



Assessing the effectiveness of schema therapy on reducing depression symptoms in women with obsessive-compulsive disorder

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Abstract: *This study aimed to investigate the effectiveness of schema therapy on depression symptoms in women with obsessive-compulsive disorder (OCD) of Tehran city. Research method was quasi-experimental with pretest-posttest control group design. The population of the research were women with OCD of Tehran city, from the mentioned population, 30 people were selected by convenience sampling that they were equally and randomly classified into two control and experimental groups. Before the beginning of schema therapy sessions for the experimental group, both groups responded to questions of depression inventory. Then schema therapy sessions were held in 10 sessions for the experimental group, but control group did not receive any intervention; immediately after the experimental intervention for experimental group was finished, depression test was conducted for both groups and necessary data were collected to examine research hypotheses. The results of research by using one-way covariance method showed the significant effectiveness of schema therapy on reducing depression in women with OCD.*

Key words: *depression, women with OCD, schema therapy*

INTRODUCTION

In recent years, an increasingly attention has been given to the views that seeks to identify and introduce cognitive processes affecting mental disorders and interpersonal problems. One of the interesting cognitive phenomena in this area is early maladaptive schemas. Early schemas are beliefs that people have about themselves, others and the environment which they usually stem from dissatisfaction of initial needs especially emotional needs of childhood (Zhang & he 2010). In fact, early maladaptive schemas remain constant and stable during lifetime and they establish the basis of cognitive structures of individual. These schemes help people organize their experiences about the world around and to process incoming information (Maltby & day 2004). Therefore, basic hypothesis of this view is that traumatic experiences in childhood causes maladaptive schemas to be created and early maladaptive schemas causes behavioral disorders and emotional problems in people. Based on it, in order to overcome emotional and behavioral problems, the early maladaptive schemas of people should primarily be changed.

According to theoretical perspectives and investigation of numerous researchers, early maladaptive schemas is considered a common subject in patients with obsessive disorder (Atalay et al., 2008). Obsessive-compulsive disorder is a chronic psychiatric disorder which characterized by lasting and disturbing obsessive thoughts and compulsive actions (Glass 2012). Patients with obsessive-compulsive disorder experience sustainable, intrusive and inappropriate (obsessions) thoughts and intendedly they urge to do actions in order to neutralize fear from danger and threat (compulsions). Current issues in obsessive-compulsive disorder include concerns about pollution, violence, religious thoughts and rituals, too much responsibility, a great fear of risk, hoarding and interpersonal relationship problems (Aydin et al., 2012). Obsessive-compulsive disorders in the fourth diagnostic and statistical manual of mental disorders (revised) has been produced as an anxiety disorder. Anxiety disorders are the most common

mental health problems (Glass 2012). It is estimated that of any ten people, one person in his/her life suffering from one of the varieties of anxiety disorders. Anxiety disorders affect many aspects of individual's life such as behavior, thoughts, emotions and physical health. It seems that age and ethnicity have also little impact on the prevalence of this disorder (Campbell 2011).

Obsessive-compulsive disorder is one of the serious mental health problems and annually impose economic and social enormous costs on society (Barlow 2010). WHO¹ has considered this disorder as tenth debilitating medical condition (including physical and mental illnesses) functions of interpersonal, occupational, personal and social life and especially family are disrupted by problems associated with obsessive-compulsive disorder and its debilitating symptoms (Campbell 2011).

Infecting a person with obsessive-compulsive disorder, can also have a negative impact on the characteristic and psychotic episodes. Depression is one of the most important psychological trauma observed in obsessed people. Depression is one of the psychiatric disorders which is observed among women with OCD. Depression is a sick feeling of sorrow and grief that is associated with degrees of recession of reaction and it affects students because of education pressure, anxiety, examination and acute emotional - social problems and generally emotional growth and maturity problems (Lamis et al. 2015).

Depression is the most common mental disease among women and girls that its prevalence in women is 2 or 3 times more often than men and it affects about 25 percent of women (Rief et al. 2010). Loss of appetite is a prevalent symptoms of depression. Weight loss occurred in moderate to severe depression but weight gain is often seen in mild depression. Sleep disorder shows sometimes itself in form of trouble in falling asleep and in most cases in the form of waking up early in the morning which causes feeling tired during the day. Reducing in sexual pleasure and erectile dysfunction or arousal is also one of the prevalent symptoms in depressed person (Eshel, Roiser 2010).

People with OCD suffer from depression; therefore, this group of people need treatment and care. Several theories and therapeutic approaches have been presented; the results showed that patients with OCD more prefer those beliefs that were theoretically associated with this disorder. In order to treat core beliefs and the schemas involved in the personality disorders Young created an integrated treatment (Young 2005).

Therefore, on the one hand, given to widespread prevalence of obsession among women and consequently personality and depression problems and the scope of their impact in all aspects of people's life and on the other hand, the role of cognitive system and thoughts of people, especially early maladaptive schemas in formation and continuity of these problems and effectiveness of schema therapy in treating various disorders, this study aims to examine this issue whether schema therapy leads to reduce depression in obsessive women in Tehran or not?

Methodology of research

This study, which is an applied research was done in form of quasi-experimental method. This study was done by using two pre-test and post-test control groups design.

Table 1. Research design for pre-test and post-test experimental groups

post-test	X	pre-test	type of group
T2	schema therapy	T1	experimental groups
T2	T1	control group

The population of this research were women with OCD of Tehran city, by informing health clinic through announcement in social networks and written invitation, researcher identified the obsessive women, then

1- World Health Organization

Beck Depression Inventory was executed by using available sample. Among those who had the highest score of this questionnaire, 30 persons were selected that 15 patients participated in the control group and 15 patients in the experimental group. Then 10 training sessions was held once a week in 90 minutes for the experimental group. In the last session, questionnaire was again given to the groups participating in the study as a post-test. Thus, the required information were collected and then by using SPSS software version 20 and covariance (ANCOVA) method were analyzed. Thus, through comparing two groups, research hypotheses were examined.

Beck Depression Inventory (BDI) was used in this study as an instrument. Beck Depression Inventory assess the severity of depression symptoms. BDI has been validated as a Depression Screening Test (Moss et al. 2009). This questionnaire has 21 self-reports questions that assesses the severity of depression symptoms in last two weeks. BDI has high internal consistency, good test-retest reliability, discriminant validity, simultaneous, and good structure in clinical and nonclinical samples (Goodman & Tully 2009). Reliability and validity of the questionnaire has been proven in several studies and its Cronbach's alpha is %93. The minimum of final score of this questionnaire is equal to zero by summing points, and the maximum is 63. Based on the scores, the condition of person to be evaluated is as follows: 5-9: natural range, 10-18: mild to moderate depression, 19-29: mild to severe depression, 30-63: severe depression and below 4: probably pretending to be sick, persona (Heisterunique) or interstitial, while being raised depression.

Table 2: Schema therapy interventions program

Sessions number	title of session	General description of intervention
First / General	preliminary familiarity with the approach, preparation of parents	introduction, aims of sessions, number of sessions, motivation and the importance of education and research projects, execution and collection of Depression Inventory
second	Identifying schemas, beginning of cognitive techniques	Brief explanation about the objectives, rules and regulations of the group, completing recognizance form, familiarity with maladaptive schema, its formation and continuity, domains and related needs, classification of schema of members and self-analysis, beginning the execution of techniques and treatment strategies with aim to improve schema, provide homework, conclusion
third	Continuation of cognitive techniques	Reviewing previous issues, explanation of comparative styles and exchange of views with members, providing tasks related to use of comparative styles in everyday life and mentioning its objective item, dialogue between promising and disappointing aspects of mind, provide homework, conclusion
Fourth	Continuation of cognitive techniques	Reviewing previous issues, collecting and producing healthy flash cards, dialogue between healthy and schemas aspects, downward technique, reviewing cognitive techniques from previous sessions, provide homework, conclusion
Fifth	beginning of experimental techniques	Reviewing previous issues, imagery of safe place, changing in process of annoying emotional memories (writing a few examples of important emotional memories of individual life), provide homework, conclusion
Sixth	Continuation of experimental techniques	Reviewing previous issues, applying mindfulness and relaxation techniques, imaginary conversations (in form of mental imagery) with a person who is conducting schema, provide homework, conclusion
Seventh		

	Continuation of experimental techniques	Reviewing previous issues, writing letter to a person who is conducting schema, reviewing and repeating cognitive and experimental techniques, provide homework, conclusion
Eighth	beginning of behavioral techniques	Reviewing previous issues, detailed descriptions of comparative behaviors, prioritizing comparative behaviors, provide homework, conclusion
Ninth	Continuation of behavioral techniques	Reviewing previous issues, possible changing of behavior, reviewing and repeating behavioral techniques, provide homework, conclusion
tenth / General	Conclusion and termination	Reviewing previous issues, distribution and replenishment of depression inventory (both experimental and control groups) asking and answering questions, discussion and conclusion of entire sessions, end of sessions

Research findings:

30 women presented in this study. The average age of women was 35/16 years old with standard deviation 1/5. In this study, single-factor analysis of covariance (ANCOVA) was used to analyze the hypotheses of the research. The reason to use this test is that in this study design, researchers used pre-test as a control variable to control the impact related to pre-reading and adjustment of the impact of this variable.

Before using covariance analysis test, some important pre-hypotheses of this statistical test should be examined, because non-compliance of these assumptions may cause the results of the research leads to bias. Pre-hypotheses of using covariance analysis include: normal distribution of data distribution-equality of error variances- homogeneity of regression lines, these three assumptions were examined for this study before analysis of covariance. Fortunately, there were all three assumptions of covariance analysis test. It means that using covariance analysis was appropriate to analyze the data of this study. The results of covariance test are shown in Table 3.

Table 3. The results of covariance analysis of post-test scores of depression in women after adjusting for pretest

Source of changes	The sum of squares	Degrees of freedom	Mean Square	Rate of F	Significance level
Corrected version	733,20	2	316,59	33,31	.000
Intercept	86,84	1	86,840	11,114	.002
Pre-test	437,16	1	437,160	55,94	0001
Group(independent variable)	469,03	1	469,03	40,86	.000
error	210,97	27	7,81		
Total	14485,00	30			
Corrected total	1048,15	29			

In Table 3, the result of analysis of covariance is clearly shown. As is evident in this table, the sum of squares of independent variable is 469.03 that resulted to the size of the F-test 40.86 that the size of this F-test is significant at one percent level. In other words, there is a significant difference between both

control and experimental groups in the major depression after adjusting for the pre-test. Given to average scores of experimental and control groups in post-test, it can be concluded that schema therapy has positive and significant impact on reducing depression in women.

Discussion and conclusion

This study aimed to investigate the effectiveness of schema therapy on depression rate in women with OCD of Tehran city in 2016-2017. The test result of this hypothesis showed that schema therapy cause to reduce the rate of depression in women with OCD of Tehran city. Therefore, the hypothesis of research is confirmed and it can be concluded that executing schema therapy is effective in reducing symptoms of depression. The results of this study were generally in line with previous researches' results on the effectiveness of schema therapy on improving personality disorders (Bomber & McMahon 2012, Gouveia et al. 2006, Muris 2006, and Harris A. E. Curtin 2002).

Study of Weertman, A., & Arntz (2007) revealed that cognitive therapy of childhood memories to the present memories creates better results for treatment of patients with personality disorder. Obsessive-compulsive personality disorder revealed by a collection of dysfunctional thoughts, controller behaviors, narrow emotional relationship, lack of emotional expression and uncertainty in therapeutic relationship. Schema therapy approach by combining four cognitive, experimental, behavioral and relational techniques in people with obsessive-compulsive disorder, in addition to criticism of the maladaptive schema that are the main reason for the formation of dysfunctional and irrational thoughts, they cause emotional draining of buried negative emotions and affections including anger caused by the failure to satisfy the needs of spontaneity and secure attachment to others during the childhood. Therefore, as it is shown, schema therapy by using various techniques and exercises that stem from analytical, cognitive and behavioral approaches, causes to create insight at different levels, change in cognitive system and ultimately change in individual behavior in social situations and at level of everyday life. The result of this research indicates positive impact of schema therapy on depression in women with OCD.

As previously mentioned early maladaptive schemas remain constant and stable during life and they form the basis of individual's cognitive structures. These schemas help people organize their experiences about the world around and to process incoming information (Maltby & day 2004). As Bomber & McMahon (2012) in analyzing early maladaptive schemas concluded, early maladaptive schemas cause to increase interpersonal problems, dissatisfaction at the workplace and inefficiency of person at the workplace. Young (1999) considers schemas as a main core of personality disorders and cognitive behavior problems and many of chronic disorders and refers to them as early maladaptive schemas. Nordahl et al. (2005) believe that early maladaptive schemas is predictor of interpersonal conflict and explain many psychological and personality disorders. In this regard, Lotfi et al. (2007) also showed that early maladaptive schemas create a certain vulnerability for variety of psychological disorders and personality pathology. Base on it, with an emphasis on this principle, a person brings schemas from childhood to adulthood that usually are maladaptive and influence his/her conditions of life, schema therapy approach emphasis that in order to improve individual's life conditions, his/her schemas must be changed (Young et al. 2005).

Another reason for the effectiveness of schema therapy in reducing the rate of depression in women with OCD in this study can be this issue that dysfunctional cognitive and behavioral and depressive patterns existed mainly in these people and due to the personal and family issues, this effect is intensified and people in general, and women with OCD in particular refer to depression as their lives' sectional issues. If people attribute negative traits to their own and find negative reasons for their behavior, they may provide the causes for damage and injury of their own. Schema therapy is a model for retraining of clients, according to this; cognitive restructuring and providing a checklist for weakly positive and constructive activities could significantly reduce depression in women with OCD.

As any study and research has limitations, this research has also some limitations such as: this research has been done over 30 women with OCD in Tehran city; therefore, in generalizing the results to other

communities, the caution should be exercised. Gender variable in this study was controlled and all participants were women, therefore it should be considered in the interpretation of results. Limitation of instrument for measuring variables was that questionnaire was only used for data collection; therefore, the limitations of this tool should be considered in the interpretation of results.

Given to the findings of the research, the following suggestions are presented:

- ✓ Findings of the research showed that schema therapy method has caused to reduce depression among women with OCD, thus it can be said that schema therapy as an effective method in reducing mental disorders has capability of being applied in the medical centers. Therefore, counselors and therapists can use of schema therapy method.
- ✓ providing appropriate psychotherapy and counseling services to people with obsessive-compulsive disorder
- ✓ holding training workshops aimed at increasing the level of mental health, social skills and life satisfaction in women with obsessive-compulsive disorder
- ✓ Doing Similar studies in other communities and with larger statistical population in order to better generalization of results

Reference

- Weertman, A., & Arntz, A. (2007). Effectiveness of treatment of childhood memories in cognitive therapy for personality disorders: A controlled study contrasting methods focusing on the present and methods focusing on childhood memories. *Behaviour Research and Therapy*, 45(9), 2133-2143.
- Zhang D.H., & He, H.L. (2010). Personality traits and life satisfaction: A Chinese case study. *Social Behavior and Personality*, 38(8), 1119-1122.
- Maltby, J., Day, L., (2004). Personality and coping: A context for examining celebrity worship and mental health. *British Journal of Psychology*, 95(4), 411-428.
- Atalay, H., Atalay, F., Karahan, D., & Çaliskan, M. (2008). Early maladaptive schemas activated in patients with obsessive compulsive disorder: A cross-sectional study. *International Journal of Psychiatry in Clinical Practice*, 12(4), 268-279.
- Glass, D, J. (2012). Factor Structure of OCD: Toward an Evolutionary NeuroCognitive Model of Obsessive-Compulsive Disorder. A Thesis Submitted To The Department Of Psychology Of The State University Of New York At New Paltz In Partial Fulfillment Of The Requirements For The Degree Of Master of Arts In Psychology.
- Aydin, A. Boysan, M. Tutarel-Kışlak, Ş. Kalafat, T. Selvi, Y. & Beşiroğlu, L. (2012). The Predictive Value of Interpersonal Schemas, Perfectionism, and Thought Action-Fusion in Obsessive-Compulsive Disorder. *The Journal of Psychiatry and Neurological Sciences*, 25(2):108-118.
- Campbell, Rebecca. (2011). Spatial and Gendered Discourses of ObsessiveCompulsive Disorder. Being a thesis submitted in fulfillment of the requirements for the degree of Master of Social Sciences at The University of Waikato.
- Barlow, D. H. (2010). The nature and treatment of anxiety and panic. In *Anxiety and Its Disorders*. The Guilford Press New York.
- Lamis, D. A., Malone, P. S., Langhinrichsen-Rohling, J., & Ellis, T. E. (2015). Body investment, depression, and alcohol use as risk factors for suicide proneness in college students. *Crisis*.
- Rief, W, Hennings A., Riemer, S. & Euteneuer, F. (2010). Psychological differences between depression and somatization. *Journal of psychosomatic research*. 68(5). 495-502.

- Eshel, N., Roiser, J. P. (2010). Reward and punishment processing in depression. *Biological psychiatry*. 68(2). 118-124.
- Young J.E. (2005). *Young Schema Questionnaire–Short Form*. New York: Schema Therapy Institute. McCullough.
- Moss, Karen. M., Skouteris Helen, Wertheim Eleanor H, Paxton Susan J, Milgrom Jeannette; (2009) Depressive and anxiety symptoms through late pregnancy and the first year post birth: an examination of prospective relationships; *Arch Women’s Ment Health* 12:345–349.
- Goodman, S. H., & Tully, E. C. (2009). Recurrence of depression during pregnancy: psychosocial and personal functioning correlates. *Depression and anxiety*, 26(6), 557-567.
- Bomber M & McMahon R. (2012). The role of maladaptive schemas at work. *Clinical Psychology and Psychotherapy* 2008; 15: 96-112.
- Gouveia, J.P., Castilho, P., Galhardeo, A., & Cunha, M. (2006). Early maladaptive schemas and social phobia. *Journal of Cognitive Therapy and Research*. pp; 17. (30), 571-584.
- Muris Peter. (2006). maladaptive schemas in non-clinical adolescents: relations to perceived parental rearing behaviours, Big Five personality factors and psychopathological symptoms. *Clinical Psychology and Psychotherapy*, 13, 405-413.
- Harris, A.E. Curtin, L. (2002). Parental perceptions, early maladaptive schemas, and depressive symptoms in young adults. *Journal Article. Cognitive Therapy and Research*, Vol 26(3), Jun 2002, 405-416. Doi
- Young J. E. (1999). *Cognitive therapy for personality disorders: A schema-focused approach*. Florida: Professional Resources press
- Nordahl H .M. hans M. & Nyseater. (2005). schema focused therapy for patient with borderline personality disorder: A Single case series. *Journal of behavior therapy and experimental psychiatry*. 36,254 268.