SCHEMA THERAPY AS A TREATMENT FOR CHRONIC DISORDERS

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ABSTRACT

Young schema therapy is an innovative synthesis of cognitive behavior therapy with Gestalt therapy and the object relation approaches which is similar to other approaches but also this therapy is an integrated and congruent one. This model is mostly based on the therapeutic interaction, emotional experiences and the discussion about the early experiences of life and its main concept is the Early Maladaptive Schemas (EMSs). Young believed that EMSs are the roots of psychological pathology occurrence in persons and they are the earliest cognitive component about ourselves which are being formed during the first years of childhood period. In this article, the different dimensions of schema therapy, the relate studies and also the advantages and disadvantages of this model compared to the other approaches are studied.

KEYWORDS: Early Maladaptive Schema, Schema Therapy, Cognitive Therapy

Cognitive psychologists believe that cognitive processes are the foundation of perception and the view of humans to their selves, others and the world. Beck, (1996), believed these are the perception of individuals toward the objects and the situations of surrounding worlds which determine his/her behaviors and actions as well, the thoughts play an important role in the behavior.

Conceptually, cognitive therapy is related to the philosophical works of Husserl toward phenomenology. In fact, cognitive therapy is a phenomenology in which categories of experiences are being described and analyzed. The difference between the pioneer of cognitive therapy, Beck, and Husserl is that Beck presented a method testing the experiences of phenomenology through testing the personal thoughts in comparison with the reality (Leahy, 2003).

The model of cognitive therapy is based on this opinion that stressful situations such as depression, anxiety and violence are often being continued or intensified due to the oriented or exaggerated thought forms. The role of therapist is to help the patient in order to determine the style of thought and change it by using the evidences and logic (Beck, 1979).

The cognitive therapy and also the cognitive behavior therapy faced considerable proceedings in treating the psychological disorders, in particular emotional and anxiety disorders (Barlow, 2001), but the increasingly number of patients in particular the patients having characterological problems and personality disorders do not profit this treatment and this factor is one of the reasons due to appearance a movement which is named Constructivism.

The role of emotions in the process of change, using the experimental techniques, elementary attachments and inter-personal behaviors has being emphasized in constructivism movement. Young's approach is in the form of this movement which is being called post-rationalist (Pretzer, 1991).

Young's schema therapy is an integrated and modern therapy which is mainly focused on the extension of cognitive therapy and classical behavioristic–cognitive methods. This therapy is integrating the principles of behavioristic–cognitive approaches, Gestalt attachment, object relations, constructivism and psychoanalysis in a form of conceptual model which the central point of this approach is Early Maladaptive Schemas (EMSs) (Young and Klosko, 2003).

Young, in his model, considered many advantages toward the classical cognitive therapy such as his approach compare to others, is so integrated and it is a depth and complex model as well, it has its especial strategies and techniques.

The authors believed that the main reason of schema therapy attractiveness is that this approach claims that it is more successful to the other approaches in treating the chronic disorders like personality disorders. Although most studies confirmed the effectiveness of this therapy in the personality disorders, but this asseveration requires more studies.

The aim of this study is to review the conceptual and therapeuatical model of schema therapy and also the studies done before in this field, in order to acquaint students and researchers with this approach and to present new ideas for the future studies. First, the

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concept of schema is presented for explaining the EMSs.

HISTORY OF SCHEMA

Schema, in general, is a structure, framework or outline. In the old philosophy of Greece, Stoic Logicians Specially Frosippus, the logic principles were presented in a form of Inference Schemata. In the philosophical system of Kant, schema means understanding the common point of all elements in a definite set (Young and Klosko, 2003).

The schema has a rich history or background in the psychology, generally in the domain of cognitive evolution and it is being emerged as Piaget. This term "schema" firstly was used by Alder in 1929 and he suggested the schema of apperception in his theory in order to show the view of an individual toward self and the surrounding world (Espery, 1999).

In the cognitive psychology, schema is an abstract and cognitive pattern which is being used as a guide to interpret the information and solve the problems (Young, 1994). Schema is defined as a consistent pattern of selective attention to stimuli, combined stimuli to create a recognizable and familiar pattern and Conceptualized the whole situation (Beck, 1967).

Beck, in this first writings about the concept of schema, believed that the humans access a collection of beliefs based on their inner relations and due to these important beliefs, they introduce their rules and criterions means schema. Schemas are the thought patterns which determine the way of experiences' interpretation and perceptions. Beck said: a schema is a cognitive structure for selection, encoding and evaluation of stimulus which affect the organism. Based on a collection of schemas, an individual is able to determine his/her situation in relation to the time and place and also classify and interpret the experiences, meaningfully (Beck, 1964; quoted from Young, 1994, p. 27).

Some believe that schema is similar to the Metaphysical hard core as Lakatos referred to it; it is a depth and hard structure which is being developed in the flow of growth and leads into the general view of an individual about him/her self (Young and Klosko, 2003).

Segal, in accordance with the results of some studies, defined schema as: the principles which formed based on the past experiences and created a continuance processing which direct the perceptions and evaluations (Segal, 1988; quoted from Young, 1994, p. 28).

Young believed that schemas are the depth beliefs of an individual about self and the world and also they are the product of teachings over the first years of life. Schemas are our knowledge about the world and self and they say "how we are" and "what is the world" (Young and Klosko, 2003, p. 4).

Young in order to explain the conceptual model of his approach referred to the EMSs and also considered several characters for them which are introduced as follows.

EARLY MALADAPTIVE SCHEMAS (EMSs)

Young named the schemas which lead into the psychological problems as EMSs and believe that EMSs are the self-perpetuating patterns from the memories, emotions, cognitions, sensations and perceptions which guide behaviors (Sheffield et al., 2005). EMSs are the stable and long-term subjects which are being created during the childhood period, continued to the adult age and to some extent, they are ineffective. EMSs are the in-depth level of cognitive structures which present themselves in relation to the environment and the other individuals (Haffort et al., 2005).

Young considered some characters for EMSs as follows:

- EMSs are the non-conditional thoughts, beliefs and sensations about self and they were created due to their relationship with the environment. When they become active, the individuals think that in the best conditions they are able only to prolong the bad consequences such as punishment or conceal.

- EMSs are self- perpetuating patterns and they resist to the changes. Young said that schemas are being created over the first years of life and sometimes, they are the foundation and main axis of his/her conceptions about the environment.

- EMSs are to some extent ineffective. Theoretically, it is assumed that they are in a direct or indirect relation with the psychological disorders such as depression, anxiety, solitude or the destructive relations, inadequacy in job – performance, alcoholic substances abused as well as somatization and … (Young, 1996; Young, 2001).

- One of the main points in the approach of Young is that he did not consider EMSSs only for the psychological patients but he believed that these
ineffective schemas occur in all individual due to three factors; early experiences of life, main emotional needs and emotional temperament (Young, 1993).

There are four kinds of early life experiences which result into the facilitation of schemas' development. First of them is the toxic frustration needs. A child obtains these experiences when his/her surrounding environment doesn't have the elements such as love, intimacy, stability, acceptances and conception. The second group relates to the traumatization and victimization such as physical and sexual abuses. The third group refers to the satisfaction of different needs of a child (more than its extent) and the ultra attention of parents to their needs. This category of experiences prevents the growth of autonomy and independencies in the child. The fourth group is the experiences due to selective internalization or identification of a child with others.

A child, in the direction of these kinds of experiences, internalizes or identifies the thoughts, sensations and the behaviors of the significant others as he/she selected them. What plays a main role in this selection is the emotional temperament of child. So the interaction between the innate temperament and the early ineffective environment leads to the appearance the EMSs. Young classified EMSs into 5 domains which were mentioned in the table 1.

### Table 1: Domains of EMSs and related schemas of each domain

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>EMSs</th>
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<tbody>
<tr>
<td>Disconnection /Rejection</td>
<td>Abandonment/Instability: The insecurity mistrust of persons in order to receive support and establish a relationship.</td>
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<td></td>
<td>Mistrust/Abuse: A continuance expectation to damage from the others, self-seeker and considered the others as liars.</td>
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<td>Emotional deprivation: This expectation that person's emotional needs to have support, do not satisfy by the others.</td>
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<td>Defectiveness/Shame: A feeling that an individual in the most important aspects of his/her personalities is an invaluable person.</td>
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<td></td>
<td>Social isolation/Alienation: A feeling that an individual is separated from the other and is being different to them.</td>
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<tr>
<td>Impaired autonomy and performance</td>
<td>Dependence/Incompetence: An individual believes that he/she requires the assistance of others in order to do his/her works acceptably.</td>
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<td></td>
<td>Vulnerability to harm or illness: Fearing that the occurrence of an event is near and the individual is not bale to hinder it.</td>
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<td></td>
<td>Enmeshment/ Undeveloped self: An intensive emotional relationship with one of the significant others until he/she loses his individuality.</td>
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<td></td>
<td>Failure: Believe that an individual faced failure or he/she will face failure in a future.</td>
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<td>Impaired limit</td>
<td>Entitlement/Grandiosity: Believe that this person is prior to the others and has especial rights.</td>
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<td></td>
<td>Insufficient self-control/self-discipline: The continuance problems or prevents the self-control and insufficient tolerance in order to get the personal aims and prevents the expression of emotions and impulses.</td>
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<td>Other directedness</td>
<td>Subjugation: Assign our control to the others because an individual feels coercion.</td>
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<td></td>
<td>Self-sacrifice: Concentrating the gratification of the others’ needs over the daily life which prevents the individual’s satisfaction.</td>
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<td></td>
<td>Approval Seeking/Recognition Seeking: Focus on attention, confirmation and the acceptance of the others.</td>
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<tr>
<td>Over-vigilance and inhibition</td>
<td>Emotional Inhibition: Prevents the feelings, tendencies and behaviors due to avoid the feeling of shame or loses the control on the personal impulses in order to prevent the lack of acceptance from the others.</td>
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<td>Negativity/ Pessimism: Concentration of the negative aspects of life and ignoring its positive dimensions.</td>
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<td>Unrelenting standards/Hyper-criticalness: Means that an individual must do serious efforts in order to get the internalized ideal aims.</td>
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<td></td>
<td>Punitiveness: The individuals must be punished due to their bad mistakes or bad behaviors.</td>
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</table>

Based on the place of EMSs in each domain, the conceptual and performance dimensions of each domain will be defined. This classification, in addition to present a clear image, is so effective in the papers. As it is clear, the domain of Disconnection /Rejection refers to the feeling of individual's relationship by a
stable method associated with trust to the others and EMSs as a subset of this domain are the result of lack of gratification of a safety attachment to the others. In the other domain, "autonomy" means a person can live individually without requirement to continues support from others. Lack of gratification of self-control, competency and the integrated identity lead into the formation of relevant schemas, (Young and Klosko, 2003).

The expression "impaired limit" refers to the capacity of an individual in order to access discipline, control impulses and consider the others' needs. A child must understand the constraints and this event will happen when the parents do not be so easygoing. Dissatisfaction of this issue (impaired limit and self-control) results in the formation of schemas which are the subset of disordered constrains' domain and their properties are deficiency in defining the internal constraints and ignoring the accountability to the others. In the other-directedness domain, lack of gratification of demanding of freedom in order to express the trusty desires and feelings in the childhood period directs the intemperate attention of an individual to the needs, tendencies and the feelings of the others.

In the Over-vigilance and inhibition domain, the alertness of serious parents (in more extent) causes children repress their spontaneous emotion, impulses and choices that make them happy and they watch the behavior of their parents and observe their rules (ibid). But the main question is that how these EMSs affect the behaviors and life-style of individuals. Each schema consists of processes which explain the way of schemas' activity in the mind of each person, how they continue, how persons can prevent them and how sometime the patients adopt themselves to EMSs with overcompensation. Three kinds of these processes are surrender, avoidance and overcompensation (Young, 1994).

The surrender of schemas refers to a process by which the pattern of EMSs that organize the personality will be reinforced and it consists of two processes: the cognitive distortions which prevent the challenge of EMSs in the cognitive level and also the self-damage behavioral patterns which results into its surrender in the behavioral level. Avoidance refers to a process which is automatic and it is used by an individual in order to not experience the associated emotions that it has three forms: cognitive, emotional and behavioral. Overcompensation means that a patient selects a behavioral style which is in conflict to a behavior that is being expected from the activation of schemas and also it involves failure in recognition of the hidden vulnerability (Young, 1994).

Now, in the next section, the basic principles of Young model will be explained.

**SCHEMA THERAPY**

Schema therapy or schema-focused therapy with using the motivated techniques and presented the coping styles concepts, introduced the new horizons beyond the cognitive behavior therapy (young, 1999). But the important question is that what factors encouraged Young for presenting such theory?

Beck said that the ineffective beliefs can enter into the conscious level easily (in contrast to the psychoanalysis). Since the automatic mechanisms of habits, thoughts and the pathological or non-pathological behaviors are the same, it seems that the main assumption of an individual about self and the future must be conscious. Beck in the therapy learns a patient toward how to overcome the cognitive distortions through an active discussion, conversation based on reality and experience.

The therapist and patient like a team studied the thoughts of a patient systematically. This kind of work style called as a cooperative experientialism (Beck, 1967; Brunner, 2002). But the findings show that this method is not effective for the patients having the characterlogical problems. The chronic of a disorder is the other factor which prevents the complete improvement of pathological symptoms. For this reason, Young presented a new method in order to assist these patients. He introduced the therapeutic schema as a systematic approach by integrating the different techniques in a form of an integrated theory (Young and Klosko, 2003).

The model of Young therapeutic schema is an innovative synthesis of cognitive behavior therapy with Gestalt and the object relational of psychological approaches and in fact, it is the spread of traditional model of cognitive behavior therapy which is focused on the therapeutic interaction, emotional experience and discussion about the early experiences of life. Schema therapy includes two stages:

- Assessment and education-
- Changing EMSs

In the stage of assessment and education, a patient learns points about the central EMSs, the ineffective patterns of life and their developmental roots. Then these schemas and their emotions will be
assigned to the current problems. In this step, therapist helps the patient to determine his/her EMSs, track their developmental roots over the childhood and adolescent periods and also connect them to the current problems.

The final purpose of therapy in the schema therapy is to change the EMSs and direct the patient toward an adaptive life style. For this reason, the therapists use four techniques in this field. It must be noted that the application of these techniques in each session, is so flexible and also the schema therapists does not follow a fixed therapeutic instruction.

1- **Cognitive Techniques**: learning these techniques help the patient to overcome the EMSs whenever they become active inside or outside the sessions. The patients learn how to overcome his/her emotional beliefs by a logical discussion, (Young, 1994; Beck and Freeman, 1990).

2- **Experimental Techniques**: These techniques emphasized on the emergence of EMSs and make them flexible to the changes. There are several effective techniques in order to change the EMSs in the emotional level which are resulted from the Gestalt approach. In order to stimulate the schemas in the therapeutic session, we should use several techniques for creating the big changes such as imagination about relationship with parents, emotional catharsis, etc. (Young and Klosko, 2003).

3- **Interpersonal Techniques**: These techniques are being used when transference occurs. It means that a patient shows him/her self EMSs during the therapeutic interaction. This issue is so significant for the patients who have the central EMSs in the domain of disconnection /rejection. When a therapist finds that the EMSs of patient have activated in therapeutic interaction, he/she must help the patient to test the EMSs through an interaction between the patient and himself. This issue often consists of the therapist's self-disclosure in order to modify and change the patient's distortions.

4- **Behavioral Techniques**: The final step for changing the schemas is to change the maladaptive behaviors. In this stage, the patient must be forced to change the long-term behavioral patterns which were used over his/her lifetime and reinforced or confirmed his/her EMSs. For this reason, the therapist must help the patient to change the behaviors, environment or the life plans by using the indoor tasks (Young, 1994).

Based on the above-mentioned points, it can be said that the schema-focused therapy is an important development in the cognitive therapy domain which involves techniques from the other psychotherapy approaches in order to obtain the improvement for patients having the personality disorders, anxiety and chronic depression.

Young in order to measure EMSs in therapy and researches, designed the Young schema questionnaire in two forms as long and short associated with the experimental evidences for supporting its validity and reliability, for example, the studies of Young and Brown in 1990 and 2001 and also Smith et al., in 1995.

Simultaneously Young works on his approach, many researchers studied about schema therapy and its effectiveness on the different psychological disorders.

Rittenmeyer, (1997), found a significant correlation between other directedness and over-vigilance and inhibition domains with the emotional exhaustion based on the questionnaire of Maslach.

Ball et al., (1998), concluded that if we treat the personality disorders in the individuals who have the drug abuse by using schema therapy, the possibility of relapse will be decreased, significantly.

In the case-study by Morrison (2000) by using the cognitive therapy based on schema focused therapy on a young woman having serious interpersonal relationships and emotional instability, the final conclusions supported the effectiveness of this method on decreasing the symptoms.

Watter et al., (2000), found that the patients having the anorexia nervosa have some special EMSs. They determined the schemas of defectiveness, insufficient self-control and failure as the effective schemas in this disorder (quoted from Mohammadi, 2004).

In the studies by Strauman et al., (2001), they found that different therapies such as behavioral – cognitive group therapy, behavioral – cognitive individual therapy and drug therapy are effective on the depression and decreasing the symptoms however, they are not so useful in the individuals who have a high failure in the self-control. For this reason, a substitute therapy or a long term therapy is being suggested.

Hoffart et al., (2002), found that group therapy based on schema-focused therapy decrease the
symptoms of anxiety, social anxiety, and panic and agora phobia disorders.

The study of Harris and Curtin, (2002), was shown that the negative schemas play a role as a mediator between signs of depression and the parenting styles. In this study, there was a relationship between the schemas of defectiveness, insufficient self-control and vulnerability to harm and illness with the individual's perception of toward the parenting styles, more support, less attention and the depression signs. Also the evidences shown that these schemas indicate a relationship (as a mediator) between the perceptions of an individual about the behavior of parents and depression signs.

Also, in the study of Welburn et al., (2002), it became clear that EMSs had a relationship with the psychological signs such as somatization disorder, obsessive compulsive disorder, interpersonal responsiveness, anxiety, depression, enmity and paranoid thought. As well, they came to the conclusion that the schemas such as abandonment, vulnerability to the harm and illness, acting out and emotional inhibition are the important predictors of anxiety in an individual.

In the other study by Castitle, (2005), compared the EMSs of the individuals who injured themselves with the normal group in sample with 105 participants (34 male and 71 female from the ordinary society and psychological clinics). The findings were shown that the schemas such as emotional deprivation, mistrust, insufficient self-control and social isolation in these persons are significantly different from the normal people.

Hans et al., (2005), asked 25 patients of outpatient psychological clinics to participate in their treatment in order to study the effect of schema therapy on the improvement of personality disorders and interpersonal problems and also they evaluated the psychological symptoms (prior and after the therapy). They came to the conclusion that EMSs are in a relationship with the personality pathology as well; their changes predicts the improvement of signs after completing the therapy course.

Pinto et al., (2006), in their study compared the core beliefs of a group of patients with social phobia. Their results showed that the schemas' structure of social phobic patients possesses the other kinds of anxiety disorders and also the control group. Result showed the higher scores in abandonment schema.

Jovev et al., (2004), found that the individuals who gained the high scores in the personality characters scales such as narcissist in Milon test, also accessed the high scores in emotional deprivation, acting out and the unrelenting standards (quoted from Jaason, 2005).

Murris, (2006), measured the pattern of EMSs in a sample with 173 subjects of non-clinical adolescents in the age range of 12 – 15 years old. The results showed that the maladaptive behaviors have a relationship with EMSs. Also neurotic personality characters and the psychological problems such as anxiety, depression, and substance abuse are in a relationship with the EMSs.

Leung et al., (2007), found that there is not a significant relationship in the levels of core beliefs in the women with eating disorders except the schema of entitlement.

Cecero and Young, (2001), treated a patient by using the schema therapy method. The patient was a young woman who showed the diagnostic symptoms for major depression disorder. Young et al., improved the symptoms by working on the schemas in the individual therapy, significantly. The main schemas of this young woman were subjugation, emotional deprivation, defectiveness and dependence.

Ball et al., (2003), concluded that cognitive therapy based on schema focused therapy was effective in decreasing the cognitive vulnerability of patients and substitution of compatible management solutions in order to face the life problems.

Nordahl et al., (2005), studied the effectiveness of schema therapy for the patients having the borderline personality disorder. They worked with 6 patients with borderline personality disorder diagnosis in a single case plan. Their therapy was arranged in a course of 18 – 36 months with definite between 65 – 120 sessions. Their findings indicate considerable changes from the base-line to 12 months follow and the clinical improvement was significant for 5 of them.

Hoffart and sexton, (2005), studied the effect of relation between patient and therapist, efficiency of therapist and an interaction between relation and efficiency in the effectiveness of schema focused therapy. In this study, 35 patients with panic disorder and agora phobia with the properties of C class of personality disorders participated in an individual program (11 weeks). The findings showed that the strong patient-therapist relation during the 1st session leads to decrease the intensity of beliefs in the especial schemas which were considered by the therapists. The
The adequacy of therapist predicts the decline of score of EMSs during the schema focused therapy.

Additionally, Muncey, (2007), compared the effectiveness of schema focused therapy and transference focused therapy in the patients with borderline personality disorder. In this study, 86 patients were selected from four psychological clinics and they were classified into two groups. One group was under the method of schema focused therapy and the other group was under the transference focused therapy. Each group was participated in 50 minutes sessions twice a week in a three year period. The results showed that after 1 year period, the significant clinical improvement in the group of schema focused therapy was 52% but in the next group was 29%. In fact, it became clear that schema focused therapy to the other one was significantly effective for borderline personality disorder.

Renner et al., (2013), found that schema group therapy was effective in treating the patients with personality disorders.

Dickhaut et al., (2014), determined that the schema therapy was effective in treating the patients with personality disorders.

In Iran, several studies were done about this field such as the following samples:

Mohammadi, (2004), in a study entitled "Studying the effect of cognitive group therapy based on schema-focused therapy on the promotion of mental health of students in Ferdows University of Mashhad" came to this results as this method is effective to decreasing the symptoms of diseases, interpersonal sensitivity, depression, anxiety, aggressiveness, paranoid, phobia.

Barazandeh, (2006), came to this conclusion as the schemas of emotional deprivation, social isolation and dependence have a significant negative relation with the marital satisfaction.

Rahimian, (2008), studied the effectiveness of cognitive group therapy based on schema-focused therapy approach on the modifying EMSs in the runaway girls and the findings showed the effectiveness of this short term therapy. Since these girls reject the therapy and they do not prefer to cooperate with us, the clinical observations and the reports of the related authorities of rehabilitation centers showed that not only the attitude of these girls was good, also it was observed a significant decrease in their maladaptive and self-injury behaviors.

Haqiqatmanesh, (2010), found that the average scores of EMSs in the rapists in particular to the vulnerability to the harm and illness, dependence, defectiveness, subjugation and entitlement to the normal persons were significantly so high.

**DISCUSSION AND CONCLUSION**

As mentioned, one of the problems that all of the psychological therapeutic approaches were faced is to treat the chronic disorders and clients with characterological problems. Most of these patients complain against these problems but due to the personality characters do not trust the therapist, they try to attract the attention of therapists instead of focus on themselves and also they merged in their problems. Finally they leave their therapy or their symptoms reoccur after finishing the therapeutic sessions, rapidly. Additionally, some therapeutic methods due to their long term period, lack of attention to the therapeutic interaction or more concentration on removing the symptoms instead of depth treatment, these therapies did not gain success.

Based on these reasons, Young introduced the schema therapy approach and by focusing on the therapeutic interaction, considering the ineffective cognitive foundations and using the various techniques treated these patients.

Young expressed that EMSs are the in-depth cognitive structures which are being formed during the childhood period and they are the cognitive frameworks which form our attitude to the self and the surrounding world.

In spite of several advantages of this approach, it was criticized such as Pagesky, (1988), believed that due to the existence of core belief concept, it is not necessary to EMSs expression, or most of the experts believed that schema therapy is similar to the reformulated model of Beck who uses the similar guidelines and techniques (Emerson, West & Gintner, 1991).

Young answers these criticisms and stated that the schema therapy in spite of its overlapping with the other approaches is not an eclectic approach which is being completed through test and error, but it is an integrated approach which possesses a conceptual model and its therapeutic guidelines (Young and Klosko, 2003).

Since the aim of this paper is to present a clear image about the schema therapy, its advantages and disadvantages and also provide the field for
accomplishing different studies, therefore, the authors must mention these points:

- As the schema therapy seems easy and understandable in the first look, but the adequacy of therapist who is in relationship with the patients and also his/her knowledge about his/her EMSs is so important.

- Since Young believed that EMSs affect our behaviors in the life, it seems that this approach can be an appropriate method for changing the life style, increasing the personnel's efficiency of organizations and trade enterprises, helping the people who have refractory diseases, etc., it seems that these domains were not considered in the other studies.

It seems that this therapeutic model by focusing on the in-depth cognitive structures and the long term patterns of life instead of the current signs and also the flexibility of sessions and its short time period, can provide the new horizons into the treatment of psychological disorders.

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