

Effects of Schema Therapy Instructions on the Depressed Patients' Irrational Thinking

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ABSTRACT

Introduction: The present research has aimed at exploring the effectiveness of schema therapy instructions on the depressed patients' irrational thinking.

Method: The statistical population of the research consisted of 120 depressed patients who had been introduced to Boroujerd Farhangian Clinic by psychiatrists. 70 patients were randomly selected among them in order to reply to an Irrational Thinking Questionnaire, whereby 45 members gained scores above 5 in, at least, 6 beliefs. Then, in a totally random manner, 30 subjects were taken as members of the research sample divided into an experiment group and a control group each one consisting of 15 patients. The experiment group members received schema therapy instructions for 8 sessions of 90 minutes. The data gathered were analyzed against a multivariable covariance test through the SPSS software.

Findings: The irrational beliefs of the experiment group subjects who had received schema therapy instructions were significantly decreased in comparison with those of the control group members ($P = 0.0001$).

Conclusion: Teaching schema therapy techniques can be used as an effective method of decreasing irrational beliefs in depressed patients.

KEYWORDS: Schema, irrational belief, depression

INTRODUCTION

Depression is so widespread that it has already been labeled as the common cold of the field psychology (Seligman, 1975). Throughout any specific point of time, some 15-20% of the adult do considerably suffer from depression symptoms and it is estimated that about 75% of the patients admitted to psychiatric hospitals are taken as depressed cases. An individual's system of beliefs has an essential role in the way he/she feels and behaves. Depression is assumed to be rooted in the individuals' irrational belief system (Beck, RUSH 1979).

Ellis maintains that emotional disorders are a result of irrational and unreasonable ways of thinking since the human beings have a unique, strong tendency towards KAZHF EKRI and, the unfortunate thing is that in most societies the families raise the children in such a way that their tendencies towards confusion and disturbance becomes worse (Kadiver, 1386/2007).

Irrational thinking styles are specifically transferred from parents, instructors and society members to the individuals and to get rid of such a disorder requires being aware of one's thinking characteristics or his/her irrational beliefs.

Human beings do maintain their irrational belief disorders and behavior through retelling them to themselves. In his opinion, individuals who take themselves as captured by their irrational beliefs may locate themselves in the states of anger, resistance, animosity, defense, sinfulness, anxiety, excessive feebleness and lethargy, lack of control and helplessness. Human being's depression and anxiety is not due to external objects but is a result of his conception of and his attitude towards objects. Irrational points of view have negative impacts on the individual's behavior and make it difficult for him to cope with his problems (Benson1987.amani1386)

Ellis believes that the human being is virtually born as a vulnerable being and that, as surrounded by physical and social life, his own physical and social life is gradually shaped as a result of the interactions between the external environment and his inherent characteristics. Elis emphasizes on the roles played by cognitive factors and, more specifically, irrational beliefs of human beings in the emergence of psychological disorders; he believes that human beings frequently come across some "musts" which are acquired through interactions with others (quoted in Solso, 1994). In Ellis's viewpoint, human beings have to question their absolute "musts" Irrational beliefs lead to false

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attitudes and faulty behavior. When human beings expect what they want must happen, it would result in emotional disorders. Such disorders will emerge, especially when the individual's tolerance of frustration is low. For Ellis, irrational beliefs are categorized into three groups: self-expectations, expectations from others, and expectations from the world or the life. he refers to any statements including a "must" component as "thinking of musts" (Ellis,2009)

Individuals who have irrational beliefs, due to their negative attitude towards life, are susceptible of depression. It is necessary to pay attention to irrational beliefs so that the individuals can be aware of such beliefs and the way they may change under different situations. Through making use of different treatment strategies, we may help individuals afflicted with irrational ways of thinking in changing their unreasonable beliefs (RUSH,2001-nourbakhsh1385) So far, there have been several traditional methods applied to decrease the levels of depression while modern treatment procedures are currently under examination.

Schema therapy which was introduced by Young *et al* (1990), is a modern integrated treatment methodology based upon the development of cognitive-behavioral concepts and methods. In this treatment method, the schemas are derived from the individual's memories, emotions and physical sensations of childhood or adolescence and, throughout his life, they become more complicated. The schemas are first compatible but, affected by irrational thinking, they gradually turn into maladapted schemas and play significant roles in the way an individual feels, thinks or interacts with others (Young, 2005).

An schema is, by definition, an overall outline of the main elements of an event, an outline which is shaped around the reality or experience and through which, the individuals can explain their experiences in such a way that their responses are oriented by their schemas (Young, 1996).

In addition to the individual's insight, the schema therapy is attentive to cognitive, emotional, interpersonal and behavioral changes. This treatment methodology is a short-term one and aims at decreasing the symptoms of psychological and skill-learning disorders of a patient and at resolving his current life problems. Through the application of this model, the patients can perceive their personality problems as being disharmonious and become more motivated for getting rid of such problems. When the patients repeat their problems, the practitioners direct them, in an emphatic manner, towards the reasons and the necessity for changing (Hamidpour, 1389/2010).

Among the factors involved in the emergence of schemas, Young (2003) mentions the following: dissatisfaction of main emotional needs of one's childhood such as safe attachment to others, autonomy, self-sufficiency and identity, freedom in the expression of one's sound needs and emotions, spontaneity, and realistic restrictions.

Moreover, the individual's early experiences such as taxis frustration (abandonment/deprivation) or being harmed and victimized (distrust /misbehavior) as well as too much experience of good events (dependency/inefficiency) have also been taken as factors involved in the acquisition of schemas. A child identifies himself with his parents in a selective manner and likens his thoughts and feelings to those of his parents (Young and Fisher, 2003).

Another factor involved in the formation of schemas is the individuals' emotional disposition. A child's emotional disposition in collaboration with painful events of his childhood leads to the formation of schemas (Pourpahlavan, 1387/2008).

As for the impacts of schema therapy on the individual's general health, research works done by Eliot *et al* (1997), Waler and Burter (2003), and Amani (1387/2008) have shown that schema therapy is considerably effective. Having in mind the importance of schemas in changing irrational beliefs, the present research aims at exploring the effectiveness degrees of schema therapy instructions on the depressed patients' irrational beliefs.

MATERIALS AND METHODS

The present study is an experimental research with a pre-test/post-test plan including a control group. In the first stage of the study, among 120 depressed patients introduced by psychiatrists to the Measurement Centre of Boroujerd Farhangian Clinic, 70 patients were selected to take part in the Jones' Irrational Belief Test. 45 participants gained scores above 5 in at least five irrational belief classes intended in the test. Among this group, 30 persons were quite randomly selected as the research sample subjects and were divided into two different groups, a "control group" and an "experiment group", each consisting of 15 members. In the next step, members of the experiment group received preliminary treatment instructions for three months in 8 sessions of 90 minutes. In the last stage, both groups were post-tested through the same Jones' Irrational Belief Test. The above-mentioned test was developed by Jones *et al* in 1968. It firstly included 140 questions but later on, the questions were decreased down to 120 items and, at the same time, the number of belief classes was decreased from 12

to 10. The reliability of this test for Iran was first gained by Taghipour (1375/1996) at Allameh Tabatabai University. In the same year, the questionnaire was administered by Soudani on a group of 150 single male university students of an average age of 21, who were engaged at the Faculty of Science of Shahid Chamran University of Ahvaz whereby, through the calculation of Chronbach's Alpha Coefficient, a reliability coefficient of 0.79 was gained.

The reliability of this test has derived from three different methods: 1) its correlation with other tests developed for the measurement of emotional confusion; 2) its correlation with other tests which are relevant to the measurement of irrational beliefs such as the "Thought Test" (TT) or rational behavior tests; 3) its sensitivity to changes made in the beliefs of individuals subjected to rational, emotional or behavioral treatment methodologies. Smith and Zoraski (1984) observed in their several research works that there was a high correlation between Irrational Belief Test and tests of emotional confusion.

10 micro-scale irrational beliefs covered in the present research include: high self-expectation, one self's high blaming proneness, dependency, perfectionism, future problem, helplessness for change, problem avoidance, emotional irresponsibility, frustration reaction, and demand for others' approval.

Schema Therapy Interference

This treatment procedure has been developed by Young (2003) In the present study, schema therapy included holding 8 treatment sessions of 1.5 hours (group sessions) with the participation of the sample depressed patients for a period of 3 months.

In the first session, a treatment relationship was established and necessary, sufficient information about the schema therapy model and about how to identify the individual's emotional needs was given to the patients. In the second session, confrontation styles which may potentially contradict with the schemas were presented. In the third session, 18 maladapted schemas were introduced to the patients. In the fourth session, the relationship between the schemas and the confrontation styles an individual may has in his current behavior was explained. The fifth session was devoted to the creation of mental images and to alternative dialogues in respect of mental imaging. The sixth session was devoted to listing the evidences supporting the schemas and those rejecting them as the cognitive treatment technique and the emphatic confrontation style. In the seventh session, the rationale behind the intended treatment technique was presented and the empirical techniques as well as an imaginative dialogue were offered in a Limited reparenting form. The eighth session was devoted to the techniques intended for breaking the individual's behavioral patterns through designing appropriate behavioral patterns in stead of inefficient patterns and exercising these alternative behaviors.

In addition to cognitive and empirical techniques, the schema therapy instruction is attentive to an interference with maladapted schemas. In the schema therapy methodology, two stages of evaluation and change are taken into account: the evaluation stage and the change stage. The identification of the schemas and their evolutionary roots in one's childhood and adolescence as well as the identification of inefficient confrontation styles including surrender, radical compensation and avoidance are all done during the *evaluation stage*.

The cognitive techniques of being aware of the fact that the schemas are a result of belief inculcation in the childhood, the introduction of emphatic confrontation styles, mental imaging in the presence of parents, and the presentation of the rationale behind the treatment method, as empirical strategies, are all devoted to the *change stage*. The schema therapy method focuses greatly on the establishment of an appropriate treatment relationship.

RESULTS

Having in mind the research aim, i.e. exploring the effects of schema therapy teachings on the depressed irrational beliefs, a (MANCOVA) test has been used.

The descriptive data of the irrational beliefs of the two groups under investigation has been demonstrated in Table (1)

Table (1): average and standard deviation of irrational thoughts in the instruction group and the control group

variables	instruction group		control group	
	Mean (X)	standard deviation (s)	Mean (X)	standard deviation (s)
perfectionism (pre-test)	7.27	1.233	7.53	1.407
perfectionism (post-test)	2.87	1.060	7.20	1.474
helplessness for change (pre-test)	7.80	1.320	8	1.254
helplessness for change (post-test)	3.40	1.056	7.07	1.280
dependency (pre-test)	8.13	1.060	8.53	1.187
dependency (post-test)	3.20	0.941	7.47	1.125
problem avoidance (pre-test)	8.14	0.915	8.33	0.724
problem avoidance (post-test)	2.53	0.737	1.187	7.40
future problem (pre-test)	7.27	1.163	6.93	1.280
future problem (post-test)	2.67	0.976	6.07	1.438
emotional irresponsibility (pre-test)	7.60	0.986	7.53	1.187
emotional irresponsibility (post-test)	3.73	0.799	6.53	1.187
frustration reaction (pre-test)	7.67	0.900	7.87	0.834
frustration reaction (post-test)	3.80	0.862	6.67	1.047
blaming proneness (Pre-test)	7.93	0.799	7.40	0.910
blaming proneness (Post-test)	3.07	0.900	7.73	1.223
high self-expectation (pre-test)	7.67	0.900	7.73	1.223
high self-expectation (post-test)	2.67	1.113	6.80	1.146
demand for others' approval (pre-test)	8.27	1.163	8.33	0.976
demand for others' approval (post-test)	2.53	0.915	7.53	1.060

In all ten belief classes, the mean scores obtained by members of experiment (instruction) group are lower than those of members of the control group.

The results of the analysis of effectiveness of the combined variable “irrational beliefs” are summarized in Table (2)

Table (2): Wilks Lambda 4 test for the combined variable in question

variable	value	f	df ₁	df ₂	significance levels (p)	effect degree (Eta)
Group	0.010	93.115	10	9	0.001	0.990

The above results (p = 0.001 and f = 70.579) show that the instruction of schema therapy techniques is effective on the combined variable “irrational beliefs” and results in a decrease of such beliefs in the depressed patients. The results of a co-variance analysis of schema therapy instruction on the ten irrational classes are demonstrated in Table (3)

Table (3): Results of the co-variance analysis of the ten irrational belief classes

	sum of squares (ss)	degree of freedom (df)	mean of squares (ms)	f	significance levels (p)	effect degree (eta)	test power
perfectionism	110.257	1	110.257	102.993	0.0001	0.851	1.000
helplessness for change	62.014	1	62.014	194.166	0.0001	0.195	1.000
dependency	100.392	1	100.392	189.650	0.0001	0.913	1.000
problem avoidance	145.466	1	145.466	131.650	0.0001	0.880	1.000
future problem	73.191	1	73.191	61.61	0.0001	0.773	1.000
emotional irresponsibility	48.775	1	48.775	140.979	0.0001	0.887	1.000
frustration reaction	44.539	1	44.539	62.068	0.0001	0.775	1.000
blaming proneness	82.282	1	82.282	120.620	0.0001	0.870	1.000
high self-expectation	103.270	1	103.270	95.569	0/000 ¹	0.842	1.000
demand for others' approval	139.645	1	139.645	241.960	0/000 ¹	0.931	1.000

The results of Table (3) for the two groups under investigation, i.e. the schema therapy instruction group and the control group, through BEN FRONI Alpha (0.001) indicate that schema therapy

instruction has resulted in a significant decrease of all ten classes of irrational belief; there has been a significant difference between post-test scores obtained by members of the schema therapy instruction group, on one hand, and those of the control group, on the other. Since the difference between the means is significant at a 99% level of certainty, it can be concluded that the research hypothesis has been verified: schema therapy instruction is effective on the degrees of irrational beliefs in the depressed patients.

DISCUSSION

The findings obtained indicate that the instruction of the schema therapy to members of the experiment group, as opposed to those of the control group, has been effective on the irrational beliefs of depressed individuals. Among the irrational belief classes, those related to the “demand for others' approval”, “helplessness for change”, “emotional irresponsibility”, and “perfectionism” have been more involved in changing the patients' irrational beliefs. This finding is in line with the results reported by Moloudi, Dezhkam and Moutabi (1389/2010) who had studied the maladapted schemas in fat individuals and identified more adapted beliefs related to “emotional deprivation”, “abandonment/instability”, and “insufficient”. They emphasized on behavioral techniques and on challenging negative automatic thoughts and took into account the schema therapy as a complementary treatment method. The present research, however, takes schema therapy as the main emphasized treatment method and highly supports the application of modern treatment methods.

Individuals afflicted with overeating disorder typically experience more maladapted beliefs in the area of emotional deprivation and it is necessary to interfere with their maladapted schemas.

In addition to the identification of maladapted schemas, the present paper has focused on the instruction of cognitive techniques in order to interfere with inefficient confrontation styles. Maladapted styles of irrational individuals are in three forms, as proposed in the present study: in the first form, the individuals are surrendered to the schema and never try to fight or avoid it but, rather, they accept it as the right thing. This maladapted confrontation style is labeled as the “irrational individuals' maladapted confrontation style of being surrendered” (Fallahi and Hajiloo, 1374/1995).

In the avoidance style, the individuals attempt to live in such a way as if they are not aware of the schemas altogether and as if there has never been such schemas. They avoid thinking about the schema or if even they happen to think about the schema, they try not to concentrate upon it. Such individuals may use drugs or resort to overeating or be addicted to working.

In the radical compensation style, the individuals fight against the schema in such a way as if they have had an opposite schema. They try to be as different from their childhood as possible. If they have been obedient persons in childhood, as adults they may try to challenge or fight everybody.

Finding the evolutionary sources of schemas in childhood and making use of emphatic confrontation and mental imaging styles in front of the individual's parents may considerably be affective on the identification and controlling the maladapted confrontation styles and on finding better treatment solutions. Such practical exercises play considerable roles in their efficiency.

In the present study, the treatment and the action to change the schemas through the application of cognitive strategies was accomplished in such a way that the individuals learnt that to confront a schema, they should reason and question the validity of the problem in a rational manner. The individuals assess both the supporting and rejecting evidences of the schemas with the help of their therapists and write their reasoning in confronting the schema on some flash cards.

Through making use of empirical strategies such as mental imaging and having dialogues, the individuals express their anger and unhappiness of the events they had experienced in childhood. They attempt to practice and drill their current lives through mental imaging and playing roles as well as having dialogues with important personalities.

In the cognitive strategies, the therapist helps the patient to design home behavior assignments in order to replace more appropriate, newer behavioral patterns instead of inefficient confrontation responses. After performing the home assignments, the patient and the therapist exchange their opinions about the outcomes of home assignments and the patient assesses what he has already learnt and, gradually, he leaves the inefficient confrontation styles and refers to more efficient patterns. This research has important implications for researchers as an inspiration for the application of modern treatment methods in dealing with chronic degasses. Such findings, however, should be interpreted with a view to the research restrictions and strengths.

As a final point, other researchers are recommended to do a similar study on a wider statistical population. It is also recommended to follow up the patients to study the consistency of the treatment results in future. Moreover, we suggest doing a similar research on individuals afflicted with obsession.

All in all, the present study aimed at highlighting the importance of modern treatment methodologies including the instruction of schema therapy methods on the degrees of depressed patients' irrational beliefs and the final findings showed the effectiveness of such techniques.

Conclusion

The research findings indicate that the instruction of schema therapy strategies is effective on the degrees of depressed patients' irrational thinking and leads to a decrease in their scores of irrational beliefs. The results show that as for irrational beliefs “demand for others' approval”, helplessness for change”, “emotional irresponsibility”, “perfectionism”, following being instructed, the patients were considerably able to control their irrational beliefs while in cases of dependency”, the effects were not that much considerable.

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