



Evaluation Of The Effectiveness Of Schema Therapy On Reducing Anxiety And Chronic Depression Symptoms In Students

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Abstract

Background and Aim: Depressive and anxiety disorders are the most common psychiatric disorders in the general population that have increased critically. Schema therapy is designed as one of the important treatment methods to treat these disorders. Therefore, the present study was conducted to investigate the effectiveness of schema therapy on reducing the symptoms of anxiety and chronic depression in students.

Methods: The present study is applied in terms of purpose and semi-experimental in terms of method with pre-test and post-test design with control group. The statistical population of this study included all male and female students referred to the counseling center of Islamic Azad University, Tehran Research Sciences Branch. A total of 40 students with anxiety disorder and depression were selected by available sampling method and randomly assigned to experimental and control groups (20 people in each group). The experimental group was trained in 8 90-minute sessions using schema therapy. All groups completed the Cattell Anxiety and Beck Depression Inventory as a pretest, posttest, and one-month follow-up. Data were analyzed by multivariate covariance (Mankova) method.

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Results: The findings of this study showed that the symptoms of anxiety disorder and depression in the experimental group, unlike the control group in the post-test and one-month follow-up stages were significantly reduced ($p < 0.05$).

Conclusion: The results of this study showed that schema therapy was an effective method to reduce the symptoms of anxiety disorder and depression in students; Therefore, counselors and therapists can use schema therapy to reduce the symptoms of anxiety disorder and depression.

Keywords: Schema therapy, Anxiety, Depression, Students

1.Introduction

Students of any country are considered as the intellectual and spiritual assets of that country, and therefore examining the specific issues of students and ensuring their physical and mental health is one of the most important goals of educational planners. Depression and anxiety are the most common medical disorders in the general population, especially students, while their lifetime prevalence of major depressive disorder is 20.60% (Hussein et al., 2018), and the current global prevalence of anxiety disorders is 7.30% (Stein et al. Et al., 2017). These diseases, which are constantly experienced simultaneously, often indicate a significant loss of quality of life and a certain degree of disability in various areas of life (Khansa et al., 2020).

Anxiety disorders are a group of mental disorders that have symptoms of anxiety and fear. Anxiety is caused by worrying about the future and fear is a reaction to the current event. Feeling anxious can have physical symptoms such as palpitations and chills. There are several anxiety disorders, including generalized anxiety disorder, anxiety disorder, social anxiety disorder, separation anxiety disorder, open space anxiety, panic disorder, and selective silence. The disorder is different from what causes the symptoms. People often have more than one anxiety disorder (Samadi, 1399).

Anxiety disorders are thought to be caused by a combination of genetic and environmental factors. Risk factors include a history of child abuse, a family history of mental disorders and poverty. Anxiety disorders often occur with other mental disorders, especially major depressive disorder, personality disorder, and substance use disorder. There should usually be at least 6 months to diagnose symptoms, longer than expected for the condition and reduced function. Other problems that can lead to similar symptoms are hyperthyroidism. Heart disease; Consumption of caffeine, alcohol or cannabis; And removal of certain

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medications. Anxiety disorder is also one of the psychological disorders whose physiological origin is not fully known, but it is closely related to depressive disorders.

About 12% of people suffer from an anxiety disorder in a given year, and between 5 and 30% are affected during their lifetime. They occur almost twice as often in women as in men and usually begin before the age of 25. The most common are specific fears (approximately 12%) and social anxiety disorder, which affects 10%. Specific fears mainly affect people between the ages of 15 and 35, and become more common after the age of 55. Rates appear to be higher in the US and Europe.

Depression is a mood disorder involving boredom and avoidance of activity or apathy and reluctance and can affect a person's thoughts, behavior, feelings and happiness and health. Depressed people can also feel sad, anxious, empty, hopeless, helpless, worthless, ashamed, or restless. They may lose the desire to do activities they once enjoyed, become obsessed with food, lose focus, have difficulty remembering details and making decisions, and have difficulty in relationships. And think of suicide, intend to commit it and even commit suicide. Depressive disorder can cause insomnia, excessive sleep, tiredness and bruising, digestive problems, or decreased energy.

Depression is one of the hallmarks of some mental illnesses, including major depressive disorder; But it may be a natural reaction to life events, such as the death of a loved one, the effects of physical illness, or the side effects of taking certain medications and medical treatments, as long as the condition does not persist for a long time. A Diagnostic and Statistical Diagnostic Guide to Mental Disorders Distinguishes depression as a habit that one can experience as part of one's life.

One of the most important depressive disorders, especially in the advanced state, is the loss of the power of healthy thinking, comfortable, creative or even proper concentration, which in higher levels and in acute depression, the disorder intensifies and causes things like insanity. Depression can also be the result of weakening the mind to solve problems, presenting philosophies, and coping with the problems of the soul, in which the mind surrenders and no longer has hope, resulting in depression.

Among the many different approaches that have been proposed to treat the symptoms of anxiety and depression, "third wave" psychotherapy has received a great deal of attention over the past two decades. These approaches represent an innovation in the cognitive-behavioral framework, as they do not pursue symptom improvement as their sole purpose, but also emphasize issues such as mindfulness, compassion, cognitive integration, acceptance, and schema therapy (Jahuda et al.). , 2017; Perez-Aranda et al., 2019). Mindfulness-based interventions, compassion-focused therapies, and schema therapy are examples of "third wave" psychotherapies that have been shown to be effective in treating a

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variety of ailments, particularly depressive and anxiety disorders (O'Connor et al., 2018). Pardos-Gascon et al., 2021; Wilson et al., 2019). In this regard, one of the approaches that can be considered is the schema-based approach. In this approach, schemas of structures, frameworks or patterns of cognitive content are produced, which are used as a basic cognitive scheme to guide information interpretation and problem solving (Raphael, Bernstein, Young, 2014). Schema therapy deals with the deepest level of cognition and targets the initial maladaptive schemas and helps patients to overcome the mentioned schemas by using cognitive, experimental (emotional), behavioral and interpersonal strategies. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (Young et al., 2003 / translated by Hassan Hamidpour and Zahra Andouz, 2012). The results of Moazeni, Gholamrezaei and Rezaei (2015) showed that schema therapy sessions reduced the severity of depression and suicidal ideation in patients with refractory depression. The results of Taghiyar (2016) showed that teaching schema therapy approach has reduced women's marital frustration. Ghaderi, Kalantari and Mehrabi (2016) in a study showed that schema therapy has the necessary effectiveness to correct the initial maladaptive schemas and reduce the symptoms of social anxiety disorder. Calout et al. (2013) showed in a study that early maladaptive schemas in accordance with the cognitive hierarchical models of social isolation affect the levels of thought layers and in turn these levels of thoughts play a role in the continuity of schemas. Demitresco and Rousseau (2012) showed that levels of early maladaptive schemas were able to predict levels of marital satisfaction. Researchers have found in their findings the effectiveness of schema therapy in increasing quality and life satisfaction and improving early maladaptive schemas (Morrison, 2000; Jillian, Philip, Mahley & Skill 2003; Huffart, Versland, and Sexton, 2002; Giesenblow et al., 2006). Confirmed. Accordingly, according to the studies and theories presented in this study, the effectiveness of schema therapy on reducing the symptoms of anxiety and chronic depression in students was considered, so the researcher seeks to answer the question whether schema therapy on reducing the symptoms of anxiety and chronic depression. Do students have an effect?

2. Method

The method of the present study is applied in terms of purpose and in terms of method is quasi-experimental with pre-test design and post-test with control group. The statistical population of this study included all male and female students referred to the counseling center of Islamic Azad University, Tehran Research Sciences Branch. A total of 40 students with anxiety disorder and depression were selected by available sampling method and randomly assigned to experimental and control groups (20 people in each group). The experimental group was trained in 8 90-minute sessions using schema therapy. All groups

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completed the Cattell Anxiety and Beck Depression Inventory as a pretest, posttest, and one-month follow-up. Data were analyzed by multivariate covariance (Mankova) method.

Research tools

Cattle Anxiety Inventory

This questionnaire was designed by Cattle. The tool consists of 40 three-choice items that are graded from one to three based on Likert's three-point range. People with a score above 45 are considered "anxious". Cattell reported a total validity of the questionnaire of 0.83 according to Cronbach's alpha method. In Iran, Shahjoui reported the total validity of the questionnaire using Cronbach's alpha method of 0.88. (Shahjui, 2006).

Beck Depression Inventory

This questionnaire was designed by a. This tool consists of 21 items, each of which is scored from zero to three based on a four-point Likert scale. People with a score above 36 are considered "anxious". A total validity of the questionnaire based on Cronbach's alpha method was reported to be 0.89. In Iran, many studies have confirmed the validity and reliability of this tool. For example, Jokar reported the total validity of the questionnaire using Cronbach's alpha method of 0.87 (Jokar, 2004).

Summary of schema therapy sessions

In the first session, after getting acquainted and creating a good relationship, the importance and purpose of schema therapy and the problems of clients were formulated in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas based on the current and past life evidences was examined and the aspect of the existing schemas was discussed with the healthy schemas. In the third session, cognitive techniques such as schema validity test, new definition of evidence confirming existing schema, and evaluation of the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was reinforced in the patient's mind, their unsatisfied emotional needs were identified, and strategies for expelling blocked emotions were taught. In the fifth session, healthy communication and imaginative dialogue were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and dealing with the most problematic ones were taught. In the seventh session, relationship therapy, relationships with important people in life, and the practice of healthy behaviors were taught through role-playing and homework related to new behavioral patterns. Barriers to behavioral change were taught.

3. Results

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Participants were 40 students of Islamic Azad University, Research Sciences Branch, whose average age was 22.35 years. In this study, we did not have any missing samples and questionnaires due to proper communication with clients and careful control of questionnaires after completion by participants, respectively. Before performing data analysis by multivariate analysis of covariance, the assumptions of multivariate analysis of covariance were evaluated. The results of the Kolmogorov-Smirnov test were not significant for any of the variables, which indicates that the assumption of normality is valid. Also, the results of M-box test and Levin test were not significant, these findings indicate that the assumption of equality of covariance matrices and the assumption of equality of variance are established, respectively. The mean and standard deviation of anxiety and depression variables in the two groups of schema therapy training and the control group are pre-test and post-test separately in Table (1).

Table (1): Mean and standard deviation of anxiety and depression variables

Standard deviation		Average		group	Variable
Post-test	pre-exam	Post-test	pre-exam		
3/85	3/56	36/25	47/58	Schema therapy	Anxiety
3/42	3/78	48/47	48/56	Control	
2/78	5/95	24/68	39/20	Schema therapy	Depression
5/67	5/75	39/66	40/68	Control	

As shown in Table 1, changes in pre-scores- Test, post-test in anxiety and depression variables occurred in the schema therapy group. In schema therapy, the mean and standard deviation of anxiety and depression scores in the post-test were significantly lower than in the pre-test. In this study, the statistical test of covariance has been used due to its greater relevance and compatibility with the research hypothesis.

Table (2): Comparison of the difference between post-test-pre-test anxiety and depression scores in the two groups of schema therapy and control

P	F	MS	DF	SS	Dependent variable	Source
0/005	0/970	9/56	1	9/56	Anxiety	group
0/005	9/50	14/41	1	14/41	Depression	
		0/041	38	1/56	Anxiety	Error
		0/382	38	14/52	Depression	
			40	11/12	Anxiety	Total

According to the results of Table 2, after adjusting the pre-test scores, the difference between the groups at the alpha level of 0.05 is significant; Therefore, the research hypothesis on the effectiveness of schema therapy on reducing the symptoms of anxiety and chronic depression in students and the differences between groups in the post-test is confirmed.

4. Discussion and conclusion

The aim of this study was to evaluate the effectiveness of schema therapy on reducing the symptoms of anxiety and chronic depression in students. The results of comparing the post-test of anxiety and depression in the two groups, indicate that after participating in schema therapy sessions, the average scores of the variables mentioned in the post-test phase have decreased compared to the pre-test phase, so schema therapy reduces the effects of chronic anxiety and depression in students. It has made sense. Findings of this research with the researches of Yousefi (2012), Shakhmgar (2016), Aghaei, Hatamipour and Ashouri (2017), Panahifar, Yousefi and Armani (2014), Moazani, Gholamrezaei and Rezaei (1397), Ghaderi, Kalantari and Mehrabi (1395) is consistent. The results of concurrent findings show that schema therapy causes changes in cognitive and empirical, emotional, and behavioral contexts. This approach has been effective in replacing it with more appropriate and healthier thoughts and responses by challenging maladaptive schemas and inefficient responses. Schema therapy, by improving some basic and destructive components such as negative emotions and thoughts, seems to be able to improve mental health in general and consequently mental health in individuals. Schema therapy techniques help the patient to improve the schemas by emotionally reorganizing, exploring new self-learning, regulating interpersonal emotion, and self-relaxation. At the deepest level of cognition, these schemas usually operate outside the level of consciousness (Titov et al., 2015). To further explain these findings, we can say that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experimental approaches in the form of an integrated treatment model that uses four main cognitive, behavioral, relational and experimental techniques in individuals in addition to the following Questioning maladaptive schemas, which are the main cause of dysfunctional and irrational thoughts, emotionally drains buried negative emotions and feelings such as anger due to dissatisfaction with spontaneous needs and secure attachment to others in childhood, which can lead to calming and reducing anxiety. Slight negative ruminations are reduced as a result of experiences of physical arousal, which can be a beneficial determinant of health.

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