Online), ISSN 2227-1376 (Print)

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загальними та всеосяжними, визначає тип уразливості. *Методологія*. Це стаття є дослідженням після події (причинно-порівняльне порівняння). Із цією метою респондентам одночасно надано три анкети: анкету ШДТС, анкету когнітивної схеми та анкету емоційної схеми. Потім суб'єктів із високими показниками стресу, які отримано на підставі анкети, відібрано й розділено на три групи. Отримані дані було проаналізовано. Після розрахунку дескриптивної статистики досліджуваних змінних, дані дослідження розглянуто з використанням статистичних методів багатоваріантного дисперсійного аналізу (MANOVA), ANOVA та методу Тьюкі.

Результати свідчать, що люди з високим рівнем стресу мають схеми провини й некерованості, які можуть бути пов'язані з впливом когнітивних схем індивідів на аналіз та прийняття різних ситуацій у житті. Особи з високим рівнем стресу отримали високі показники в когнітивних схемах безкомпромісних стандартів/ гіперкритичності.

Ключові слова: стрес, емоційна схема, когнітивна схема, ШДТС, рання неадаптивна схема.

Сардарзаде Сурена. Роль когнитивных и эмоциональных схем в стрессе. Исследование раскрывает анализ роли когнитивных и эмоциональных схем в объяснении механизма формирования стресса. Он является одной из наиболее распространенных психических и психологических проблем, которая, если имеет острую и хроническую форму, может привести к депрессии и тревожным расстройствам, что, в свою очередь, будет причиной к чрезмерному использованию медицинских услуг и потере функциональности индивидуумов. Исходя из схематической точки зрения, психическая травма/вред, причиненная формированием и стабилизацией когнитивных и эмоциональных схем, а также моделей мышления и привычного поведения, которые являются общими и всеобъемлющими, определяют тип уязвимости. Методология. Настоящее исследование представляет собой постсобытийное исследование (причинноследственное сравнение). Для этого индивидуумам одновременно предоставлялись три анкеты: анкета ШДТС, анкета по когнитивной схеме и анкета по эмоциональной схеме. Затем субъекты с высокими показателями стресса, которые были получены на основании анкеты, отбирались и разделялись на три группы. Полученные данные анализировались. После расчета дескриптивной статистики изучаемых переменных данные исследования были проанализированы с дисперсионного использованием статистических многомерного методов анализа (MANOVA), ANOVA и метода Тьюки.

Результаты показывают, что люди с высоким уровнем стресса имеют схемы вины и неконтролируемости, которые могут быть связаны с воздействием когнитивных схем на анализ и принятие людьми различных жизненных ситуаций. Лица с высоким уровнем стресса имели высокие показатели по когнитивным схемам бескомпромиссных стандартыов/гиперкритичности.

Ключевые слова: стресс, эмоциональная схема, когнитивная схема, ШДТС, ранняя неадаптивная схема.

Statements of Problem

Stress is often described as a feeling of being overwhelmed, worried or run-down. Stress can affect people of all ages, genders and circumstances and can lead to both physical and psychological health issues. By definition, stress is any uncomfortable «emotional experience accompanied by predictable biochemical, physiological and behavioral changes (Baum, 1990). Some stress can be beneficial at times, producing a boost that provides the drive and energy to help people get through situations like exams or work deadlines. However, an extreme amount of stress can have health consequences and adversely affect the immune, cardiovascular, neuroendocrine and central nervous systems (Anderson, 1998).

Studies have also illustrated the strong link between insomnia and chronic stress (Vgontzas, 1997). According to APA's Stress in America survey, more than 40 percent of all adults say they lie awake at night because of stress. Experts recommend going to bed at a regular time each night, striving for at least seven to eight hours of sleep and eliminating distractions such as television and computers from the bedroom.

Many Americans who experience prolonged stress are not making the lifestyle changes necessary to reduce stress and ultimately prevent health problems. Improving lifestyle and behavioral choices are essential steps toward increasing overall health and avoiding chronic stress. The key to managing stress is recognizing and changing the behaviors that cause it, but changing your behavior can be challenging.

Analysis of Recent Research and Publications

Research shows that stress can contribute to the development of major illnesses, such as heart disease, depression and obesity. Some studies have even suggested that unhealthy chronic stress management, such as overrating «comfort» foods, has contributed to the growing obesity epidemic (Dallman, 2003). Yet, despite its connection to illness, APA's **Stress in America** survey revealed that 33 percent of Americans never discuss ways to manage stress with their healthcare provider.

Robert L. Leahy (2002) Three theoretical models of the relationship between cognition and emotion are examined: (a) ventilation theory (i.e., the greater expression of emotion, the better the outcome), (b) emotionally focused therapy (i.e., activation, expression, and validation of emotion facilitate acceptance and self-understanding), and (c) a cognitive model of emotional processing (i.e., individuals differ in their conceptualization and strategies in responding to emotion). A self-report assessment of emotional schemas reflecting 14 dimensions related to cognitive processing and strategies of emotional response is presented. Fifty-three adult psychotherapy patients were assessed and their responses on the emotional schemas evaluation were correlated with the Beck Depression Inventory and the Beck Anxiety Inventory. There was strong support for a cognitive model of emotional processing. Depression was related to greater guilt over emotion, expectation of longer duration, greater rumination, and viewing one's emotions as less comprehensible, less controllable, and as different from the emotions others have. Anxiety was related to greater guilt over emotion, a more simplistic view of emotion, greater rumination, viewing one's emotions as less comprehensible, less acceptance of feelings, viewing emotions as less controllable, and as different from the emotions others have. Dimensions related to the strict ventilation model-such as validation, numbness, and expression-were not related to depression or anxiety, although acceptance of feelings was related to less anxiety. Support was found for the emotional-focus model. Validation was related to less guilt, less simplistic ideas of emotion, expectation of shorter duration, less rumination, and to viewing emotion as more comprehensible, more controllable, more similar to emotions of others, and more acceptance of feelings.

Camara & Calwit (2012) studied the mediation of non-adaptive schemes in stressful events for student worries and depression. The results have shown that the existence of abandonment schemes, emotional deprivation, defect and failure can predict the symptoms of depression in stressful events.

2. Purpose and Objective

This study aimed at investigating role of dominant cognitive and emotional schemas in Stress.

The Purpose of this Article:

• Identify primary vulnerabilities to stress based on patient schemas and prevention of stress based on schemas.

• Treating patients with stress base on Schema Therapy.

• Facility of diagnosis of stress by using cognitive and emotional schemas questionnaires.

• Identify stress traits in adolescents and young people before becoming depression and anxiety disorders.

Objectives & Hypotheses

• There is a difference between the emotional schemas of stress and non- stress people.

• There is a difference between the cognitive schemas of stress and non- stress people.

3. THEOREY OF THE STUDY

Each mental disorders with habitual thought samples and schemas are very popular and comprehensive which clarify vulnerability type that is related to that disorder (Beck, 1976; 1990; Leahy, 2007). In depression schemas can be tracked from automatic thoughts (Beck, 1990; Young, 1990; 1999) believes that some schemas might be main core of main chronic disorders of I axis, personality disorders and lighter cognitive problems. For more accurate study, Young specified some schemas which are called Early Maladaptive Schema (EMS). EMS is set of early inefficient experience with people in immediate environment of child (Young, 2002) and it has effect on whole life of a person. It is believed that each schema includes components of cognition, affection and interpersonal relationship.

Emotions can be tacked in all experience of people. In all behaviors, relationships, and response of people to the situations, emotions derived from emotional schemas is observable (Beck, 1990; Leahy, 2011). In emotional schemas model, high efforts put on accentuate emotions and strategies of emotional process (Leahy, 2002) and it emphasize on emotions and plans by which combining core beliefs with emotional evaluations that specifies this assessment and interpretation of a person compatibility with that condition (Leahy, 2011).

There are different points of view on explaining the etiology of depression disorders. Model «Therapy Based on Emotional Schemes» (MTS) is a metacognitive or meta-experience model of emotions in which emotions are part of the social cognitive function (Wells, 2014). This model was first developed by Robert Lehi (Leahy, 2002) on the basis of the theory of individual psychology (Adler and Yang, 1990, Beck et al., 1999). According to MTS, people with non-adaptive emotional patterns tend to rely on certain emotions and avoid using the strategy (Leahy, 2003).

The DASS is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. The DASS was constructed not merely as another set of scales to measure conventionally defined emotional states, but to further the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states usually described as depression, anxiety and stress. The scale, developed by (Lovibond, 1995). It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Subjects

are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. In addition to the basic 42-item questionnaire, a short version, the DASS21, is available with 7 items per scale. Note also that an earlier version of the DASS scales was referred to as the Self-Analysis Questionnaire (SAQ).

Materials and Methods

This study aimed at comparing people with stress in terms of cognitive and emotional schemas. First descriptive statistic of under studied variables were calculated and then data were analyzed by multivariate analysis of variance (MONOVA), one-way variance analysis (ANOVA) and Tukey method. Results of the study were provided in two parts including descriptive results and results related to research hypothesis.

Results

		Table 1
	Mean, Standard De	viation of Cognitive Schema Scores in Stress
Stress		
SD	Mean	Coroups Schemas
3,61	12,41	Abandonment/instability
2,23	11,20	Emotional deprivation
2.87	11.40	Mistrust/abuse
1,95	10,36	Defectiveness/shame
2,26	11,10	Social isolation/ alienation
3,07	10,66	Dependence/ incompetence
3,48	11,63	Vulnerability to damage or diseases
2,32	11,40	Enmeshment/ undeveloped self
2,34	10,66	Failure
2,57	11,56	Entitlement/superiority
2,85	11,70	Insufficient self-control
3,10	11,40	Subjugation
4,24	16,86	Sacrifice
4,24	16,20	Approval-Seeking/Recognition-Seeking
2,05	11,16	Negativity/pessimistic
3,23	11,61	Emotional inhibition
4,18	17,26	Unrelenting Standards/Hypercriticalness
2,88	11,18	Punishment

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As it is shown in table 1, in people with high stress, cognitive schemas including sacrifice, Approval-Seeking/Recognition-Seeking and Unrelenting Standards/Hypercriticalness have high mean.

		Table 2
	Mean, Standard Devi	ation of Emotional Schemas Scores
	in I	People with stress
Stress		_ groups
SD	mean	Schemas
20,33	6,43	Rationality
2,35	7,13	Sense of guilt
2,38	6,40	Lack of control
2,20	6,80	Extreme logical
2,65	6,86	Lack of expression
2,65	6,40	Comprehensibility
2,50	5,04	Acceptance of feelings
1,77	4,96	Rumination
2	5,08	Consensus
1,74	4,53	Simplistic view of emotion
2,26	4,91	Duration
1,73	4,78	Blaming others
1,47	4,26	Numbness
1,55	4,50	Higher values

Indicated in the table 2, in people with high stress schemas including rationality, guilt, lack of control, extreme logical, acceptance of feeling, and comprehensibility had high mean.

In order to study normality of cognitive schema scores, and cognitive schemas and emotional schemas, Kolmogorov-Smirnov test was us and results are in table 3.

		Table 3						
Kolmo	Kolmogorov-Smirno Test for Cognitive and Emotional Schemas							
Emotional	Cognitive	Results						
Schemas	schemas							
0.053	0.053	Positive difference Absolute values						
-0.048	-0.054	Negative difference of ratio differences						
0.053	0.054	Kolmogorov-Smirnov statistic						
0.200	0.200	Level of significance						

In table 3, it was indicated that for cognitive schemas variable, absolute value of ratio difference and maximum positive difference was 0,053 and negative difference was -0,054. This test indicated that Kolmogorov–Smirnov for cognitive schemas was 0,054, p<0,200 which is not significant in p<0,05 level. Finally, data became normal for cognitive schemas. In addition, for changing emotional schemas variables, ratio difference was -0,048. This test indicated that Kolmogorov–Smirnov statistics for emotional schemas variable was 0,054, and p<0,200 which showed it is not significant. Thus, normality of data for emotional schemas was approved.

There was significant difference in people with stress in terms of cognitive schemas. Multivariate variance analysis was performed on people with stress which results are indicated in table 4.

Table 4 Summary of Multivariate Analysis Results for Comparing People with Stress in Terms of Cognitive Schemas							
(p)	Degre rror free (df)	e of Degree of edou freedom (df	f ratios) (F)	value	statistical index Test name		
0,001	322	36	19,66	1.37	Pillai's Trace		
0,001	320	36	19,55	0.09	Wilks' Lambda		
0,001	318	36	19,44	4.40	Hotelling's Trace		
0,001	161	36	20,48	2.29	Roy's Largest Root		

According to table 4 in people with stress there is at least one significant difference. For more accurate study, one-way variance analysis (MANOVA) was performed.

Table 5 shows one-way variance analysis results were shown for comparing cognitive schemas means in people with stress.

					Table 5			
Results of One-Way Analysis (MONOVA) for Comparing Means								
of Cognitive Schemas in People with Stress.								
(p)	(F)	(MS)	(df)	(SS)	Dependent variable			
0,001	21,41	276,33	2	55,67	Abandonment/instability			
0,001	52,39	509,37	2	101,748	Emotional deprivation			
0,001	75,21	629,60	2	125,290	Mistrust/abuse			
0,001	12,253	973,87	2	194,747	Defectiveness/shame			
0,001	97,92	815,50	2	163,011	Social isolation/ alienation			
0,001	36,88	469,35	2	938,71	Dependence/ incompetence			
0,001	41,22	520,5	2	104,111	Vulnerability to damage			
0,001	71,22	520,5	2	104,111	or diseases			
0,004	5,58	36,68	2	73,37	Enmeshment/ undeveloped			
,				,	self			
0,001	83,80	796,35	2	159,712	Failure			
0,001	65,74	560,28	2	112,570	Entitlement/superiority			
0,001	42,07	448,68	2	897,37	Insufficient self-control			
0,001	43,76	522,28	2	104,574	Subjugation			
0,001	50,13	464,95	2	929,21	Sacrifice			
0,001	17,93	243,62	2	487,24	approval-seeking/			
,	,			,	recognition-seeking			
0,001	70,98	530,75	2	106,101	Negativity/pessimistic			
0,001	49,38	495,57	2	991,14	Emotional inhibition			
0,001	32,97	435,97	2	871,94	extreme criticize			
0,001	66,86	609,62	2	121,249	punishment			

Based on table 5, in cognitive schemas there is significant difference in people with stress.

For analyzing collected data for hypothesis, a multivariate variance analysis was performed on three groups of people with stress and results are provided in table 6.

Table 6 Summary of Multivariate Variance Analysis Results for Comparing People With Stress in Terms of Emotional Schemas							
(p)	Degree of freedom of error (df)	Treenam at	Ratio (F)	Value	Statistical index test		
0,001	330	28	10,80	0.95	Pillai's Trace		
0,001	328	28	10,78	0,27	Wilks' Lambda		
0,001	326	28	10,75	1,84	Hotelling's Trace		
0,001	165	14	12,17	1,03	Roy's Largest Root		

Based on table 6, there is significant difference in people with stress, anxiety and depression in terms of at least on emotional schemas. For more accurate study, one-way analysis (MONOVA) was performed.

Table 7 Shows Results of one-way variance analysis (MONOVA) for comparing means of emotional schemas in people with stress.

					Table 7		
Results of One-Way Variance Analysis (in MANOVA) for Comparing							
Means of Emotional Schemas in Peoples with Stress.							
(P)	(F)	(MS)	(df)	(SS)	Dependent variable		
0,001	14,17	68,88	2	137,77	rationality		
0,923	0,08	0,53	2	1,07	Sense of guilt		
0,056	3	16,80	2	33,60	Lack of control		
0,001	22,71	98,86	2	197,73	Extreme logical		
0,032	3,49	32,82	2	65,64	Lack of expression		
0,001	25,96	138,67	2	277,34	Comprehensibility		
0,001	7,07	45,86	2	91,73	Acceptance of feelings		
0,001	22,4	118,40	2	236,81	Rumination		
0,001	23,55	124,87	2	249,74	Consensus		
0,001	26,75	132,82	2	265,64	Simplistic view (motion		
0,001	8,01	40,17	2	80,34	Duration		
0,001	26,28	121,75	2	243,51	Blaming others		
0,001	10,61	33,35	2	66,71	Numbness		
0,003	6,18	17,48	2	34,97	Higher values		

Based on table 7, in emotional schemas there is significant difference in people with stress, depression and anxiety except in sense of guilt and lack of control. Thus, hypothesis was approved.

6. Conclusion

Based on obtained results from the tables, as it is considered in table 1, people with high stress have the high average of the cognitive schema such as Self-Sacrifice, Approval-Seeking/Recognition and Unrelenting Standards/Hypocriticalness.

Person's valuable feeling is dependent to other reaction rather than to him/her natural desires Sometimes this schema by radical emphasize on the rank and status, appearance, social acceptance, money or progress is determined and it is a tools for person's achievement to confirmation, admire and other person attention (initial object from achievement to confirmation, admire, other person attention, is not power acquiring or ability to control others). This schema often leads to adoption unreliable and ill-favored decisions about life important events until lead to too much sensitivity than reject.

People with high stress who have Self-Sacrifice schema in other field direction, stisfied the other needs with his desire and even at the cost of losing personal satisfaction. They do this work for reducing person's pain and trouble, sin avoiding, getting to valuable feeling and emotional relation continuation with needed people. People who has this schema, often show more sensitivity toward to others suffer. They continuously deal with this feeling that their needs can not be sufficiently satisfied and this affair sometimes leads to feeling annoyance. This schema overlaps with the notion of sickly dependency (Young, 2003).

As it is considered in table 2, emotional schema rationality, guilt, controllability, rumination, lack of expression and comprehensibility have high average at people with high stress.

According to the obtained results base on the different tables of emotional schema at the people with high stress and anxiety and similarity of these people at the emotional schema patterns and stress and anxiety similarity pattern like rationality emotional schema, guilty, controllability, rumination, lack of expression emotions and comprehensibility have high average that denote on more relation these schemas with anxiety, an overall state is provided.

The obtained results from abroad researches suggest that emotional schema comprehensibility, guilt, simplistic view about emotion, controllability, consensus, acceptance, ruminations are related in the formation anxiety disorders (Leahy, 2002), in general explanation of this issue that how these schema have role in the formation stress and high anxiety, we can stated in this manner since people become anxiety, they try to state their anxiety to their family because base on definition emotional schema consensus, they believe that the others' feeling is similar with their feeling but it is not similar and they receive the other feedback despite they expect.

As a result, in similar cases since they believe that their emotions are not agree with others, they prevent to show their feelings and try at each emotion position to interpret the situation logically and their feelings and emotions is justifiable intellectually (Rationality emotional schema). People with high stress and anxiety sometimes wanted their emotions and feelings to be confirmed by others but others do not confirm them, they feeling that others do not realize their feelings and emotions (Comprehensibility emotional schema) and their feelings did not confirm by others and their general agreement is low and cannot justify their conditions intellectually, therefore, they feel guilty (Guilt emotional schema). This guilty feeling causes that they cannot accept their feelings and emotions (Acceptance emotional schema). One of the reduction sins feeling way is to blame others. (Blame emotional schema). As a result, they permanently follow response to questions about their emotions difference with others at their mind that they cannot find response for them. (Rumination emotional schema) (Leahy, 2002).

Prospects for Further Research.

Further studies of all DSM disorders, special studies on patterns for personality disorders, evaluating parental schemes and the effect of schema therapy on disorders, are needed in the future.

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Received: 07.05.2019 Accepted: 15.05.2019