

THE COMPARISON BETWEEN EARLY MALADAPTIVE SCHEMAS IN MAJOR DEPRESSIVE DISORDER AND THE GENERAL POPULATION

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Abstract

The aim of present study is to compare early maladaptive schemas in major depressive disorder (MDD) patients and the general population. In this cross-sectional study, the available sampling is including 60 patients suffered from major depression initially diagnosed by a psychiatrist (using a structured interview), and began the medication to treat depression (outpatient). To collect and analyze data, Young early maladaptive schema tests and Beck Depression Inventory were used. The results show that considering ($P < 0/05$), there is a significant difference between early maladaptive schemas of population with depression and the general population. Also, the lateral analysis reveals that in the field of cuts and exclusion schemas: release / instability, mistrust / abuse, emotional deprivation, defectiveness / shame, social isolation / alienation, in the field of autonomy and disordered function: dependence / incompetence, vulnerability to harm or illness, / not evolved, caught, failure, in areas of other directed Schema: the schema of obedience, among excessive vigilance and inhibition schemas, emotional inhibition schema shows a significant difference. According to the findings, the results show the difference between mean scores of subjects variables (early maladaptive schemas) in the level of ($P < 0/05$) that is significant and this represents the results of this study are confirmed with previous ones.

Keywords: Early maladaptive schemas, Major depressive disorder

1. Introduction

Mood disorders involve a broad group of disorders in which depression is one of the most common ones, in a way that it is known as the most common psychiatric disorder (Gotlib, Krasnoperova, 1998). Depression is a mental cold, almost everyone, at some point in life feels a mild depression. Feelings of irritability, boredom, sadness, frustration, sympathy and unhappiness are all experience of depression (Rosenhan, Seligman, 2004).

Based on the survey conducted on the personality of depressed individuals, Beck and his colleagues, based on numerous studies and clinical experience, came to this conclusion that depressed people have negative thoughts about their life experiences and their future, they see

others as expelling and non-supportive and consider themselves as the ones with defects and weaknesses in important aspects.

This is because the people in childhood have schemas that are transferred to their adulthood. In fact, early maladaptive schemas are the basis of emotional disorders. Early maladaptive schemas and incompatible ways which patients learn to cope with them are often the basis of chronic Axis I disorders such as anxiety disorders, depression, substance abuse and psychosomatic diseases (Young, 1999; Young and et al, 2003).

Schema is something that people know; however, it will cause suffering. It is Convenient and accessible and in general seems "right". It seems like people are affected by events that activate their schemas and this is one of the reasons that schemas influence the process of further experience. It has a significant role in the way of thinking, emotions, and patients' behavior or how they interact with others and causes adults to inadvertently reconstruct and re-experience the same traumatic experiences during their childhood. The term schema in psychology, and more broadly in the area of cognitive has a rich and significant history. Beck's theory of depression has four components, all of which are cognitive and are related to internal events, these four components are as follows: a) automatic thoughts, b) Schema, c) logical errors d) cognitive triangle(Ferry, 2000) and among these components, schema is the deepest one. According to this approach, emotional disorder is associated with the activation of dysfunctional schemas. In depression, the main focus of schema is concentrated on negative cognitive triangle, in a way that early experiences have provided bases and foundations for the formation of negative perceptions about themselves, future and the outside world (Wells, 2000).

Young (1994), one of the cognitive theorists, presents 18 schema and categorizes them into 5 domain: Disconnection and Rejection, Impaired Autonomy and Performance, Impaired limits, other- Directed and over vigilance /Inhibition. Calvete and his colleagues (2005) found that the scheme of defectiveness/ shame, failure have significant positive relationship with depression. In another study Ahi (2006) found that the four subscales of social isolation / alienation, defectiveness/ shame, vulnerability to harm or illness and subjugation, are predictors of depression. In his study, Jahangiri (2010) showed that depressed people compared to non-depressed (healthy) ones got significantly higher scores in the fields of Disconnection and rejection, impaired autonomy and performance and impaired limits. Hosseini (2011), found that the areas of Disconnection and rejection, impaired autonomy and performance and Other-Directedness schema in depressed group were significantly more than obsessed ones' group.

Lumley and Harknes (2007), in the study of symptoms of depression, anxiety, and early maladaptive schemas in adolescents, found a significant relationship. In their study, they had a significant prediction that depressive symptoms exist in the schema of social isolation / alienation and self-sacrifice. Halvorsen et al (2009) studied 140 depressed and non-depressed patients and found significant differences in early maladaptive schemas. In the regression model of this study, schema of subjugation was significant predictors for symptoms of depression. Harris and Curtin (2002), in a study of undergraduate students found that there is a significant relation of schema of defectiveness / shame, vulnerability to harm or illness and incompetence between depression level and early childhood experiences.

Oeil and Baranoff (2007), in a study entitled as "Evaluation of psychometric measurement results and the Young Schema Questionnaire," stated that the questionnaire predicts specific schema (schemas of defectiveness / shame, failure to progress, and social isolation) for depression. Ghanbari, Naziri and Barzegar (2012), suggested the mediating role of maladaptive cognitive schemas in relation to socially prescribed perfectionism and depression. They tested non-clinical sample of 200 students. Findings show that the scheme of failure has a relatively indirect impact on schema of defectiveness / shame and plays the

mediating role in the relationship between socially prescribed perfectionism and depression. In a study, Renner et al (2012) assessed the relationship between early maladaptive schemas and the severity of depressive symptoms. The results showed that specific maladaptive schemas (failure, emotional deprivation, abandonment / instability) are associated with the severity of depressive symptoms in patients with clinical depression, because the fields of special schemas predict the outcomes of treatment and schemas over time even after the treatment of outpatients with depression are resistant to change.

Early maladaptive schemas and their association with depressed people is a subject that has been considered by some researchers. So, in this paper, it is tried to compare early maladaptive schemas in depressed patients and normal individuals along with benefiting from previous studies.

2. Research Method

In this study, casual-comparative method has been used. The objective of casual-comparative method is to find probable cause of a behavioral pattern. Therefore, subjects with the behavior to be studied are compared with the subjects who do not have this behavior (Kakavand et al, 2006).

A) Data base and sample group

The study population is consisted of two groups:

- 1) the ones suffering from the disease including patients with major depression referring to Arman psychiatric clinic and the Iranian Psychiatric Hospital from January 2012 until August 2013.
- 2) General population, who are used as the comparison group and consisted of relatives of patients with major depression who have referred to Arman psychological clinics and Iran Psychiatric Hospital from January 2012 until August 2013.

B) The way of execution

From the study population, 120 subjects (60 subjects with major depression and 60 relatives of patients as control group) were selected. These people have the following criteria:

- 1) First, the psychiatrist diagnoses the patient with major depression based on a structured interview.
- 2) After diagnosis, the patient was introduced to the researcher to know what the goal of the study is.
- 3) The patient and his companion, based on their personal interest, voluntarily declare their readiness to participate in the study.

C) Research tools

In this study, to collect research data the following tools have been used:

- 1) Young 's early maladaptive schema questionnaire
- 2) Beck's first edition of depression questionnaire
- 3) Structured clinical interview for DSM-IV(SCID)

1. Short form of Young's Schema Questionnaire

Young's maladaptive schema questionnaire (Young, Brown, 2001, 1990) was first designed by Young and Broun in 1990 to evaluate early maladaptive schemas and was reviewed in 1994.

The questionnaire is a 75-item, short form that measures 15 early maladaptive schemas. The schemas are as follows: abandonment / instability, mistrust / abuse, social isolation/alienation, defectiveness/ shame, emotional deprivation, dependence /

incompetence, vulnerability to harm or illness, enmeshment/undetected self, failure, entitlement / grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, emotional inhibition, unrelenting standards / hypercriticalness.

The questionnaire was based on a 6-point Likert scale ranging from "completely false to completely true about me " scoring options are, respectively, from 1 to 6. In Ahi's research (2006) which was conducted on a sample of Iranian students using 75-item form, the retest reliability as 12, its subscales were between 65% to 85% and its Kerenbach alphabet between 71% to 90% have been reported. To assess the validity of the questionnaire, criterion and construct validity were used, based on which the high conformity between the theoretical structure of the subscales and the results of factor analysis confirmed the construct validity.

2. Beck's depression questionnaire

The questionnaire was first introduced by Beck, Mendelson, Mok, Orban in 1961. It was revised in 1971 and published in 1978 (Beck, Rush, Shaw, and Imri, 1979). The questionnaire consists of 21 items and each item contains four sentences which measures the severity of depression, each sentence is scored from zero to three.

The results of meta-analysis done on Beck's depression questionnaire indicate that the internal consistency coefficient is between 73% to 93% (mean 86%) (Steere and Garbin, 1988; Marnat 2003). The test has been normalized by of Dr. Mansouri and Dadsetan (1998).

In this study, the questionnaire was used to assess the severity of depression as a control variable.

3. Research Finding

To describe research data, the distribution of the mean and standard deviation were used as measures of central tendency. To test the hypotheses and conclusions, ANOVA test was used.

Table1) the summary of descriptive indicators of the research variables

| scales | | Mean | | | Standard deviation | |
|---|--------|------|-----------|--------|--------------------|-----------|
| | normal | | Depressed | normal | | Depressed |
| Emotional deprivation | 2,17 | | 3,08 | 1,08 | | 1,45 |
| Abandonment/instability | 2,60 | | 3,25 | 1,08 | | 1,24 |
| Mistrust / abuse | 2,23 | | 3,09 | 1,14 | | 1,39 |
| Social isolation | 2 | | 3,19 | 0,99 | | 1,31 |
| Defectiveness/ shame | 1,84 | | 2,68 | 0,97 | | 1,31 |
| failure | 2,01 | | 3,03 | 1,21 | | 1,42 |
| Dependence / Incompetence | 1,88 | | 2,8 | 0,99 | | 1,30 |
| Vulnerability to harm or illness | 1,90 | | 3,14 | 1,10 | | 1,42 |
| Enmeshment/undeveloped self | 2,34 | | 3,06 | 1,10 | | 1,16 |
| Subjugation | 1,95 | | 2,78 | 0,85 | | 1,25 |
| Self-sacrifice | 3,49 | | 3,34 | 1,09 | | 1,19 |
| | | | | | | |
| Emotional Inhibition | 2,32 | | 3,13 | 1,17 | | 1,25 |
| Unrelenting standards/hypercriticalness | 3,65 | | 3,34 | 1,36 | | 1,10 |
| Entitlement/Grandiosity | 2,83 | | 2,89 | 1,07 | | 1,17 |
| Insufficient Self-control/self-discipline | 2,74 | | 3,03 | 0,94 | | 1,16 |

Highest mean is related to the schema of Unrelenting Standards/Hypercriticalness (3, 65) and lowest mean is related to the schema of defectiveness/shame (1/84). In depressed group, Self-sacrifice and Unrelenting Standards/Hypercriticalness have the highest schema (3/34). The highest standard deviation in the normal group is for the scheme of Unrelenting Standards/Hypercriticalness (1/36). The schema of Insufficient self-control/self-discipline have the lowest standard deviation (0/94) and the highest standard deviation in the depression group is for emotional deprivation (1/45) and it has been reported that the lowest standard deviation is relate to Unrelenting Standards/Hypercriticalness (1/10).

To examine the research main hypothesis that “there is a significant difference between early maladaptive schemas in patients with major depression and normal population”, ANOVA test was used that by considering each subordinate hypotheses, it studies the SPSS outputs which are raised, rejected or approved.

Table 2) the analysis of the total score of early maladaptive schemas in depressed patients and the general population.

| Changes sources level of significance | Square | Degree of freedom | Mean of square | F |
|---------------------------------------|---------------------|-------------------|----------------|-------|
| Total score of schemas | intergroup 2834,37 | 1 | 283437 | 20,39 |
| | Intragroup 16263,76 | 118 | 139 | |
| | Total 19098,13 | 119 | | |

Secondary hypotheses

1. In the field of Disconnection and rejection, there is a significant difference in patients with major depression with the normal population.

Table 3) the analysis of variance in the field of Disconnection and rejection

| variable | Change sources | Toatal square | Degree of freedom | Mean of square | F | Level of significance |
|-------------------------|----------------|---------------|-------------------|----------------|-------|-----------------------|
| Abandonment/instability | Intragroup | 12/54 | 1 | 12/54 | 9/17 | 0/003 |
| | intergroup | 161/42 | 118 | 1/36 | | |
| | total | 173/97 | 119 | | | |
| Mistrust/abuse | intragroup | 22/36 | 1 | 22/36 | 13/67 | 0/0001 |
| | intergroup | 191/62 | 118 | 1/62 | | |
| | total | 213/98 | 119 | | | |
| Emotional deprivation | intragroup | 24/84 | 1 | 24/84 | 15/08 | 0/0001 |
| | intergroup | 194/32 | 118 | 1/67 | | |
| | total | 219/16 | 119 | | | |
| Defectiveness/shame | intragroup | 21/33 | 1 | 21/33 | 15/93 | 0/0001 |
| | intergroup | 158/03 | 118 | 1/33 | | |
| | total | 179/37 | 119 | | | |

| | | | | | | |
|------------------------------|------------|--------|-----|-------|-------|--------|
| Social isolation /alienation | intragroup | 42/72 | 1 | 42/72 | 30/50 | 0/0001 |
| | intergroup | | | | | |
| | total | 156/27 | 118 | | | |
| | | 207/99 | 119 | | | |

According to the above table, there are significant differences between patients with depression and the normal population in schemas of abandonment / instability, mistrust / abuse, emotional deprivation, defectiveness / shame, social isolation / alienation. So it can be concluded that the above hypothesis is confirmed.

1. In the field of Impaired autonomy and performance, there are significant differences between patients with major depression and the normal population.

Table 4) the analysis of variance in the field of Impaired autonomy and performance

| variable | Change sources | Toatal square | Degree of freedom | Mean of square | F | Level of significance |
|----------------------------------|----------------|---------------|-------------------|----------------|-------|-----------------------|
| Dependence / Incompetence | intragroup | 25/94 | 1 | 25/94 | 19/28 | 0/0001 |
| | intergroup | 158/73 | 118 | 1/34 | | |
| | total | 184/68 | 119 | | | |
| Vulnerability to harm or illness | intragroup | 45/93 | 1 | 45/63 | 28/11 | 0/0001 |
| | intergroup | 191/50 | 118 | 1/62 | | |
| | total | 237/13 | 119 | | | |
| Enmeshment/undeveloped self | intragroup | 15/84 | 1 | 15/84 | 12/33 | 0/0001 |
| | intergroup | 151/51 | 118 | 1/28 | | |
| | total | 167/35 | 119 | | | |
| failure | intragroup | 13/41 | 1 | 31/41 | 17/94 | 0/0001 |
| | intergroup | 206/60 | 118 | 1/75 | | |
| | total | 238/02 | 119 | | | |

The results of comparison between the schemas of dependence / incompetence, vulnerability to harm or illness, Enmeshment/undeveloped self and failure shows that there are significant differences between depressive patients and the normal population. Therefore, the above hypothesis is confirmed.

2. In the field of impaired limits, there is a significant difference patients with major depression and the normal population.

Table 5) the analysis of variance in the field of impaired limits

| variable | Change sources | Toatal square | Degree of freedom | Mean of square | F | Level of significance |
|--|----------------|---------------|-------------------|----------------|------|-----------------------|
| Entitlement/Grandiosity | intragroup | 2/82 | 1 | 2/82 | 1/82 | 0/179 |
| | intergroup | 182/53 | 118 | 1/54 | | |
| | total | 185/36 | 119 | | | |
| Insufficient Self-control/ self-discipline | intragroup | 2/52 | 1 | 2/52 | 2/24 | 0/137 |
| | intergroup | 132/90 | 118 | 1/12 | | |
| | total | 135/42 | 119 | | | |

As seen in the above table, there is no significant difference between depressive patients and the normal population in the field of Entitlement/Grandiosity and Insufficient Self-control/self-discipline . So it can be stated that there is no significant difference between depressive patients and the general population in schemas of Entitlement/Grandiosity and Insufficient Self-control/self-discipline , therefore the hypothesis is not confirmed.

4. In other fields of Other-directedness, there is a significant difference patients with major depression and the normal population.

Table 6) analysis of variance in other fields of Other-directedness

| variable | Change sources | Total square | Degree of freedom | Mean of square | F | Level of significance |
|----------------|----------------|--------------|-------------------|----------------|-------|-----------------------|
| Subjugation | intragroup | 20/33 | 1 | 20/33 | 17/70 | 0/0001 |
| | intergroup | 135/50 | 118 | 1/41 | | |
| | total | 155/84 | 119 | | | |
| Self-sacrifice | intragroup | 0/645 | 1 | 0/645 | 0/492 | 0/484 |
| | intergroup | 154/82 | 118 | 1/31 | | |
| | total | 155/84 | 119 | | | |

According to the above table, there are significant differences between patients with depression and the normal population in the schema of Subjugation indicating that the hypothesis is confirmed. However, the schema of Self-sacrifice does not show a significant difference in depressed and normal groups, so the hypothesis is not confirmed.

5. In the field of over vigilance and inhibition, there is a significant difference patient with major depression and the normal population.

Table 7) the analysis of variance in the field of over vigilance and inhibition

| variable | Change sources | Total square | Degree of freedom | Mean of square | F | Level of significance |
|--|----------------|--------------|-------------------|----------------|-------|-----------------------|
| Emotional inhibition | intragroup | 19/52 | 1 | 19/52 | 13/14 | 0/0001 |
| | intergroup | 175/25 | 118 | 1/48 | | |
| | total | 194/77 | 119 | | | |
| Unrelenting standards/ hypercriticalness | intragroup | 2/82 | 1 | 2/82 | 1/82 | 0/179 |
| | intergroup | 182/53 | 118 | 1/54 | | |
| | total | 185/36 | 119 | | | |

As seen in the above table, there is no significant difference between depressive patients and the general population in the schema of emotional inhibition indicating that the hypothesis is confirmed. However, the schema of Unrelenting standards/ hypercriticalness does not show a significant difference in depressed and normal groups, so the hypothesis is not confirmed.

According to table1, The results of the research hypothesis using Anova test showed that except for the early maladaptive schemas of Self-sacrifice, Unrelenting standards/ hypercriticalness , Entitlement/Grandiosity, Insufficient Self-control/self-discipline , other early maladaptive schemas have significant differences. Therefore, the research hypothesis is confirmed except in four schemas of Self-sacrifice, Unrelenting standards/ hypercriticalness , Entitlement/Grandiosity, Insufficient Self-control/self-discipline , in other words, early maladaptive schemas in patients with major depression is different from normal population.

4. Discussion and Conclusion

This study was designed to compare early maladaptive schemas in depressed and normal subjects. This finding is consistent with Halovson et al studies (2009). After a nine-year study on 140 patients, they came to this conclusion that measures of Young’s schema can be as indicators of vulnerability to depression and adverse findings showed that depressed patients and the general population have significant differences in the schemas of emotional deprivation, Abandonment/ instability, mistrust / abuse, social isolation / alienation, defectiveness / shame, failure, dependence / incompetence, vulnerability to harm or illness, Enmeshment/undeveloped self , Subjugation and emotional inhibition and it indicates that depressed patients got the highest scores in two areas of Disconnection and rejection, Impaired autonomy and performance and in some subscales of other fields of Other-directedness and Over vigilance and inhibition like Subjugation and emotional inhibition.

Therefore, it can be implicitly concluded that the patients who are the first in the area are not able to establish secure and satisfying attachments with the others and believe that their need to stability, safety and love will not be satisfied and are often the most vulnerable ones. Patients in the second area have expectations from themselves and their surroundings which prevent their ability from independent functioning, in a way that they cannot set their own specific goals and cannot build up required skills. This may damage their self-confidence. In obedience schema, patients give their own control to others and give up. In emotional inhibition schema, they limit their behaviors, emotions and spontaneous interpersonal relations. They do so to avoid being criticized and losing control over their impulses. This finding is consistent with that of Renner et al (2012), Ahi (2006), jahangiri (2010), Hosseini (2011), Lumley and Harknes (2007), Oeil and Baranoff (2007), Calvete et al(2005), Harris and Curtin (2002), Ghanbari, Naziri and Barzegar (2012). Renner et al (2012) believe that specific maladaptive schemas (failure, emotional deprivation, release / instability) are associated with severity of depressive symptoms in the clinical depressed patients. Lumley and Harknes (2007), in a study of depressed patients who had a bad childhood found the schemas of emotional deprivation, dependency, social isolation, failure, and vulnerability. Current findings are consistent with Beck's Proprietary hypothesis (1997) suggesting that Disorders and psychological states are distinguished by their cognitive content. Beck claims that there are three major levels of thinking in starting, sustaining and accelerating depression: Schemas related to depression mechanisms, maladaptive beliefs and negative automatic thoughts. Schemas are located in the center of Beck's depression so that the negative schema leads to symptoms such as anxiety or depression in people who have problematic childhood experiences. Also, it is expected theoretically and based on clinical experiences that anxiety and depression should be explicitly relevant to the specific maladaptive schema. In particular, it is expected that the scheme of vulnerability to harm is associated with anxiety symptoms and schema of defectiveness / shame, emotional deprivation and Abandonment/ instability are associated with depression symptoms, disappointing experiences, frustration and loss (Welburn et al, 2002).

Since early maladaptive schemas are associated with depression severity in patients with clinical depression, it can be concluded that taking preventive actions in this field is essential and necessary. Therefore, it seems necessary to increase the use of the Young's Schema Questionnaire for diagnosis and treatment in clinical treatments. Since most people with depression possess early maladaptive schemas, all therapists are advised to pay special attention to this important issue in treatment. And because of the time limit, axis disorders II could not be assessed at screening subjects. Moreover, to increase the validity of the research results, other methods of data collection such as behavioral observations and others' reports can be used in this regard.

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