

# Comparison of the effectiveness of schema therapy and Neuro-linguistic programming on reducing anxiety and improve social functioning in patients with generalized anxiety disorder (GAD)

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**Abstract:** The purpose of this study was to compare schema therapy and neuro-linguistic planning on reducing anxiety in the patients with pervasive anxiety disorder. The semi-pilot research pattern was a type of pretest-posttest and control group. The statistical population of the include all of the patients with pervasive anxiety disorder that visited in the imam hospital of divandareh city in the first half of 1394. For this purpose 30 patients (male and female) with pervasive anxiety disorder were selected based on DSM-5 criterions and 7 questions of pervasive anxiety disorder (GAD-7) scale and they were randomly divided into three groups, include schema therapy group, neuro-linguistic planning group and control group. Schema therapy group were trained 10 session (90minutes) neuro-linguistic group were trained 8 session (90minutes) according to the protocol. Data analyzed by using multivariate analysis of covariance (MANCOVA). Results showed that there are significant differences between anxiety scores of schema therapy group and neuro-linguistic planning group with control group. These means that the post test of two experimental groups were reduced than the control group, but there were no significant difference between two experimental groups. Conclusion: it can be concluded from the result of these study that interventions based on schema therapy and neuro-linguistic planning is phanning is effective in the reducing of anxiety.

**Key words:** Schema Therapy, Neuro-linguistic programming, generalized anxiety disorder.

## Introduction:

Comprehensive anxiety disorder is the most common anxiety disorder, and its key processes represent genuine aspects involved in all anxiety disorders (Barlow, 2002). This disorder is determined by excessive and uncontrollable worry and other negative emotions. In fact, comprehensive anxiety disorder is a long-term and chronic disorder associated with functional damages in work and quality of life (general health, mental health, social functioning, and physical pain) (Wales and Carter, 2006). Damage in social function has positive correlation with disorder duration, but some studies suggest that regardless of the duration of the disorder, the patients suffer more severe damages. The results of some epidemiological studies in Iran also suggest that GAD is the most common anxiety disorder in the country (Hosseini-fard, Birashk, Atef Vahid, 2005). Comorbidity of this disorder with other disorders such as depression can increase damage to the patient and increase the risk of suicide in people with this disorder to worrying levels. In fact, this disorder alone is a risk factor for suicide (Wells & Carter, 2006). About 12 percent of patients admitted to psychiatric clinics, who are suffering from GAD. World Health Organization studies have also shown that about 8 percent of those who seek treatment in initial environments have diagnostic criteria for generalized anxiety. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (5DSM-) defines generalized anxiety disorder as severe anxiety and worry about several events or activities that have had continuity on most days for at least 6 months (America Psychiatric Association, 2013 Seyyed Mohammad, 2014). Without treatment, the prognosis of GAD has been weak and needs

effective treatment of GAD. Knowing that GAD is one of the most powerful predictors of post-secondary disorders such as major depression and it can worsen the prognosis of chronic medical conditions, this need is highlighted. So far, among various psychotherapies, cognitive behavioral therapy and applied relaxation had the greatest effect in terms of the treatment of the signs and symptoms (Saduk and Saduk, 2003). But recovery rate reported in studies has not been promising and they have reported lower rate of recovery for cognitive and applied relaxation treatment. Some studies (Wells, 2009) believe that limited effectiveness of treatments used in this disorder is due to lack of studying the mechanisms underlying this disorder and lack of exclusive model for GAD. Some experts believe that generalized anxiety disorder can be conceptualized a chronic and intractable cognitive behavior disorder. For this reason, classic cognitive-behavioral therapy might be ineffective in follow up stage (Barlow 2002). Another point neglected in cognitive behavioral therapy is mood. Many theorists in Pathology area believe that mood plays an unquestionable role in continuity and the formation of the psychological problems (Hamidpour and Andouz, 2012). With regard to the role of people's mood and emotional issues and its role in continuity of psychological disorders, it is necessary that proper treatments related with these types of disorders to be used so that patients to be treated more appropriately and effectively. Comprehensive anxiety disorder is associated with increased risk for medical diseases, and it has been considered as a risk factor in the etiology of a psychiatric disorders' variety, particularly depression and alcohol abuse, so that timely diagnosis and its treatment is concerns of clinical community (Durham 1, 2007). The most effective treatment for generalized anxiety disorder is mixture of methods including psychotherapy, medication and supportive methods. Medication cannot bring fundamental change in in the disorder path and return of symptoms in patients with generalized anxiety disorder is common (Tirer 2, 1999). Among the therapeutic approaches, we can refer to cognitive - behavioral, supportive and insight-oriented approaches. Data about the merits of these methods is limited, although it seems that the most complicated studies have been conducted on cognitive-behavioral therapies (Pour Afkari, 2009). Acquiring coping skills require continuous efforts that some patients with GAD may have no incentive to do this (Kessler, Chiu, Demeler and Mrikand, 2005). Although cognitive behavioral therapy has shown that is effective in the treatment of Generalized Anxiety Disorder, in follow-up studies, only 50% of patients with generalized anxiety disorder achieved to clinically meaningful improvement (Borkuk and Newman, 1998). Summing up the results of cognitive behavioral research in the field of GAD, researchers concluded that, in order to increase the effectiveness of cognitive – behavioral treatments, interpersonal and emotional components of these people should be given more attention. Some experts believe that GAD can be understood as a chronic cognitive behavior disorder resistant to treatment (Sanderson and Terlez, 1991, quoted by Barlow 2002). Perhaps, for this reason, classic cognitive-behavior therapy cannot leave required efficiency in follow-up stage. Given that current treatment approaches have their own shortcomings in implementation and performance, researchers are encouraged to test and experience new approaches. Therefore, approaches of Schema Therapy and Neural-linguistic programming that each of them have effectiveness in the field of anxiety disorders have been examined in this study. According to the schema theory developed by Yang, schemas are cognitive structures that help people in organizing information about themselves and environment. The basic concept of this approach is early maladaptive schemas. Yang et al claim that schema therapy is suitable for the treatment of GAD. In fact, schema therapy is a method applied for problems that cognitive behavioral approach has no efficiency in that area (Yang and Golseku, 1994) Clinical experience and research evidence showed that to solve some of these problems, it is needed that underlying factors to be discussed, especially for those who suffer from long-lasting and chronic problems. One of the approaches considered widely by researchers is Young's schema therapy approach that emphasizes on discovery of root development psychological problems and early maladaptive schemas (Cicero 4 and Yang, 2001). On the other hand, in this study, the effect of neural- linguistic planning training on Generalized Anxiety Disorder is examined. According to view of theorists in neural- linguistic planning approach area, each person instead of real world understands a map that has outlined his neurological system. Sensory filters, the system of beliefs, memories and emotions cause people to have different maps from a single location (Delaware, 2008). In neuro- linguistic programming, the methods of

perception, storage and encoding of information in mind are called visual systems. An individual may use different visual systems in each experience, for example, he may clear and close images to recall painful experiences of vague and distant images and for pleasant experiences. Therefore, by changing the visual system of a person about an event, feeling of person can be changed toward that event. This event can be memory in past or vice versa, prediction of future events (Walker, 2000). In a state of anxiety, waiting is a common situation of disorder. In this situation, the person uses threatening visual system in his mind. Such visualization creates a feeling of apprehension and anxiety. Sometimes the experience of anxiety is due to troublesome mental images retrieving unsuccessful positions (Mehrpour, 2007). In this case, changing an individual's emotional state, his visual system can be changed. These claims have not yet been tested experimentally and so much experimental evidence about them is not available. According to what was said, what is noteworthy is that if there is significant difference between effectiveness of schema therapy and neural - linguistic programming in reducing anxiety in people with GAD or not. Comprehensive anxiety disorder is associated with inability to perform daily activities and occupational tasks and widespread inability in physical performance (Rygh and Sanderson, 2004). Due to the correlation between extreme concern and its underlying factors with some personality dimensions (Shahgholian, 2012) and impact of generalized anxiety disorder on executive functions such as attention (Mallaei, 2006) and comorbidity of generalized anxiety disorder with other disorders, for example, depression and anxiety, physical diseases is high leading strengthened harmful consequences of comorbid disorders. Therefore, successful treatment of this disorder is effective in reducing the payment costs of these patients and it could reduce the severity of comorbid disorders. The complex nature of comprehensive anxiety disorder makes its conceptualization and treatment difficult. On the other hand, research shows that conventional treatments have failed so far to consider appropriately these underlying mechanisms. One of the new approaches in the field of treatment of patients with chronic cognitive behavior therapy is Yang's scheme. Schema therapy is a new and integrated treatment developed by Yang et al, and it has been mainly based on the elaboration of concepts and methods of traditional cognitive - behavioral therapy methods. In fact, this approach complements cognitive - behavioral therapy, because cognitive behavior therapy has been faced with many problems in the treatment of chronic diseases that schema therapy tries to fill the gap. On the other hand, while some has considered neuropsychological treatment in parallel with cognitive - behavioral therapy, neural- linguistic programming has been lowly (Walker, 2004). The effectiveness of neural- linguistic programming is seen in several areas including depression (Ahmadi et al., 2011), chronic headache (Macon, 1983), depression (Stepanek, Renner and Shaw, 2010). However, there is no available evidence in the area of its impact on improving generalized anxiety. The study aims to assess and compare the effectiveness of schema therapy and neural- linguistic therapy in improving generalized anxiety disorder and social function.

### **Research Methodology**

The current research is semi-experimental study with pretest-posttest and control group. In this study, people with generalized anxiety disorder admitted in Imam Khomeini clinic of Divandarreh city in the first half of 2015 were considered as study population. Then, according to psychiatric diagnosis, structured interview for Axis I and 7-question scale of generalized anxiety disorder (GAD-7) were implemented as pre-test (cut-off score was 10) and selected subjects were randomly divided into 3 groups (each containing 10). Group 1 underwent schema therapy for 10 sessions of 70 minutes, Group 2 was trained by neural-linguistic programming approach for 8 sessions of 70 minutes, and Group 3 as control group received no training. Subjects in each group before starting the training course participated in the research with knowledge and they announced their consent to participate in the study. After implementing treatment sessions, post-test was performed. The data obtained by multivariate covariance analysis method were analyzed using SPSS21 software.

### Data collection tool

Short scale of generalized anxiety disorder (GAD-7): this scale was developed by Spitzer et al (2006) with the aim of making short tool for diagnosis of generalized anxiety disorder and assessing the severity of symptoms of patients. The questionnaire includes 7 main questions and a supplementary question to assess disorder in personal, social, family, and occupational functions. Scale questions assess the following areas: Nervousness and anxiety of person during past two weeks, length of time when the person has been worried, the length of time when person has not been able to control his worry, the length of time that person has not been able to keep his calmness, length of time when restless prevented the person to keep his calmness, length of time when people has been extremely nervous and bad-tempered, length of time when the person has be afraid of mishap. Participants choose one of the options of Never (0), some days (1), more than half the days (2), and almost every day (3). Range of scores is from 0 to 21. Accordingly, score of 21 was the highest score. The cut off score for this questionnaire is as follows: mild (5), moderate (10), sever (10). A higher score means more anxiety. In the study conducted by Naeeniyan et al, cut off score was selected 10. In a study conducted by Naeeniyan et al (2010), 199 students from Shahed University, and 24 subjects admitted in psychiatric clinic in Tehran for diagnosing the anxiety disorder diagnosis were participated. The results obtained showed that GAD-7 had accepted Cronbach's alpha and coefficient of reliability of scale has been evaluated proper based on re-test. In investigating the reliability of scale, the results indicate a significant correlation between GAD-7 scale, Spielberger State-Trait Anxiety Questionnaire, some 36-question public health subscales (SF-36), and 12-item anxiety subscales of the symptom checklist (SCL- 90), indicating a good convergent validity of the scale. In addition, factorial analysis of this scale represents the saturation of this scale by one factor. On the other hand, comparing the number of people admitted to psychiatric clinic received a diagnosis of generalized anxiety disorder with non-patient population cut-off score indicated optimal diagnostic validity of the scale. In general, we can say that the scale has appropriate reliability and validity in Iranian samples.

### Training - Therapy Package of Schema therapy

Table 1. The content of training – therapy sessions of schema therapy

Sessions	Investigated content
First session	Explaining schema mode simply, clearly and the formation of early maladaptive schema
second session	Patient education about the scheme and conceptualization of the patient problem, assessing and identifying distributed areas
Third session	Two cognitive techniques training (Schema validation and redefining the schema based on evidence)
Fourth session	Two other cognitive techniques training (assessment of the advantages and disadvantages of coping styles, establishing the dialogue)
Fifth session	Developing educational training cards, writing Schema registration form during everyday life
Sixth session	Providing the rationale for using experimental techniques, mental

	visualization, identification of needs unsatisfied
Seventh session	to create opportunities for parents to identify feelings toward parents, removing of emotions
Eighth session	Finding new ways to communicate and give up the coping styles
Ninth session	Mental visualization of problematic situations, practice of healthy behaviors and role playing
Tenth session	Overcoming barriers of behavior change and conclusion

### Training - Therapy Package of Neural- linguistic Programming

Table 2. The content of Therapy Package of Neural- linguistic Programming

Sessions	Investigated content
First session	Explanatory session, introduction of neural- linguistic programming and its advantages in life
second session	Smart model goal setting and training
Third session	Gaining knowledge on timing and providing timelines, setting planning form
Fourth session	Provide strategies for overcoming obstacles, learning assertiveness techniques
Fifth session	Representation systems training through five senses, familiarity with eye movements
Sixth session	Learning based on priority and training sensory representation
Seventh session	Training neurological levels
Eighth session	Conclusion

### Findings

The mean age of schema therapy group was 28.3 years, mean age of NLP group was 30.2 years, and mean age of control group was 27.6 years. In all 3 groups, 6 women and 4 men were present. In terms of being single, the highest frequency was in schema therapy group with 7 single subjects. The highest frequency of education in the Schema Therapy group related to high education diploma, in the NLP group it was high education under high education level, and in the control group, it was under high education level.

Descriptive indicators of research variables and its dimensions in control and experimental groups are shown in Table 3.

Table 3: Descriptive indicators of generalized anxiety and social performance in control and experimental groups

Variable	Indicator of group	Pre-test		Post-test	
		N=10		N=10	
		Mean	SD	M	SD
Generalized anxiety	schema therapy	15/7	2/58	12	2/26
	NLP	14/7	2/66	12/7	2/21
	Control	14/5	3/3	15/1	2/99
Social performance	schema therapy	1/8	0/91	0/9	0/72
	NLP	1/4	1/01	0/8	0/65
	Control	1/7	0/82	2	0/66

Table 4-2 shows that the mean severity of generalized anxiety is pre-test compared with post-test in two experimental groups of schema therapy and NLP was reduced, but it was increased in the control group. The mean score of the social performance in post-test compared to post-test in two experimental groups of schema therapy and NLP has been reduced, but it has been increased in the control group. In this study, descriptive parameters such as mean and standard deviation were used, and to test the hypotheses, multivariate analysis of covariance (MANCOVA) was used. Before performing multivariate analysis of covariance, it is necessary that its assumptions to be examined. To examine the assumption of normality of the data, we use normal diagram Q-Q outline showing the normality of data in both of dependent variables. Box test indicated that homogeneity assumption of variance-covariance matrices is held ( $P > 0.05$ ,  $F = 0.65$ , and Boxes  $M = 4$ ). To investigate the correlation between the dependent variables to continue covariance analysis, Bartlett's sphericity test was used. The results showed that there is enough correlation between the dependent variables and it is significant at the 0.01 level. The homogeneity assumption of dependent variables was confirmed by Levin test. After examining and verifying pre-assumptions of MANCOVA test, analysis was performed. The results of the MANCOVA analysis show that after moderating pre-test between schema therapy groups, it was found that there is significant difference among Neural- linguistic programming and control treatment in terms of combined dependent variables (generalized anxiety disorder and social performance). This means that there is difference between the 3 groups in at least one of the dependent variables. Pretest control ( $P < 0.005$ , partial  $\eta^2 =$  Wilks Lambda test  $= F = 7.953$ ). Based on Weeks Lambda test, share Chi Eta or effect coefficient is about 0.4. This means that 40% of the variance of generalized anxiety disorder and social performance post-test related to the effect of schema therapy and neural- linguistic programming treatment. Since the effect size

obtained is (0.4) larger than 0.14, it indicates that the effect is high. Statistical power is about 1, meaning impossibility of Type II error and sampling is sufficient.

Table4. Multivariate covariance analysis (MANCOVA) on the post-test of scores of generalized anxiety disorder and social performance test of control and experimental groups with pre-test control

Effect	Value	F	DF hypothesis	DF error	sig	Share Eta	Chi	Statistical power
Pilaei effect	./665	6/22	4	50	./001	./332		./993
Wilks Lambda	./362	7/953	4	48	./001	./399		./997
Halting test	1/692	9/729	4	46	./001	./458		./998
The largest root test	1/648	20/59	2	25	./001	./622		./999

To understand the differences, one-way covariance analysis in the MANCOVA context was examined that its results are reported in Table 7. Results by using the Bonferroni alpha 1 (0.025 for two groups) reflect the fact that after mediating pre-test there is difference between groups of schema therapy, neural-linguistic programming treatment and control groups in terms of post-test scores of generalized disorder ( $P < 0.001$  and partial  $\eta^2 = 0.564$  and  $F(2, 25) = 16.71$ ). This means that there is difference at least between post-test scores of two groups. Share Chi Eta of 56 per cent indicates that 56 percent of post-test scores changes of generalized anxiety is resulting from impact of therapeutic interventions. Additionally, results of using Bonferroni alpha (0.025 for two group) indicate that after pre-test moderating, there is difference among groups of schema therapy, neural-linguistic programming, and control group in terms of social performance ( $P < 0.001$  and partial  $\eta^2 = 0.565$  and  $F(2, 25) = 16.25$ ). This means that at least there is a significant difference post-test score of two groups. Share Chi Eta of 0.565 indicates that 56 percent of post-test scores changes of social performance of subjects was due to impact of therapeutic interventions. Statistical power is approximate to one, which represents the higher power of the test and sufficient sampling.

Table 5- results of covariance analysis in the context of MANCOVA on the post-test scores of generalized anxiety disorder and social performance in control and experimental treatment with control of pre-test

Variable	Source of changes	Sum of squares	Degrees of freedom	F	The significance level	Eta coefficient	Statistical power
Comprehensive anxiety	group	84/86	2	16/71	./000	./564	./999
	error	65/6	25				

Social Performance	group	7/35	2	16/25	*0/000	./565	./999
	error	5/65	25				

<./..P\*

Significant difference in the analysis of covariance showed that there are differences between groups, followed by Bonferroni post-test that the results are shown in Table 8.

Table 6. Results of Bonferroni post-test to compare mean scores of generalized anxiety disorder and social performance of three groups:

Dependent variables	Group	Group	Difference means	of Standard error	Significance level
Generalized anxiety	Schema Therapy	NLP	-1/192	./736	./354
	Schema Therapy	Control	-4/154	./747	*./000
	NLP	Control	-2/958	./753	**./002
Social performance	Schema Therapy	NLP	-./142	./216	1
	Schema Therapy	Control	-1/157	./219	*./000
	NLP	Control	-1/014	./219	*./000

<./..P\*

<./..P\*\*

As the results of Bonferroni post-test show, there is significant difference between posttest scores of generalized anxiety in schema therapy and neural- linguistic programming and control group scores. However, there is no difference between post-test scores of generalized anxiety in two groups. This means that both interventional approaches of schema therapy and neural- linguistic programming have been effective in reducing anxiety, but none of them was more effective than other one.

Furthermore, the results of Bonferroni post-test showed that there is significant difference between post-test scores of social performance of schema therapy group and neural-linguistic programming and scores of the control group. However, there is no significant difference between post-test scores of social performance in two interventional groups. This means that both approaches of schema therapy and neural- linguistic programming were effective in improving the social performance, but none of them was more effective than other one



## Discussion and Conclusion

The results of this study showed that there is significant difference between post-test scores of generalized anxiety in schema therapy group, neural- linguistic programming group, and control group. However, there was no difference between post-test scores of generalized anxiety in two interventional groups. This means that both interventional approaches of schema therapy and neural- linguistic programming were effective in reducing anxiety, but none of them was more effective than other one. As no research was not conducted precisely under this title, similar studies have been mentioned here. The results of the current research were in line with results of studies conducted by researchers such as Zerehpoush (2012), Ahmadi (2012), Hamidpour (2009), Zulfaghari (2009), Jackson and Trucks (1999), Freeman (1991), Suckman and Pynard (1999). The theoretical explanation of this result is that based on schema therapy approach, the main mechanism of psychopathology is based on early maladaptive schemas. In fact, schema therapy considers psychological themes characterize patients with chronic cognitive behavior problems, and these themes are known as early maladaptive schemas. These early maladaptive schemas are deep and generalized themes formed from memories, emotions, and physical feelings. They are formed in childhood or adolescence, they have continuation during the life, they are highly inefficient, and fight for their survival. While, the person knows that the schema bothers him, he feels comfortable with it, leading that the person feels that the schema is right. The factors involved in this schema include 1- unsatisfied emotional needs in early childhood 2- early life experiences of people 3. Emotional temperament (Hamidpour and Andouz, 2012). Schema therapy is highly integrated in comparison to other approaches. This approach integrates aspects of cognitive-behavioral model, dynamic mind model (particularly object relations), attachment, and Gestalt model. Although schema therapy considers cognitive and behavioral components necessary for treatment, it put an importance on emotional change, experimental techniques, and treatment relation (Young, Golesku and Vishar, 2003). The most important issue that can be used in the process of schema therapy compared with conventional treatments is its humanistic and compassionate aspect. Schema therapy does not consider psychological disorders as unusual, but it tries to modify and change dysfunctional and maladaptive aspects by considering it as usual. In this approach, using a variety of questionnaires, every individual's schemas are examined and evaluated, and therapeutic strategies appropriate and related with the particular experiences of each person preventing collaboration and learning are designed (Bamber, 2006). Using certain techniques, schema therapy in the treatment process creates healthy sound in mind by questioning the schemas and thus empowers the healthy mentality. This approach helps patients to evaluate their schemas properly. As result of using this approach, patients view schema as an external reality that can fight against them using objective and experimental evidence. In fact, one of the reasons for schema therapy success is targeting these underlying structures using mainly cognitive techniques. Another key factor in the success of technique is that therapists is free in using therapeutic techniques and strategies, despite having developed framework in this treatment. Changing coping styles formed in childhood and continue into adulthood is another reason for the success of this approach. High education level and motivation of referents and self-assistance nature of schema therapy is one of the other success factors of this approach, since the ultimate goal of schema therapy is to help referents to satisfy their basic emotional needs by using adaptive coping style. Schema therapy attractiveness and its flexibility and compatibility with referents schemas can be also considered as important factor. Neural-linguistic Programming was founded (1970) by Richard Bandler and John Grinder at the University of California after studying on thought of successful people such as Ericsson, Satyr and Pirls. According to this model, each person rather than the real world understands a map outlined his nervous system (Walker, 2002). Sensory filters, the system of beliefs, memories and emotions cause people to have different maps from a single location. In this approach, methods of receiving, storage and encoding of information in the mind are called as visual system. Therefore, by changing the individual's visual system to an event, the person emotion or feeling to an event can be changed (Mehrpour, 2007). In anxiety states, one common anxiety state is waiting. In this situation, the person uses threatening visual system in his mind. In this case, change in visual system can lead to emotional state change of the person (Watkins, 1997). NLP can be effective in the process of

changing beliefs. Many of the change tools used in this method helps users to reinterpret the events of the problem and organize them, and follow new solutions. It also gives an opportunity to the person to be aware of his behaviors, feelings, and beliefs and to take step to achieve desired state considering the current situation. By using practical principles of this approach, people can easily adapt themselves with life difficult conditions (Turner, 1999). Cognitive-neural therapy and cognitive-behavioral therapy are very similar, while great attention has been paid to cognitive-behavioral therapy in psychology. Generally, the research indicated that people with generalized anxiety disorder have found their mental requirements in two approaches of schema therapy and neural-linguistic programming. However, this research needs to be repeated so that its results can be trusted and generalized.

## References

1. Ahmadi, R., Ahdi, H., Mazaheri, M.M., Delawar, A., Bokharian, B. (2011) Effect planning class nervous depression. New findings in psychology, sixth year (18) Spring.
2. America Psychiatric Association, (2014). Diagnostic and Statistical Manual of Mental Disorders Help DSM - Farzin Rza- Tehran Arjmand.
3. American psychiatric Association (2000) . diagnostic and statistical manul for psychiatric disorder – fourth edition – text revision (DSM IV – TR) Washington , DC: Author.
4. Bacon , Stephen , c(1983) Neurolingustice proگرامing and psychosomatic illness: a study of the effects of reframing on headache pain , dissertation abstracts international . universityot montan , 44(7)2233b.
5. Barlow, D.H.(2002). Anmiety and its disorders (2 nd.ed). New York: GuilFord
6. Baron , R. (1988) . negative effects of destructive criticism. Impact on conflict , self – effi cacy, and task performance. Journal of applied psychology , 73 , 1999-207.
7. Basic programming NLP class neuro-cognitive perspective , (2008). Tehran: Arjmand.
8. Benjamin Sadok- Virjina sadvk. (2015). Proroeiz - Translator Mehdi Ganji - First Edition- Savalan.
9. Cecerobj, youg JE. (2001). Case of silvia: A schema – of cused approach. J psychother intergration; 11(2): 217-290.
10. Durham R.C (2007). Treatment of Generalized anmiety dis order, psychiatry vol.6, Issue 5 pages 183-187.
11. Ghorbanalipour, M., Esmaeili, A. (2012) The effectiveness of schema therapy in the treatment of self-concept studies in Clinical Psychology, 3 (9): 58- 43.
12. Gilbert , p. , & Leahy. R.L.(2007) the therapeutic relationship in the cognitive behavioral psychotherapies New York : Routledge.)
13. Golbarg, Richard. (2014). anxiety, poor translations Afkari- Nosratollah – Tabriz: Tabesh.
14. Hamid Pour, H. (2009) efficiency and effectiveness of schema therapy in the treatment of women with Generalized Anxiety Disorder doctoral dissertation, University of Welfare and Rehabilitation.
15. Harris, Carol (2005) Fast delivery with NLP in plain language in the workplace and life. - Lily translations Mhrpv- Tehran: Poll.
16. Jacobson , s. 2002 . A brief history of NLP . Info – LINE , American society for training development.
17. Jsfri Yang, Janet Klosko, Marjorie Vishar (2003), Trhvrah Therapy: A Practical Guide for Clinicians, Hassan Hamid Pur, Z resorted venerable - Tehran, Volume I (2012).
18. Kaivani Hafshejani, SH., (2012) Effectiveness of planning strategies on self-esteem and self-confidence neuro-class women, the Ministry of Science, Research and Technology, Tehran, Faculty of Humanities, Payam Noor University graduate.
19. Kessler . RC , chiu . WT, Demler o , merikangas KR, walters EE. Prevalence , severity, and comorbidity of 12- month. DSM- Iv disorders in the national comorbidity survey replication . Arch Gen psychiatry 2005; 62(6):617-270.
20. Mousaoui asl, Ali, Borjali, A, Sohrabi, F., farokhi, N.A. (2014), the effectiveness of schema therapy in reducing symptoms of re-experiencing trauma in veterans with posttraumatic stress disorder (PTSD).
21. Naeian, M.R, Shaeiri, M.R, Sharifi, M., Hadian, M. (2009) Evaluation and validation of a scale of 7 questions generalized anxiety disorder.

22. Powell Treor , J., (1999) controlling anxiety and stress, translation scholars, Mehrdad, Esfahan: Ghazal.
23. Sado ck BJ, VA. (2003). Kaplan and sad ocks synop sis/ of psychiatry . 9 th Ed. New York: Williams & Wilkins.
24. Schunk , D.H.(1995). Self efficacy and classroom learning. Psychology in the schools , 22 (12),208-223.
25. Soltan Aktabi, M., (2014) compared the views of schema therapy, psychological mobility and freedom of therapy, a new season of Psychotherapy, 72: 88-74
26. Stari, N. (2010). evaluate the changes in the class schedule nervous anxiety and depression caused by premenstrual syndrome, and increased self-efficacy young girl - PNU TEHRAN Faculty of Psychology and Educational Master.
27. Summary of Psychology Kaplan and Sadok based on DSM5- the second volume translated by Mehdi Ganli- Tehran: Savalan.
28. Walker , l. (2004). Changing with nlp: A case book of neuro linguistic programing in medical practice.
29. Wells , A . Q , & Caerer , K.(2006) . Generalezed anmiety disorder . In . A. Carr , & Q . M . McNulty (Eds) , T he hand book of adult clinical psychology (PP . 423- 457). London: Rutledge.
30. Wells A . (2009). Metacognitive therapy for anxiety and depression. New York: Giul ford press.
31. Young , I . E , & Flanagan , c . (1998). Schema – focused therapy for narcissistic patients. INE. Running stam (Ed) , Disorders of narcissism : diagnostic , clinical , and Em pirical implications. Washington, DC: American psychiatric press. P . 239 – 268.
32. Young , J.E.(1993) The schema diary . New York : cognitive therapy center of . New York.
33. Young . J. E (1992) schema conceptualization form. . New York . cognitere therapy center of New York.
34. Young J.E . & Kloko, J.S.(1994) . Reinventing your life. How to break free from negative life pattern. New York : plume book.
35. Young J.E . (1999) cognitive therapy for personality disorder : A schema focused approach (3 rd ed) . Sarasota: professional resource press / professional Resource Enehange.
36. Young Jefri. (2012) cognitive therapy for personality disorders schema-axis Jafari, 1999, translated by Ali owner, Hassan Hamid Pur, Tehran: Arjmand.