



Cognitive Schemas Have the Ability to Predict Emotional Schemas in Different Types of Anxiety Disorders

Soorena Sardarzadeh

Department of Psychodiagnostics and Clinical Psychology, Faculty of Psychology, Taras Shevchenko National University, Kyiv, Ukraine

Email address:

Soorena.sardarzadeh@gmail.com

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Abstract: *Objective:* This study intends to evaluate the Cognitive Schemas have the ability to predict Emotional schemas in different types of anxiety disorders. *Method:* The study was ex post facto (causal-comparative) is. 109 people suffering from anxiety disorders in six groups of panic disorder, without Through fear, social phobia, specific phobia, obsessive - compulsive disorder, post-traumatic stress and anxiety and acute stress that psychologists and psychiatrists (private and public centers) Tehran, referring and the random sampling method was applied. To evaluate the results of the tests of Young Schema and Leahy Schema, the variance analysis, Tukey and multivariate regression Questionnaire was used. The Cognitive Schemas have the ability to predict Emotional schemas in different types of anxiety disorders. *Results:* The results showed that, impaired performance (conversely), other-directedness and rejection/disconnection fields have the ability to predict emotional schema of controllability, rejection/disconnection and impaired limits had the ability to predict comprehensibility. The emotional schema of guilt could be predicted by the use of rejection/disconnection and other-directedness, over-vigilance-inhibition (conversely), other-directedness and rejection/disconnection (conversely) have the ability to explain emotional schema of higher values. Results indicate that emotional schema of duration could be predicted by over-vigilance-inhibition (conversely) and rejection/disconnection. *Conclusions:* In the model of emotional schema of controllability they have an obsessive desire to be under control by others, but this extreme fear of catastrophic events prevents them to trust to anybody. For the same, impaired performance (conversely) is able to determine emotional schema of consensus.

Keywords: Anxiety Disorder, Emotional Schemas, Cognitive Schemas, Early Maladaptive Schemas, Young Schema, Leahy Schema, Psychological Factors, Schema Questionnaire

1. Introduction

1.1. Anxiety Disorder

Anxiety disorder is one of the most common mental disorders; joint disorders national study have reported that one out of four people (American) have the criteria for at least one type of anxiety disorder and its 12-month prevalence rate is 17.7%; also females (30.5 prevalence rate during lifetime) more than males (prevalence rate of 19.2) [1]. Anxiety affects the cognitive performance and it tends toward creating disorders in cognition process. Anxiety is the response to an unknown, vague threat caused by a conflict [1]. Perhaps, it is possible to define anxiety as a painful feeling which is depended on a current condition or risk expectation from an uncertain object. Anxiety is the main

feature of each of these disorders but there are also special situational factors in between DSM-IV-TR provides a 12 diagnostic forms of anxiety disorders list on a spectrum from panic disorder with/without agoraphobia to Generalized Anxiety Disorder (GAD) or with an unknown resource (such as: special clinical conditions and/or due to substance abuse). List of different types of anxiety disorders includes the followings: 1-panic disorder with agoraphobia, 2- panic disorder without agoraphobia, 3-agoraphobia without panic disorder history, 4-specific phobia, 5-social phobia, 6-Obsessive-Compulsive Disorder (OCD), 7-GAD, 8-Posttraumatic stress disorder (PTSD), 9-Acute Stress Disorder, 10- Anxiety disorder due to illness, 11- Anxiety disorder due to substance abuse, 12-Anxiety disorder that is

not categorized in such way.

Different viewpoints have been tried to determine the cause of different types of anxiety disorders. Cognitive approach is one of the main approaches that have recently been at the center of attention. From cognitive theorists' point of view, we are all artists recreating the world in our minds and at the same time we try to understand our surrounding events. If we manage to be real artists, our cognitive visualizations are correct and useful; otherwise, we create a cognitive world which is painful and harmful for us and unfamiliar for others. The underlying factor for vulnerability against depression, anxiety and anger is a core belief one has about oneself or the others [2]. One of the cognitive subjects is schemas; several definitions have been provided for schemas and generally schemas are defined as fundamental beliefs forming one's ideas about oneself, the surrounding and others [3]. The nature of schemas is in a way that they have their own unique features and they may include all constant views of the individual regarding him/herself or the others. Thus it is possible that schemas more directly match with personal construct. Kelly (1955) believes that schema is a unique method of looking at self or the others [2]. Generally, schema is defined as a structure, form or framework and in psychological and psychotherapy, schema is considered as the general organizing principle which is necessary for understanding the life experiences. One of the main and serious concepts of psychotherapy is that many schemas form at early stages of living, they go on and they impose themselves on later experiences in life; even though they have no other use. Having this definition, schema could be positive or negative, constructive or deconstructive and also it could form at early stages of living or at other stages of life [4]. [3] believes that some of these schemas, especially those formed as a result of an adverse experience during childhood, may become the main core of personality disorders, milder cognitive problems and many Axis-I chronic disorders. Young has highlighted a set of these schemas for closer look and they are called Early Maladaptive Schemas. The content of these schemas are related to one's identity relations with others formed and shaped during childhood and accompanying the individual during one's lifetime. Early Maladaptive Schemas are a set of inefficient experiences with others in child's immediate environment [5]. According to Young, unfulfilling essential emotional needs of childhood, one's emotional behavior along with childhood adverse experiences have an effect on schema formation. With the child's evolution, other influential factors such as peers, school, community groups and culture become increasingly important and play a role in schema formation [4].

1.2. Emotional Schemas

Emotion includes evaluation, feeling and paying attention to a situation. Emotions are usually behavior driving forces and in most cases they are an external component [6]. Emotions are multi-dimensional and they exist in the form of

subjective, biological, goal-oriented and social phenomena. The trace of emotions could be observed in all of experiences of individuals. Emotions caused by emotional schemas are observed in all behaviors, relations, cognitions and responses to conditions [6]. These schemas include a series of rules guiding individuals in specific situations [2] [7]. In emotional schemas it is tried to highlight the emotions and emotional process approaches [6] and to emphasize on individuals' interpretation of the emotions and planning done by the help of combination of core beliefs and emotional evaluations in order to evaluate and interpret individual's adaptation to the environment [6]. According to Leahy, emotional schemas are those which the future final clinical model is based on. Researches have shown that there is a correlation between certain schemas and prevalence of psychiatric symptoms.

1.3. Early Maladaptive Schemas

Based on Young's theory [8], mental disorders are caused from formation and consistency of early maladaptive schemas. In schema therapy approach, depression and anxiety are the result of activation of early maladaptive schemas as the response to events of life. It seems that schemas related to the field of vulnerability to injury or disease has a role in individuals who experience anxiety [4]. As a conclusion to a few researches regarding the schemas, Segal (1988) provides the following definition: organized elements of previous reactions and experiences forming the semi-coherent corpus of knowledge that could lead future perceptions and evaluations [9]. [10] Believe that schemas are underlying hypotheses or rules controlling our thoughts and behaviors and during life they evolve and develop. The content of these schemas include all conscious and unconscious aspects of one's life and it results in formation of subjective meaning and structure in one's mind regarding his/her surroundings.

On the other hand, emotional schemas are proposed regarding the highlighted role of emotions in all life experiences and the effect of emotions on the mental and behavioral patterns that could be a beginning for a new look at the etiology of disorders and this idea is so new that needs several researches for further surveys. Emotional Schemas Conceptual a set of organized principles or individuals' thoughts integrated with emotions, aims, memories and behavioral tendencies. Emotional schemas are created from the mutual effect of individual's primary learning history and one's inherent mood. When emotional schemas are activated, they have a significant effect on method of interpreting life events and reaction to these events. [6] proposes emotional schemas in 14 dimensions: 1: validation by others, 2: comprehensibility, 3: guilt, 4: simplistic view of emotions, 5: relationship to higher values, 6: controllability, 7: numbness, 8: acceptance, 9: duration, 10: consensus, 11: rationality, 12: rumination, 13: expression, 14: blame. Since mental disorder is caused by formation and consistency of early maladaptive schemas, by identifying active schemas in different types of anxiety disorders in Iranian community fitting Iranian culture and background, it is possible to not only facilitate the

treatment process but also provide approaches for preventing from this illness. Due to this the current research surveys emotional and cognitive schemas and their interactional pattern in anxiety disorders.

1.4. Research Background

In a research [11] has studied the correlation between maladaptive schemas, autonomic thoughts and social phobia in adolescents. In this longitudinal study, 1350 adolescents of age 13 to 18 have participated. They were chosen based on surveying social phobia symptoms during the last 1-6 month. To this aim they completed Young early maladaptive Schema Questionnaire (1990) and Social Anxiety Inventory Wells and [11]. Results showed that some of the early maladaptive schemas were predictors of negative autonomic thoughts that were predictors of social phobia. These results showed that schemas of shame-defect, distrust-misbehavior, and obedience were social phobia disorder predictors. These results had important outcomes for interfering with adolescents having social phobia. In a research, [12] surveyed active early maladaptive schemas in patients having OCD. 45 patients having OCD receiving outpatient treatments and 45 hospital staff as the control group were studied in this research. After running Structured Clinical Interview (SCID-I) and (SCID-II) completing YSQ-SF questionnaire, YPI inventory and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), patients having OCD were chosen. Total score of YSQ-SF of OCD group was significantly higher than the control group. Mean score of most of the early maladaptive schema scales of patients having OCD was significantly higher than the control group. This study showed that the most important active schemas of patients with OCD are: social isolation, unrelenting standards/hyper-criticalness, mistrust-misbehave and vulnerability to harm or illness. [13] Surveyed the correlation between childhood adversity (emotional abuse, physical harm and sexual abuse), early maladaptive schemas (e.g. vulnerability to harm or illness), and symptom profiles in adolescent depression. In their research 76 adolescents reported childhood adversities such as emotional abuse against physical harm and sexual abuse in a semi-organized interview. EMS questionnaire and symptoms of depression and anxiety inventory were completed by them. The results indicated that shame-defect schema has a correlation with symptoms of depression and vulnerability to harm and illness and symptoms of anxiety. In a research, [14] surveyed the role of EMS in explanation of anxiety disorders. Research sample included 105 individuals having different types of anxiety disorders in 6 groups of panic disorder with/without agoraphobia, social phobia, specific phobia, OCD, PTS and acute stress and GAD. Research results indicated that in group with panic disorder with or without agoraphobia, schemas of emotional deprivation, abandonment/instability, obedience, self-

sacrifice, emotional deprivation, unrelenting standards and grandiosity, in specific phobia disorder, unrelenting standards, in OCD, schemas of self-sacrifice, unrelenting standards and grandiosity, in PTSD and acute stress, schemas of emotional deprivation, abandonment/instability, self-sacrifice, unrelenting standards and entitlement, in GAD, schemas of vulnerability to harm or illness, self-sacrifice and unrelenting standards are considered as active maladaptive schemas.

2. Methods

Participants included all patients with a variety of anxiety disorders referred to a psychologist or psychiatrist (private and public) institutions in Tehran with diagnosis of one type of anxiety disorder by a psychologist or psychiatrist based on DSM-IV-TR criteria and clinical interviews. The sample size was estimated as 109 in terms of lifetime prevalence of anxiety disorders in 24% considering number of allowable error, 0.08, and a confidence level, $\alpha=0.95$ ($Z=1.96$).

$$n = \frac{p(q)z^2}{d^2} = \frac{0.24(0.76)(1.96)^2}{(0.08)^2} = 109 \quad (1)$$

3. Materials

3.1. Semi-structured Interview for Disorders DSM-IV-TR (SCID-I)

SCID is a semi-structured interview based on diagnostic criteria (DSM-IV-TR). This interview is an instrument to diagnose disorders based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders [15].

3.2. Young Schema Questionnaire Short Form (SQ-SF)

This scale is the short form of Early Maladaptive Schema Questionnaire developed by [16]. The questionnaire included 75 items extracted by Factor analysis of the long-form questionnaire first developed by Young and Brown (1988) to assess early maladaptive schemas and reviewed in 1994 [8].

3.3. Leahy Emotional Schema Scale (LESS)

Leahy Emotional Schema Scale (LESS) was used to access Emotional Schema. LESS consists of statements on how person copes with his/her beliefs and emotions about his/her own emotions. It is a Likert type scale and consists of a total 50 items. After the statement in each item is read, person ticks the most appropriate choice between 1 (very untrue of me) and 6 (very true of me). According to psychometric study [17] [18].

Table 6. Multivariate linear regression analysis of emotional schema of consensus with others and cognitive schemas.

Sig. level	T	β	SE B	B	Sig. level	F	Df	R ² regulated	R ²	R	
0.084	1.746	0.227	0.02	0.034	0	8.392	5.103	0.255	0.289	0.538	Disconnection/rejection
0.546	0.606	0.08	0.032	0.02							Impaired Autonomy and/or Performance
0.025	2.272	0.202	0.041	0.093							Impaired Limits
0.007	2.732	0.338	0.042	0.115							Other-Directedness
0.285	1.075	0.1	0.034	0.036							Over-vigilance/inhibition

Regarding the above table it could be concluded that in 25% of cases, cognitive schemas have the ability to predict variances of emotional schema of consensus.

Table 7. Multivariate linear regression analysis of emotional schema of validation and cognitive schema fields.

Sig. level	T	β	SE B	B	Sig. level	F	Df	R ² regulated	R ²	R	
0.245	1.17	0.154	0.017	0.02	0	7.676	5.103	0.236	0.271	0.521	Disconnection/rejection
0.901	0.125	0.017	0.028	0.004							Impaired Autonomy and/or Performance
.000a	3.657	0.33	0.036	0.131							Impaired Limits
0.711	-0.371	0.047	0.037	0.014							Other-Directedness
0.005	2.899	0.273	0.03	0.086							Over-vigilance/inhibition

In table 7 the results achieved from prediction of emotional schema of validation of severe emotions by cognitive schemas are brought. Results indicate that emotional schema of validation could be predicted by cognitive schemas, in 24% of cases by impaired limits and over-vigilance-inhibition had the ability to predict the emotional schema of validation.

Table 8. Multivariate linear regression analysis of emotional schema of blaming others and cognitive schemas

Sig. level	T	β	SE B	B	Sig. level	F	Df	R ² regulated	R ²	R	
0.056	1.932	0.253	0.016	0.032	0	7.905	5.103	0.242	0.277	0.527	Disconnection/rejection
1	0	0	0.027	-6.74							Impaired Autonomy and/or Performance
0.315	1.011	0.091	0.034	0.035							Impaired limits
0.008	2.698	0.337	0.035	0.095							Other-directedness
0.102	1.649	0.154	0.028	-0.047							Over-vigilance/inhibition

Regarding the table it could be concluded that cognitive schemas could explain emotional schema of blaming others in 23% of cases and among which only other-directedness have the ability to explain emotional schema of blaming others.

5. Discussion & Conclusion

1. It must be noted that up to now no research has been conducted regarding predictability of emotional schemas through cognitive schemas among patients having anxiety disorders and the current research is the first research trying to answer this question that whether cognitive schemas have the ability to predict emotional schemas of anxiety disorders or not? And the multivariate regression analysis has confirmed this hypothesis.

2. According to the table 1 it could be concluded that cognitive schemas have the ability to predict the variances of emotional schema of controllability in 51% of cases and among those, impaired performance (conversely), other-directedness and rejection/disconnection fields have the ability to predict emotional schema of controllability. In the field of impaired performance among anxiety disorders, they have extreme fear of catastrophic events that person can't prevent it. While in the model of emotional schema of controllability they have an obsessive desire to be under control by others, but this extreme fear of catastrophic events prevents them to trust to anybody. For the same, impaired

performance (conversely) is able to determine emotional schema of consensus.

3. Among cognitive schemas, rejection/disconnection and impaired limits had the ability to predict comprehensibility. individuals who have cognitive schemas in the field of impaired limits expect special rights and in the rejection/disconnection fields this people feel that is not enough and couldn't be satisfied by others and because of their most important people couldn't give them emotional support and needed encouragement, For the same in the emotional situations, they think that their feeling and emotions cannot be understood enough by others, while this schema increases inside them. Their actions and emotions can be more incomprehensible to others, thus the people around, understand them less and less, as result this negative feedback from the environment will be exposed to constant anxiety (Table 2).

4. Results indicate that emotional schema of guilt is predictable through cognitive schemas and it could be predicted by the use of rejection/disconnection and other-directedness. Individuals in rejection/disconnection zone feel that in their most important personality aspects are imperfect, undesirable, bad, petty and worthless or from the perspective of important people in their lives they are bad and undesirable; these individuals feel to be incompetent in other-directedness field and sense of guilt cause by incompetency results in trying to follow others and or to give their control to others and this forms the cognitive schema of obedience.

They always consider themselves to be guilty even in unrelated matters and they feel a sense of guilt. This sense of guilt results in anger toward themselves and for avoiding this feeling of anger and guilt they try to follow others. Thus obeying others could be due to preventing from sense of guilt; thus having obedience schema may also confirm the existence of emotional schema of sense of guilt (Table 3).

5. Results indicate that all cognitive schemas could not provide an explanation of variances of this schema and among those over-vigilance-inhibition (conversely), other-directedness and rejection/disconnection (conversely) have the ability to explain emotional schema of higher values (Table 4).

6. In table 5 the results achieved from prediction of emotional schema of duration of severe emotions by cognitive schemas are brought. Results indicate that emotional schema of duration could be predicted by cognitive schemas in 29% of cases by over-vigilance-inhibition (conversely) and rejection/disconnection. In the field of cognitive scheme, over-vigilance-inhibition there is a basic belief that They need intensive efforts to reach an ambitious demands And because these people can't predict the exact time to reach their goals, Or predict a time but they can't reach those, afterwards they will be always under emotional state. Base on this fact, over-vigilance-inhibition schema (conversely) is able to determine emotional schema of duration of severe emotions. According to the model of rejection/disconnection, there is an essential belief That In mentality of important people in their lives, they are an unpopular and undesirable person then they believe that never would be accepted by the most important people in their life, at the Result they are in a permanent despair about their family and future that's why they deeply feel that they are not capable to predict Continuation of their emotions.

7. Regarding the table 6 it could be concluded that in 25% of cases, cognitive schemas have the ability to predict variances of emotional schema of consensus with others and among those impaired limits (conversely), other-directedness have the ability to explain consensus with others. Individuals who have cognitive schema in the field of impaired performance, Sometimes the people would achieve their desires without empathy understanding others or Regardless of others needs and feelings, they try to extreme competition or manipulate behavior of others. As a result, impaired limits (conversely) has the ability to predict variances of emotional schema of consensus. In the field of other-directedness, often the people in this field of schema have extreme obedience with hypersensitivity of feelings towards others, thus Attention and acceptance by others are main objective of their thoughts and emotions. As a result, these people think that others have same feelings like them, based on this conception, other-directedness is able to determine emotional schema of consensus with others.

8. Among cognitive schemas, impaired limits and over-vigilance-inhibition had the ability to predict the emotional schema of validation; in order to explain this it could be said

that individuals in the impaired limits zone believe that they are above and beyond others, they consider special rights for themselves and they have no commitment to observing principles of mutual relationships guiding the normal social interactions. They usually insist on the matter that others must prove them without even thinking that their request is rational or not and also individuals in the over-vigilance/inhibition zone believe that for reaching their ambitions they must make tremendous efforts and this is usually done for preventing from criticism; as a result reaching these ambitions are due to seeking approval by the others. Thus research results that impaired limits and over-vigilance/inhibition could predict emotional schema of validation is completely correct (Table 7).

9. Results achieved from this research indicate that other-directedness field has the ability to explain blaming others. Regarding the definition of other-directedness of these individuals, excessive emphasis on gaining approval, attention and acceptance by the others and since this exaggeration prevents from exact real meaningful formation of self and demotions and as a result individuals tend to find an excuse for a specific emotion in order not to be blamed by self and others. According to these definitions, it is possible to explain the relationship between other-directedness and emotional schema of blaming others (Table 8).

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