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Effect of Schema Therapy in Patients with Major Depressive Disorder, in Kerman Women

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Abstract This single case study based on a sample size in 6 women based on multiple baselines and were performed asynchronously. The participants were selected by purposive sampling from four medical centers. Subjects were selected on the basis of authentication and detection therapist using the Structured Clinical Interview by DSM IV. Patients were randomized within two weeks of each other two by two, respectively three foot line assessment, schema therapy left behind 12 sessions. All research through the Beck Depression Inventory (BDI II) and Young Schema Questionnaire-Short Form were collected. To investigate the efficacy of eye diagram analysis, were used the effect size for statistical significance testing, improve and achieve percent below the cut or the average of clinical significance. The data suggest the patient first, second, third, fifth disease from deep depression to moderate and severe to mild has changed. Depressed patients Overall, effect sizes 1.29 and 36.54 percent improve to recover. In early maladaptive schemas reduce the size of the effect 1.19 and 47 percent improvement in reducing scarring and rejection as a result of 1.07 and 52 percent improvement in reducing the autonomy 0.72 and 50% were recovered.

Keywords: schema therapy, recurrent major depression, early maladaptive schemas.

Introduction

Depression is a common disease in the world and debilitating effect. Although depression is largely treatable, but about 20% percent of people with major depression can be chronic depression. (Zareh poosh, 2012).

Depression is a disorder that maximum correlation with suicide. Mood disorder with suicidal patients regardless of age to 400 per 100,000 for men and 180 for women is estimated. Suicide in depressed patients before and after the period of depression occur. Studies have shown that most patients with depression who committed suicide six months after discharge is likely to result in recurrence of disease (Kaplan, Saduk, Garb, 1994, quoted Pour Afkari, 1999).

Some of the earliest research on depression suggests that in different cultures, the prevalence of depression in women is more. A great scholar by Maira and Izman shows depression in women is 20 to 26 percent. While men only 2 to 8 percent of your life are in danger depression and hospitalization rates is limited.

This means that the risk of depression and hospitalization is twice more in women as men. (Frankel, 1953, quoted by khansari nejad, 1999). It seems to be addressing the effective treatments for this disorder is necessary and useful.

The rapid advance of technology and information, despite its many advantages, has created problems for the modern man. Rising tide of depression, decreasing age of suicide and many other psychological and social problems, are irrefutable facts show that depression seems to have cast a shadow over human societies.

Depression is the most common mental disorder that has been rising rapidly. Because of the high incidence of depression it is called the common cold of mental illness. Almost all are poor

throughout their lives and feel depressed.B Boredom, sadness, disappointment, frustration and unhappiness are all common experiences of depression (Rozenhan, Seligman, 1995, quoted Seyyed Mohammadi, 2007). Among people who seek help for psychological problems, depression is a common problem and almost 25 percent of 2.3% of women of depressed patients think to suicide. (Kaplan, 2000).

Today, one of the challenges of cognitive behavioral therapy, is develop effective treatments for patients with chronic and resistant to treatment.

Most people with personality disorders or those who have underlying problems of cognitive character of classic cognitive-behavioral therapies result show will not be perfect (Beck, Freeman et al, 1990, quoted by Hamid Poor ,2009).

Cognitive therapy believes to be informed of the nature of an event or emotional turmoil, focusing on the responses of individual content uncomfortable or flow of ideas is essential to the event. The goal is to achieve the original, change the way they think (Kerry, 1937, quoted by Seyyed mohammadi, 2006).

In depression, the success rate, is more than 60%, immediately after treatment, but the rate of recurrence of the problem, about 30% is after one year, (Young, Weinberger & Beck, 2001). Some patients being treated for axis I disorders such as anxiety or depression who are unable to successfully pass the course of treatment, or as soon as the end, their problem is recurring. (Yong, Klosko, Vishar, 1950, quoted by Hamid poor, Andooz, 2010).

Dysfunctional schemas are most resistant clinical problems that are facing therapist. Many patients who suffer from depression suggest that the therapist understand what it says, but in terms of emotional, behavioral, and believe do not change. Most of these patients to modify their behavior patterns and core beliefs are disappointed and insist that this recognition schema, are an integral part of their existence and therefore cannot change them. Important point in depression is resistance on the diseases and do not response to therapy techniques. In short, early maladaptive schemas creates significant problems in other treatments are applied. In short, early maladaptive schemas creates significant problems in other treatments that are applied.

According to Yang because of schema therapy, focus on the deepest level of understanding, it emphasize that the core of problem amend. And high success rates has in the treatment of personality disorders and chronic disorders such as depression and anxiety and prevent depression. (Yang, 2003).

Studies show that depression is more prevalent in women than men, the rate is 2 to 1. For the differences in depression, several hypotheses have been proposed first, more women than men tend to express symptoms of depression. The second hypothesis of depression theory learned predicament arises.

For the differences in depression, several hypotheses have been proposed first, more women than men tend to express symptoms of depression. The second hypothesis of depression theory is learned predicament arises. The third hypothesis: Hypothesis say bio-chemical activity, genetic predisposition, and monthly period premenstrual depression, have an impact on the vulnerability of women. Fourth, more women than men are oriented mode, and for worrying about life events and explaining, they are ready. While men tend to act more than think about something. Fifth hypothesis, the subjective notion of the body and the pursuit of weight loss diet is concerned, which is common among women in developed countries. Sixth

explain the findings show that more women than men show that depression is related to premenstrual mood changes.
If a valid phenomenon called premenstrual depression exists, its occurrence can increase the amount of female depression. (Rozenhan, Seligman, 1995, quoted Seyed Mohammadi, 2007). Therefore, it is necessary to check the effectiveness of the experimental and control is performed. According to what stated purpose of this study is that the effectiveness of schema therapy on women with recurrent major depression to be examined.
In most cases, depression is limited in terms of time. Usually after 3-6 months of treatment courses have not been destroyed. Statistics risk of recurrence is high and about 15-20% of patients, chronic course will follow. For this reason, the goal of treatment is not only accelerating the improvement in the current period, but also is to continue and improve, to reduce the likelihood of recurrence. This brought special attention has caused psychological therapy: treatments during their active skills to depression, the patient is taught to be controlled. (Haton, quoted by Ghasem Zadeh, 2001).
Given the high prevalence of this disorder and learning outcomes of its development in the field of personal satisfaction from life, relationships, marriage, employment and social tasks and chronic disorder is a need for new therapeutic approaches. So with that schema therapy focuses on disorders such as anxiety, depression necessity of research to the effectiveness of schema therapy in the treatment of patients with recurrent major depression seems necessary.
The aim of research
- The effectiveness of schema therapy in reducing the severity of depression in women with recurrent major depression.
- The effectiveness of schema therapy in improving early maladaptive schemas in women with recurrent major depression.

Methodology
In this way, using purposive sampling from patients referred to four counseling center were selected (6 people) to intervention (schema therapy).
The criteria for inclusion of patients in study
1. Lack of psychiatric drugs
2. Having a minimum of 20 and maximum of 35 years
3. Minimum Education Level Associate Degree
4. Ability to understand the concepts of schema therapy
5. Score higher than 30 in the BDI questionnaire
6. Diagnostic criteria for major depressive disorder
Information and data necessary self-reported by questionnaire, Beck Depression Inventory and the Yang Schema Questionnaire depression diagnostic interview was conducted by using the Structured Clinical Interview for Axis I disorders in the DSM IV.
After diagnosis of recurrent depressive disorder if the authorities have criteria for the study is obtaining consent from participating in the scheme, pre-tested.
Then schema therapy in 12 sessions of 45-60 minutes (every ten days a meeting) was performed. During the meetings and after the intervention of research, they completed questionnaires YSQ and BDI.

Results
The most common designs of data analysis and eye diagrams. Which can change or trend in the level of attention to experimental variables that show interference (Kendal, 1999). The most common designs ad hoc data analysis and eye diagrams. Which can change or trend in the level of attention to experimental variables that show interference (Kendal,

1999).

Many scientists believe that this project because of non-use of statistical methods to calculate the data and conclusions, have serious problems. In this study, the cure rate is used for clinical significance. Visual analysis Figure 1 shows a total of 6 subjects with treatment intervention, gradually decreased the severity of their depression. Table 1 shows a total of 50 subjects at baseline depression was 50 as severe depression that reached to 26.33 in healing period. . In addition, subjects in the total size of the effect 1.29 and 54.36 percent improvement in depression symptoms were reduced. Also participants 1.29 and 36.54 percent had improved. Eye diagram analysis showed that the depression began after the first session and went downward slope. So the answer to the first question is yes and research and schema therapy could reduce the severity of depression in women with major depression.

Table 1. Results of repeated measurements on the Beck Depression Inventory

	Baseline mean standard deviation	First session	Last session	Treatment mean standard deviation	Cohen's effect size coefficient of D	Percent of improved treatment
first participant	47(0)	47	30	37.66(3.12)	1.52	37%
Second participant	42(2)	42	24	33.5(6.05)	1.40	42.86%
Third participant	41(1)	41	29	34.66(4.23)	1.49	29.27%
Forth participant	39.33(0.93)	40	27	33.66(4.30)	1.08	32.5%
Fifth participant	37(0)	37	20	29.33(5.60)	1.36	45.94%
Sixth participant	39.66(1.45)	41	28	33.34(4.30)	0.89	31.7%
Average	40.99	41.33	26.33	33.69	1.29	36.54%

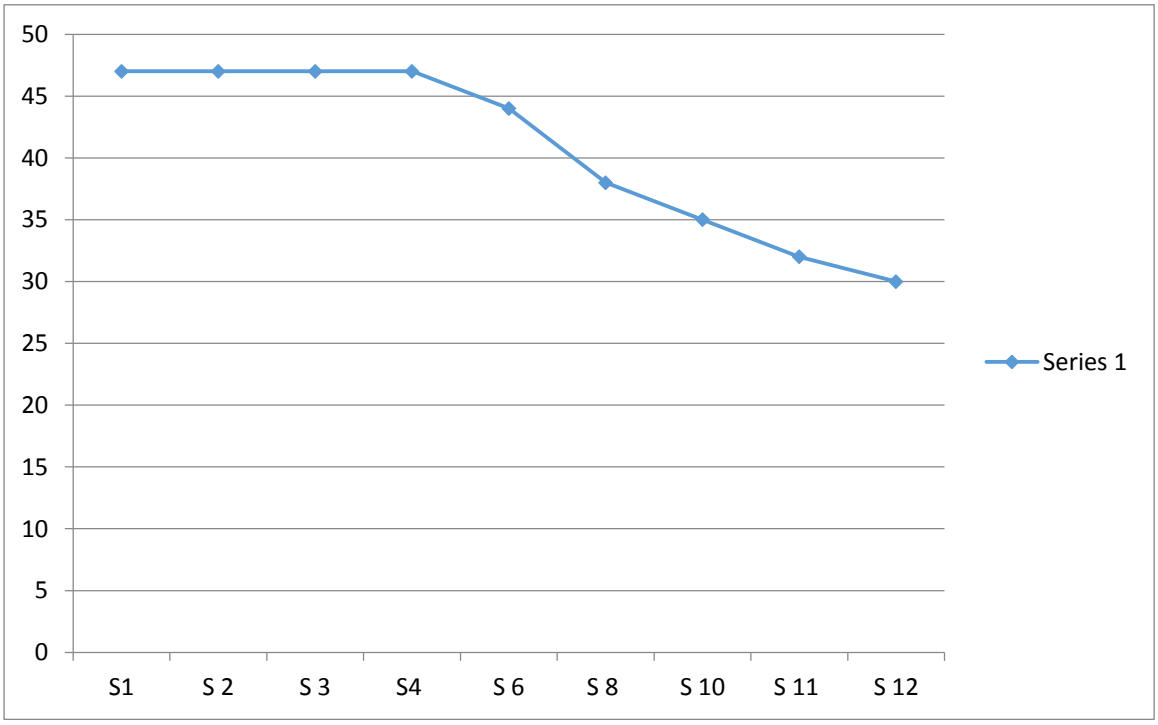

Figure 1. Garlic clients Beck Depression of Inventory scores First participant

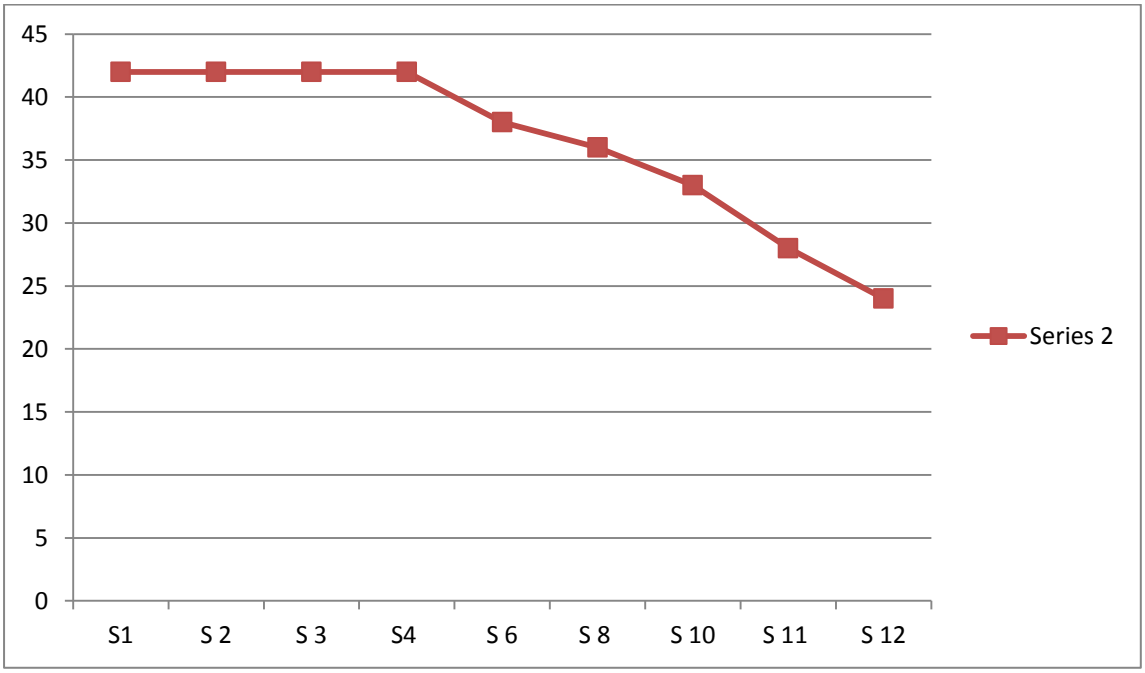

Figure 2. Garlic clients Beck Depression of Inventory scores Second participant

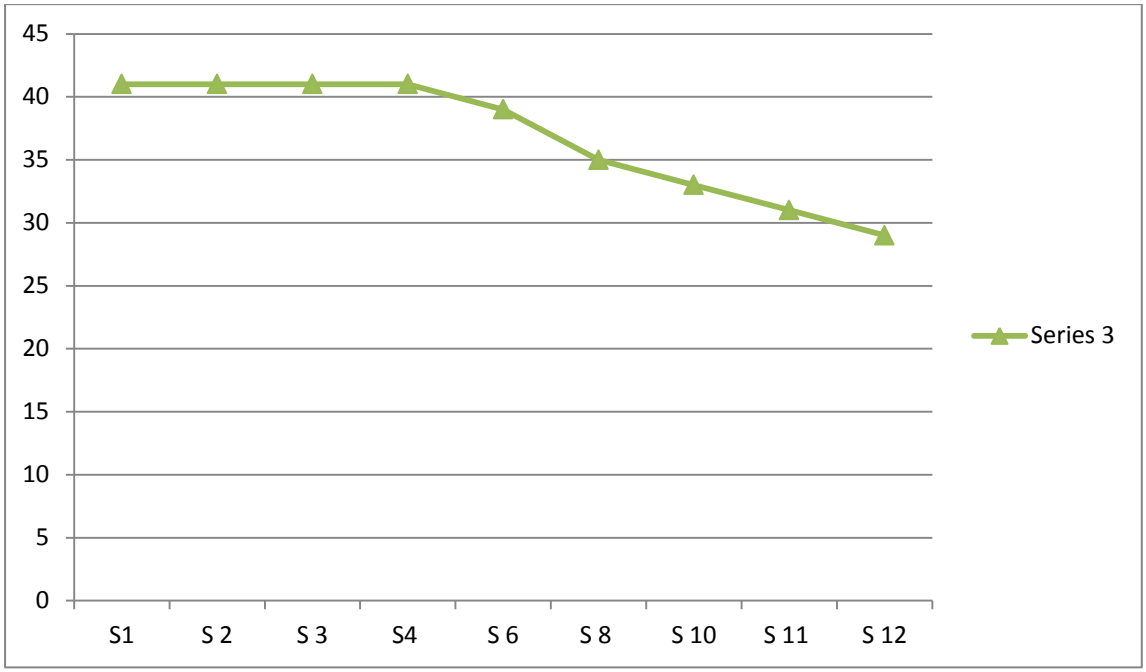

Figure 3. Garlic clients Beck Depression of Inventory scores Third participant

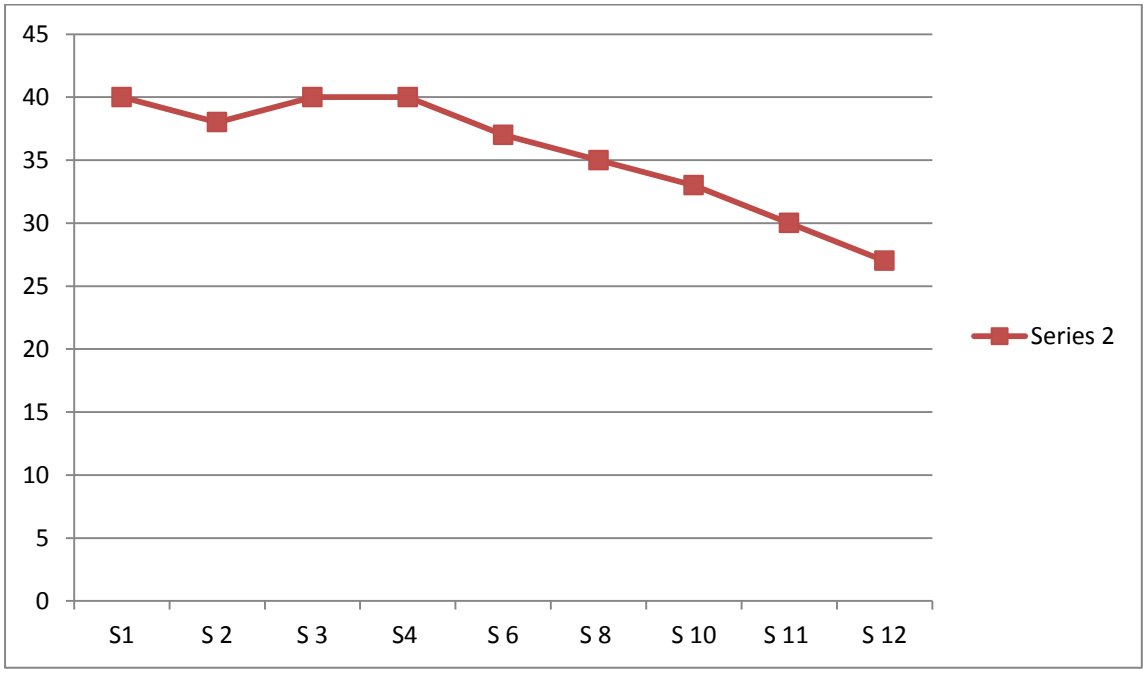

Figure 4. Garlic clients Beck Depression of Inventory scores Forth participant

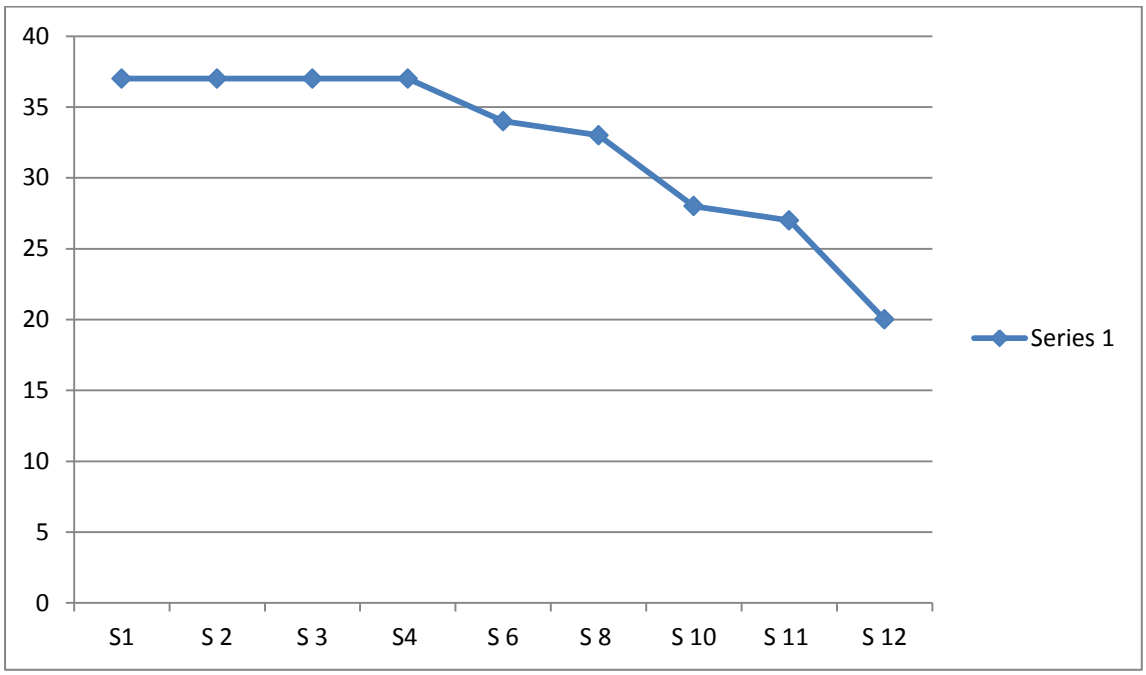

Figure 5. Garlic clients Beck Depression of Inventory scores Fifth participant

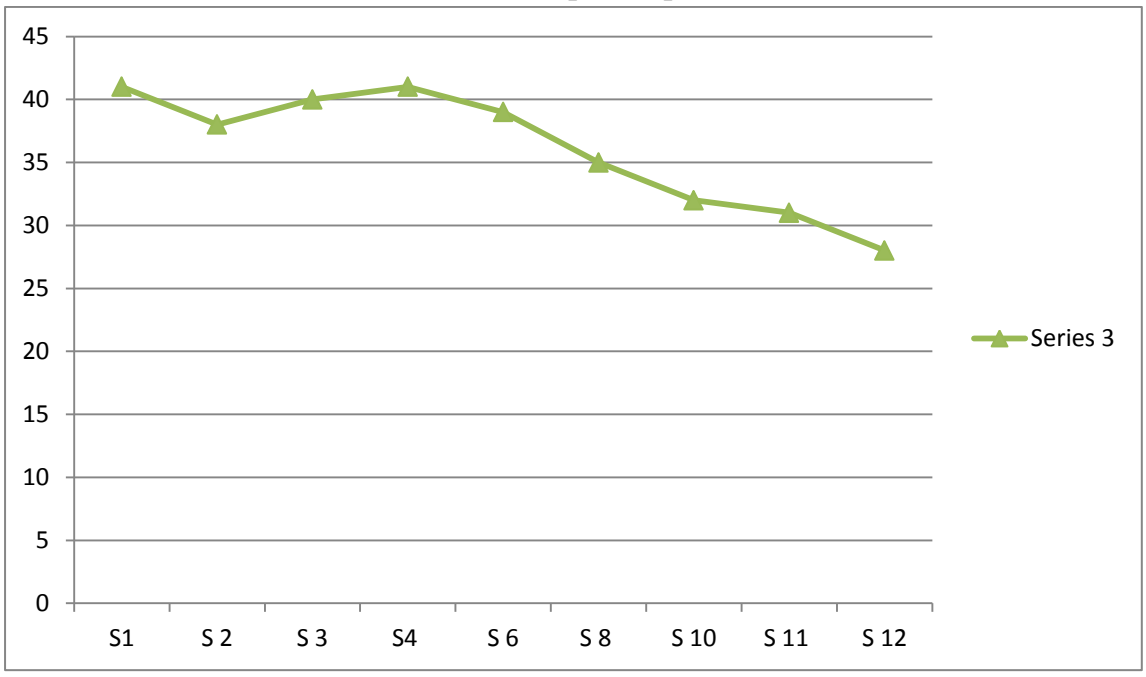

Figure 6. Garlic clients Beck Depression of Inventory scores Sixth participant

Table 2. Results of repeated measurements on the Yang Schema Questionnaire-Short Form

Percent of improved treatment	Cohen's effect size coefficient of D	Treatment mean standard deviation	Last session	First session	Baseline mean standard deviation	
34%	1.7	40.83(5.40)	33	45	50(0)	**first participant**
57%	1.31	25.83(6)	15	35	35(0)	**Second participant**
38%	1.14	32(5.29)	25	40	39(0.81)	**Third participant**
63%	1.27	19.33(6)	10	27	27	**Forth participant**
63%	1.27	19.33(6)	10	22	22(0)	**Fifth participant**
35%	0.91	38.16(5.07)	30	46	44(1.30)	**Sixth participant**
47%	1.19	29	21	36	37	**Average**

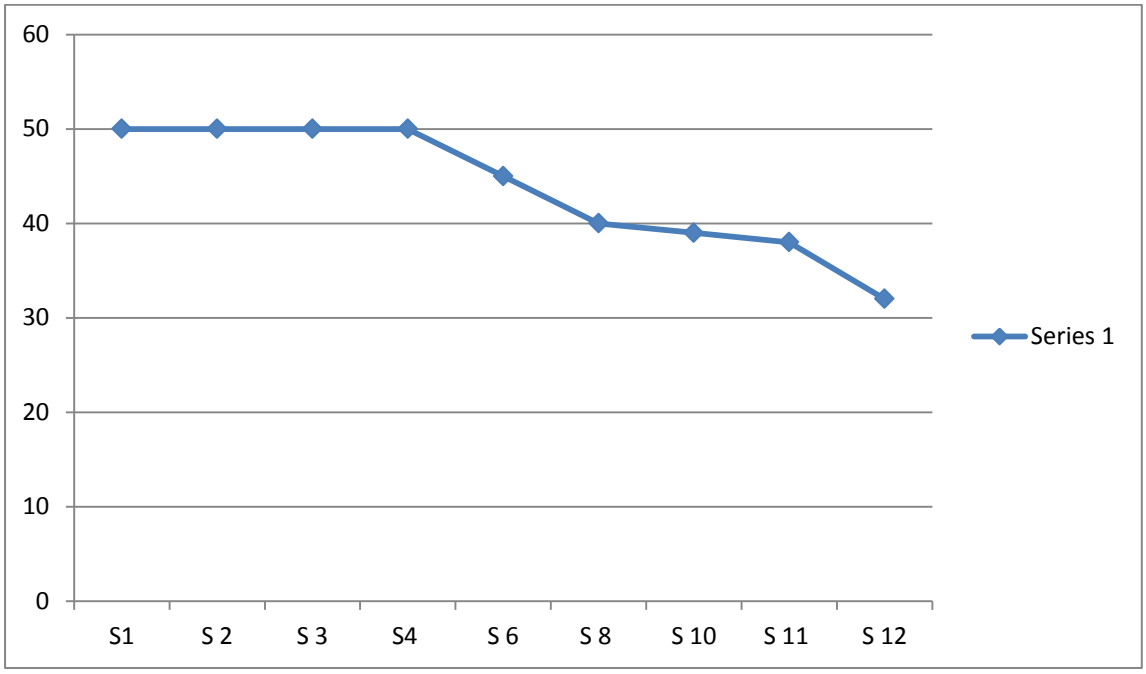

Figure 7. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to First participant

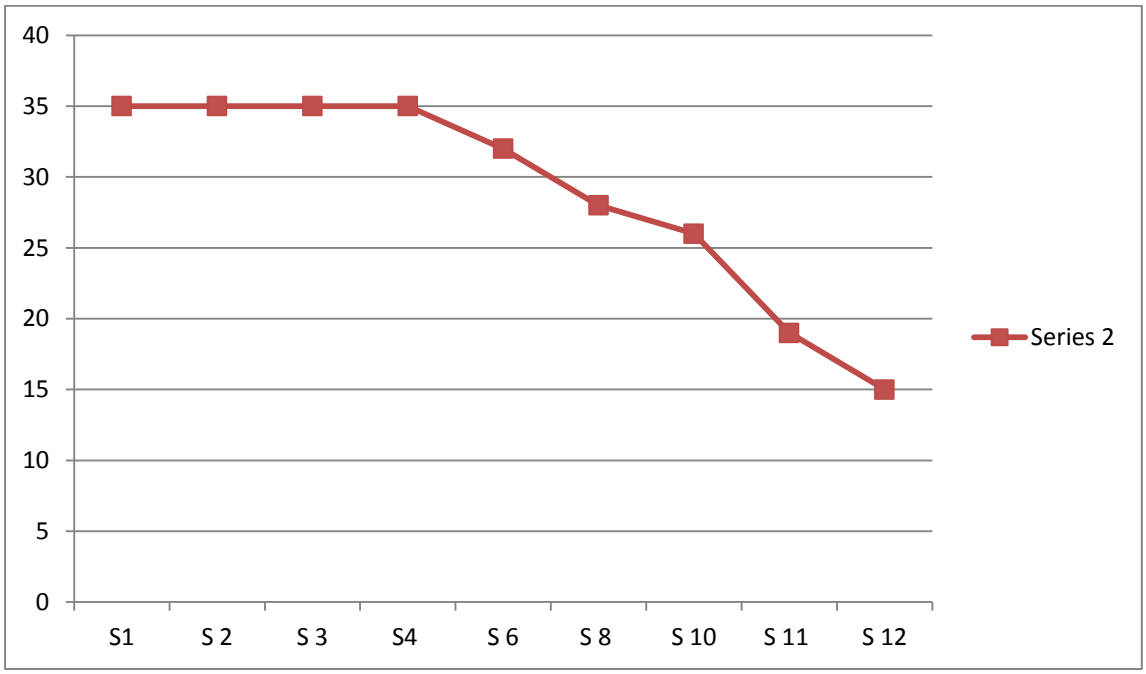

Figure 8. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to Second participant

Figure 9. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to Third participant

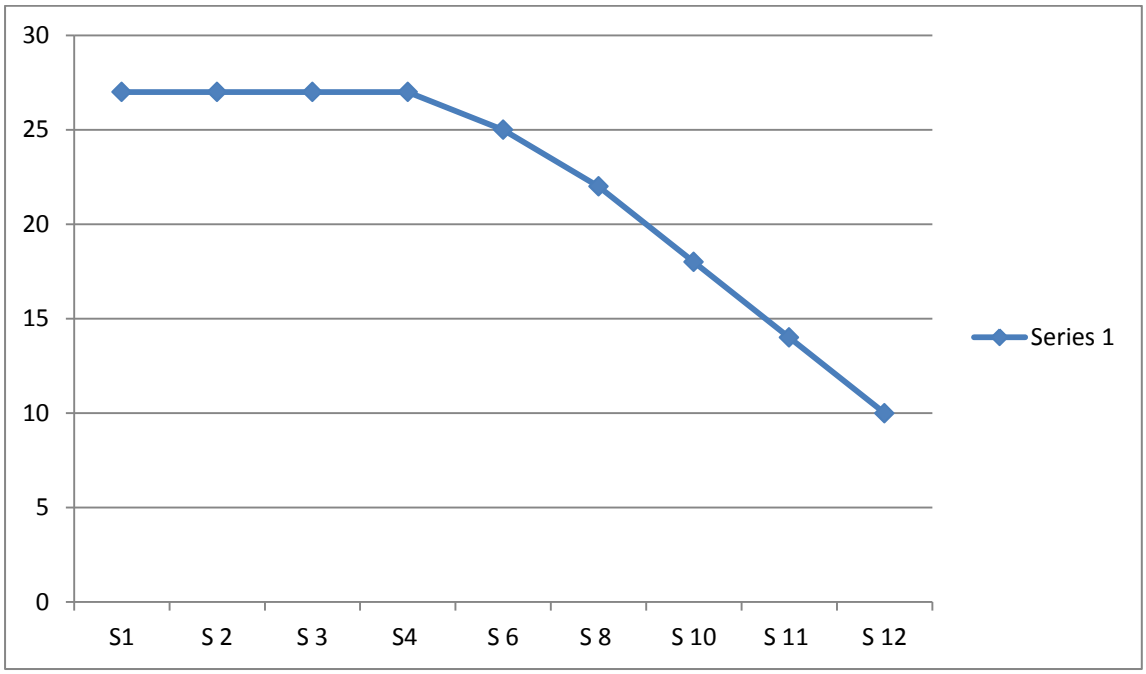

Figure 10. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to Forth participant

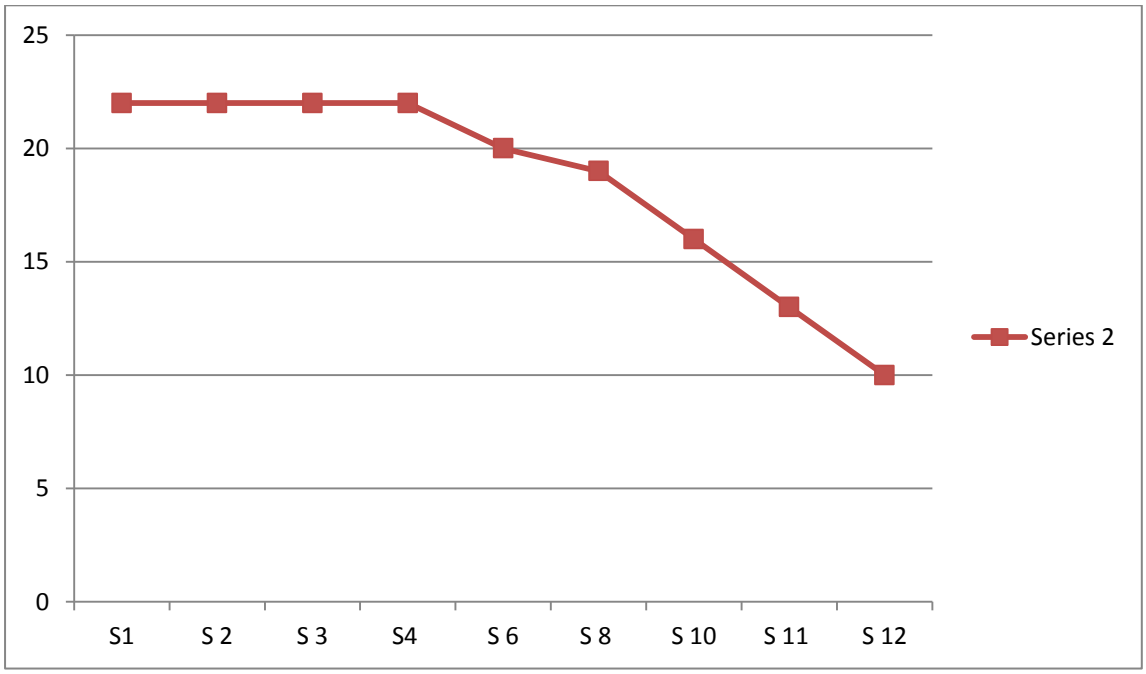

Figure 11. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to Fifth participant

Figure 12. Yang Schema Questionnaire-Short Form scores of clients in the chart garlic related to Sixth participant

Conclusion

Visual analysis chart shows that a total of 6 subjects starting their intervention scheme have decreased. Analysis Table 3 shows the total scheme of subjects was 37 at baseline and then reached to 29 in healing period. Also participants as 1.19 and 36.54 percent had improved. The eye diagram analysis showed that the slope of the decline. So the answer to the first question is yes and schema therapy research could reduce the severity of the scheme.

So began the study with the aim to show whether schema therapy is effective in improving symptoms of major depression or depressed dysfunctional schema therapy on improving the scheme is effective or not?

Study the efficiency of schema therapy in reducing depression and dysfunctional schemas show the original. It can be concluded that because users on the depth cognitive schema therapy using cognitive strategies, behavioral and relationship therapy can be significantly improved in patients with recurrent major depression. It should be noted that the greatest effect on other schemas for database recovery with 68 percent, and the lowest percentage of self-healing efficacy of scheme is 45.5.

References

Beck, Aron (2009). Challenges Cognitive Therapy (translated by Hassan Hamid Poor) Tehran.

Davidson. Keith M. (2004). Application of Cognitive Therapy in personality disorder Clinician's Guide (Translation by Giti Shams) Tehran.

Davison, G. C, neal.G.M. (2001). Abnormal Psychology. New Yurok:

Fathi Ashtiani, A. (2010). Psychological tests, personality and mental health evaluation, Tehran, Besat publication.

Haton, Kit (2011). Cognitive Behavior Therapy: A Practical Guide for the treatment of mental disorders (translated by Habibollah Ghasem zadeh) Tehran.

Hosseini fard, Seyed Mehdi (2011). Effectiveness of schema therapy in the

treatment of women with dysthymia. (Doctoral thesis).

Jon.Herson, Jonathan. Evans. (2005).Negative self-schema: depressive in woman. The British journal ofPsychiatry.302-307.

Kerry, Jerald (2006). Theory and practice of counseling and psychotherapy (translated by Seyed mohammadi), Tehran.

Lewis, Frankel (2008). Psychology investigate the causes of depression and ways of empowering its women (translated by Shokooh Khansari), Tehran.

Mcgin, Latak, Gutor, Daniel. Sanderson. William. (2005).The relation between parenting style, cognitive style and anxiety and depression) cognitive therapy and research.

Nordahal. Hans M Hangom.l.A. (2005). Early Maladaptive Schema in patient with or without personality Disorder .Clinical Psychology.

Slone,Lesly. Rae. (2001).Self-schema and their influence on depression anxiety and hostility in chronically stress depopulation.

Yang Jefri, Kelosko .zhanet, (2010). Schema therapy (a practical guide for clinicians) (translated by Hassan Hamid Poor, Zahra Andooz), Tehran.