Investigating the Effect of Race on Maladaptive Schemas Among Female University Students With Trait Anxiety

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ABSTRACT:Objective: the present study aims to investigate the effect of race on maladaptive schemas among female university students who possess trait anxiety.
Method: the present study is a descriptive research (ex post facto). Statistical population of the study includes all Kurd, Turk and Fars female students from Kermanshah, Tabriz and Shiraz University who were educating during 2012-2013.
Tools: Spielberger state/trait anxiety inventory (STAI) and short form of Young schemas questionnaire (1990) are used to collect the required data.
Data analysis: Multivariate analysis of variance using SPSS 23 software is used to analyze the statistical data.
Findings: findings of this study showed that race doesn't have any effect on the creation of early maladaptive schemas, but anxiety is effective. People with high trait anxiety have more maladaptive schemas.
Results: generally, race and probably cultural and social factors in different geographical areas don't affect the creation of early maladaptive schemas, but trait anxiety can create maladaptive schemas.
*KEYWORDS -*maladaptive schema, trait anxiety, race

I. INTRODUCTION

Humans have long been trying to express their moods, feelings, emotions, and inner ferments with different words and expressions. Therefore, terms such as fear, anxiety, and worry are used in an internal conflict that are called anxiety in the current language of psychology. Anxiety as part of every human life, in all societies, is deemed an appropriate and consistent response. Even the lack of anxiety may expose a lot of problems and dangers for the person. Anxiety in moderation and const ructive level compels people to do their work more timely and appropriately and make their lives more productive [1].

[2]Used two distinct but anxiety-related concepts including trait anxious and state anxiety. In state anxiety, an emotional situation or state leads to conscious and subjective perception of feeling of tension, dread, disquiet, anxiety, and arousal of the autonomic nervous system. State anxiety is often variable and is a function of the stress due to situations, but trait anxiety is individual differences in the orientation of perception and evaluation of stressful situation as threatening or dangerous.People with high trait anxiety are those who probably consider many situations as threatening and dangerous and they may be concerned lest the judgment of others about them threatens their self-esteem. People with high state anxiety are those who have a feeling of fear, anxiety and nervousness, they are unhappy, and have a sober sense of tension [3] Every time we feel anxious, anxiety is the product of psychological structure of the personality and characteristics of the situation we're in. Therefore, when we want to see why someone feels anxious, it is required to consider both individual factors and environmental factors [4]. One of these personal factors is cognitive schema of each individual that is formed from childhood and is shown throughout various life situations.

Schemas are structures that are formed based on reality or experience and affect behavioral responses of individuals as intermediates. In the structure of psychotherapy, schemas are considered as an organizing factor that is necessary to understand the experiences of one's life. According to [5]

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schemas are like road maps that people follow in order to reach their lives and relationships. They seem to be relatively stable and may sometimes be inflexible [6].

[7] considers early maladaptive schemas as deep and pervasive models or themes that are formed in childhood or adolescence and are continuing on the path of life. These schema are extremely inefficient in their relationship with others [8]. Early maladaptive schemas are basically implicit and unconscious themes maintained by individuals and used as a model for subsequent experience processing and thus, spread throughout life, and determine behavior, thoughts, feelings and relationships with other people. Early maladaptive schemas are normally unconditional and therefore very rigid [9].

These schemas arise in relation to five fundamental changing tasks and it is believed that children should successfully pass these tasks in relation to parents and environment during their evolving. These five groups are:

Group I: disconnection and rejection (non-satisfaction of needs such as security and empathy in predictable ways). Schemas based on this group include the abandonment/instability, mistrust / abuse, emotional deprivation, defectiveness / shame, social isolation / alienation.

Group II: impaired performance and autonomy (in families that reduce a child's trust and cause the failure of independent functioning of the child). Schemas based on this group include dependence / incompetence, vulnerability to illness, enmeshment/undeveloped self, and failure.

Group III: Impaired limits (lack of responsibility and the problems associated with observing the rights of others, commitment and goal setting). Schemas derived from this group are entitlement / self-centeredness, insufficient self-control.

Group IV: other-directness (too much attention to others and ignoring one self's needs). Schemas for this domain are subjugation, self-sacrifice, and approval-seeking.

Group V: over-vigilance and inhibition (as a result of an overemphasis on repressing feelings). Schemas of this domain include negativity, pessimism, emotional inhibition, unrelenting standards / hypercriticalness, and finally, punitiveness [10].

Shahamat (2010) predicted public health symptoms (somatization, anxiety and depression) based on early maladaptive schemas, and the results indicated a significant relationship between early maladaptive schemas and three symptoms of somatization, anxiety and depression and the schema of defectiveness / shame significantly predicted all three symptoms. Moreover, the results showed that there is a significant correlation between early maladaptive schemas of subjugation, insufficient self-control, and defectiveness / shame, and anxiety symptoms.

[11] also studies the relationship between schemas and anxiety and significantly predicted anxiety symptoms. He has theoretically divided early maladaptive schemas into three categories. Category I includes schemas that have anxiety in their definition. Category II includes those that are related to the lack of cohesion and the category III includes schemas that are characterized by communication gaps and crises.

One of the factors that affect schemas is gender, because gender norms are part of the culture of the community in any society. Along with the development of the child, when the child's relationship with peers become more complex, children learn skills that are gender-specific and try to do activities the community consider for his/her gender. Children grow with the norms during their growth and these norms are part of their characteristics [12].

Culture refers to common learned behaviors transferred from one generation to another for personal and social development, and adaptation. Culture is an external representative of roles and institutions and an internal representative of values, beliefs, attitudes, awareness, and biological functions [13].

Therefore, people can be classified into different cultural groups based on the number of common structures and experiences, including schemas, beliefs (e.g. attitudes toward mental health), modes of socialization (e.g. methods of parental control), immigration and language.

It is obvious that anxiety is affected by culture and culture does not just affect compliant and normative behaviors, it rather affects the manner in which psychopathological symptoms are formed and expressed by others. Cultural differences also affect parents, teacher, or psychologist who recognize anxiety. Hence, a certain behavior can be considered anxiety in a certain culture, while it seems normal behavior in another culture [14].

Given that there are significant differences in the atmosphere governing the interaction between parents and children in different Iranian ethnics, the present study attempts to compare girls with trait anxiety in three Kurd, Turk, and Fars ethnics so as to specify the effect of cultural atmosphere governing interaction between parents and children on maladaptive schema.

II. METHODOLOGY

Statistical population of the present study includes all Kurd, Turk and Fars female students from Kermanshah, Tabriz and Shiraz University who were educating during 2012-2013. Due to the sufficiency of a sample size of 30 people in each group for causal-comparative studies [17] and that there are three ethnic groups in the present study and it was determined to define two groups with high and low trait anxiety in each group, and according to the results of previous research on the distribution of the population of trait anxiety, the sample size in each ethnicity group was at least 150 people so as to be able to obtain at least 30 individuals with high and low trait anxiety in each ethnic group.

The sampling method used in this research was cluster sampling. Thus, a sample was randomly selected from the classes of 4 faculties (Science, Humanities, veterinary and engineering) of each University. Accordingly, the initial sample size was 167 people at the University of Tabriz, 154 people at Kermanshah University, and 150 people at Shiraz University. Next, in order to select individuals with high and low trait anxiety, distribution of scores on trait anxiety for each university was separately outlined, and 25 percent above the distribution was considered as individuals with high trait anxiety and 25 percent below the distribution was considered as individuals with low trait anxiety.

Inclusion criteria included: being native (native to the town of the study), being female, and age range of range 18 to 25 years.

III. RESEARCH TOOLS

Tools used in this study are as follows:
1. Spielberger state/trait anxiety inventory (STAI)
This questionnaire was developed by Spielberger in 1983 to measure the level of trait anxiety. The questionnaire has 20 items that are scored using Likert scale ranging from 1 (almost never), 2 (sometimes), 3 (often), and 4 (almost always). A number of items directly and a number of them are inversely presented and scored and the range of the scores of this scale is between 20 and 80 for each person, for which 20 indicates perfect health and 80 indicates anxiety. It should be noted that if subjects leave a maximum of 2 items unanswered, the average score can be given in other questions, but if more than three questions are left blank, test result will not be reliable. This questionnaire is easy to understand and is self-assessment and its subdivisions have been indirectly presented. What is assessed in this questionnaire is how the person generally feels and it is also sensitive to stable personality traits that may cause the experience of chronic (trait) p anxiety [15].
The Persian form of this questionnaire together with the preliminary study, validity, reliability and standardization for the population of students and university students in Tehran has been carried out by [16].
[16] reported the correlation, reliability and validity of the questionnaire as follows: in order to ensure the accuracy of the translated form and right word formation of the test, after the translation and implementation of the two Persian and English forms among two groups of male and female students, correlation between English and Persian forms of state anxiety scale among female and male subjects was .90 and .84 and in trait anxiety scale was .97 and .92, respectively. Reliability of the scale was calculated using Cronbach's alpha, which turned out to be .91 for female students and university students and .91 and .89 for students and male students in state anxiety scale, respectively. Reliability in the trait anxiety scale turned out to be .90 for female students and university students and .91 and .92 for male students and university students, respectively.
2. Young schemas questionnaire (short form)
Young schemas questionnaire was first designed by Young and Brown in 1990 to assess early maladaptive schemas and was revised in 1994 [17].
This questionnaire is a self-evaluation tool that has 232 items for the evaluation of 18 early maladaptive schemas in 5 areas of different schema, in which patients evaluate themselves based on the schema that describes their situation on the basis of 6 point Likert scale. Different studies have shown the efficacy of this questionnaire to separate patients based on early maladaptive schemas [18].
In order to make the test shorter, short form of the questionnaire was designed in 1998 [19].
The questionnaire is composed of 75 items with the highest loading factor in the 205-item form [20] designed to assess 15 early maladaptive schemas. These schemas include: emotional deprivation, abandonment, mistrust / abuse, social isolation, defectiveness / shame, dependency / incompetence, vulnerability to harms, undeveloped self and enmeshment, subrogation, self-sacrifice, emotional inhibition, unrelenting standards, entitlement or self-centeredness, insufficient self-control, and failure [19] Each of the 75 items of the questionnaire is scored based on 6-point Likert scale from "not at all the case with me" to "exactly describes me" [21] Score of each

person in each schema is obtained by summing up scores of the 5 items related to the schema and score of each schema ranges from 5 to 25. If the mean score of a sub-scale is greater than 3, the schema would be inefficient and a higher score indicates more active participation of an inefficient schema. The total score of the questionnaire can be used for comparison, which is the sum of the individual scores of fifteen schema and its range is between 75 and 375 [20].

Validation of this questionnaire has been done by [22] at Tehran University and its internal consistency using Cronbach's alpha turned out to be .97 for female students and .98 for male population. Also, [23].

investigated psychometric properties of Young's questionnaire with a sample size of 37 people. They concluded that all 15 schema of Young are of a good internal consistency in Iran. In this study, the internal consistency by Cronbach's alpha coefficient for seventeen factors was in the range of .62 to .90 and Cronbach's alpha for the total scale turned out to be .94.

IV. FINDINGS

SPSS v. 23 software has been used for carrying out statistical analysis of data collected from the sample of the study. Mean, standard deviation, and frequency of demographic variables are used to describe the data and multivariate variance analysis is used to investigate research questions and compare groups in the dependent variable (early maladaptive schemas) and also confirm or reject hypotheses.

Table 1: Distribution of the sample according to demographic variables

Variables	Levels	Frequency	Frequency percentage
Faculties	Humanities	44	9.4
	Technical	67	14.3
	Basic science	188	40.2
	Veterinary	6	1.3
	Not responding	163	34.8
Education level	Associate Degree	2	.4
	BA	394	84.2
	MA	66	14.1
	PhD	6	1.3
Living place	Kermanshah	154	32.9
	Tabriz	170	36.3
	Shiraz	144	30.8
Age	18	15	3.2
	19	49	10.5
	20	79	16.9
	21	94	20.1
	22	78	16.7
	23	67	14.3
	24	40	8.5
	25	46	9.8

Table (1) shows frequency and frequency percentage of sample size in demographic variables of the study. Table (2) presents the distribution of the sample based on the independent variable, i.e. trait anxiety.

Table 2: Distribution of sample size based on the levels of trait anxiety

Variable	Levels	Frequency	Frequency percentage
Trait anxiety	Low	202	43.2
	Medium	237	50.6
	High	29	6.2
	Total	468	100

As can be seen in Table 2, 202 of respondents (43.2%) had low trait anxiety, 237 people (50.6%) had medium trait anxiety, and 29 people (6.2%) had high trait anxiety. Since the present study aimed to compare students with high and low trait anxiety, students with medium trait anxiety were excluded and accordingly, sample size was reduced from 468 to 231 people.

To test the hypotheses, univariate and multi-variable two-way ANOVA was used. Before testing the hypotheses, the assumption of data normality of research variables was investigated using Kolmogorov-Smirnov, variance

equality assumption was investigated using Levin test, equality of matrix of variance covariance was investigated using Box's M test and all were confirmed with a significance level of greater than .05.

V. FIRST HYPOTHESIS: THERE IS A DIFFERENCE BETWEEN EARLY MALADAPTIVE SCHEMAS OF KURD, TURK, AND FARS STUDENTS WITH HIGH AND LOW TRAIT ANXIETY.

Prior to testing research hypotheses, descriptive findings of the dependent variable for each group are presented in Table 3 below.

Table 3: Descriptive findings of early maladaptive schemas variable among the studied groups

Dependent variable	Anxiety	living place	No.	Mean	SD
Total score of schemas	Low	Kurd	58	158.36	37.47
		Turk	78	15.31	35.91
		Fars	65	150.68	29.66
		Total	201	156.24	34.54
	High	Kurd	15	236.67	37.91
		Turk	7	249.57	44.74
		Fars	7	256.29	35.80
		Total	29	244.52	38.68

Table 4: two-way ANOVA results to investigate the difference between Kurd, Turk, and Fars students with high and low trait anxiety in terms of maladaptive schemas

Source of change	Total square	DF	F	Sig. level
Trait anxiety	188959.04	1	153.62	.001
Living place	1036.49	2	.42	.65
Trait anxiety*living place	3108.39	2	1.26	.28
Error	275516.70	224		
Total	6921304.00	230		

Based on the results presented in table 4, there is a significant difference between students with high and low trait anxiety with F=153.62 and a significance level of .001 in terms of the level of early maladaptive schemas (p<.01). There is no difference between Kurd, Turk, and Fars students with F=.42 and a significance level of .65 in terms of the level of early maladaptive schemas (p>.05). In the two variables of trait anxiety and living place (ethnicity) with F=1.26 and a significance level of .28, there is no interaction in the level of early maladaptive schemas (p>.05). According to descriptive findings, it can be concluded that the level of early maladaptive schemas in students with high trait anxiety (244.52) is significantly greater than students with low trait anxiety (156.24). There is no need to follow-up tests since there was no significant difference between Kurd, Turk, and Fars students.

VI. SECOND HYPOTHESIS: THERE IS A DIFFERENCE BETWEEN 5 AREAS OF EARLY MALADAPTIVE SCHEMAS AMONG KURD, TURK, AND FARS STUDENTS WITH HIGH AND LOW TRAIT ANXIETY.

Prior to testing research hypotheses, descriptive findings of the dependent variable for each group are presented in Table 5 below.

Table 5: Descriptive findings of 5 areas of early maladaptive schemas among the studied groups

Dependent variable	Anxiety	living place	No.	Mean	SD
Disconnection and rejection	Low	Kurd	58	47.63	37.47
		Turk	77	46.84	35.91
		Fars	65	43.40	29.66
		Total	200	45.95	34.54
	High	Kurd	15	78.20	37.91
		Turk	7	82.28	44.74
		Fars	7	85.14	35.80
		Total	29	80.86	38.68
Impaired performance and autonomy	Low	Kurd	58	31.79	9.90
		Turk	77	32.07	9.36
		Fars	65	29.44	8.28
		Total	200	31.14	9.22

	High	Kurd	15	47.93	8.60
		Turk	7	53.14	15.58
		Fars	7	59.57	16.02
		Total	29	52.00	12.94
Other-directness	Low	Kurd	58	23.63	7.03
		Turk	77	24.00	6.44
		Fars	65	24.12	6.33
		Total	200	23.93	6.55
	High	Kurd	15	32.66	8.49
		Turk	7	34.71	7.49
		Fars	7	38.85	7.66
		Total	29	34.65	8.20
Over-vigilance	Low	Kurd	58	28.15	10.14
		Turk	77	29.94	9.52
		Fars	65	27.04	8.22
		Total	200	28.48	9.34
	High	Kurd	15	40.46	8.33
		Turk	7	44.14	12.06
		Fars	7	35.57	13.32
		Total	29	40.17	10.64
Impaired limits	Low	Kurd	58	27.13	9.05
		Turk	77	28.03	9.56
		Fars	65	26.66	6.77
		Total	200	27.33	8.57
	High	Kurd	15	37.40	10.29
		Turk	7	35.28	7.43
		Fars	7	37.14	8.89
		Total	29	36.82	9.08

According to the obtained values of multivariate ANOVA, linear composition of the 5 areas of early maladaptive schemas was significant between students with high and low trait anxiety (Lambda Wilks=.46, $F_{(5,219)}$= 38.48, and the significance level of .001) (P <.01). This means that high and low level of students' trait anxiety affects the 5 areas of early maladaptive schemas. Linear composition of the 5 areas of early maladaptive schemas was significant between Kurd, Turk, and Fars students (Lambda Wilks=.91, $F_{(10,438)}$ = 1.88, and the significance level of .051) was not significant (P> .05). This means that students' living place does not affect the 5 areas of early maladaptive schemas. Interactive effects of two independent variables (Lambda Wilks=.92, $F_{(10,438)}$ = 1.64, and the significance level of .088) was not significant (P> .05). This means that the interactive effect of the two variables of living place and trait anxiety was not affective in 5 areas of early maladaptive schemas. In order to determine in which one of the 5 areas there was a significant difference among studied groups, results of univariate variance analysis are presented in the context of multivariate variance analysis in Table 6.

Table 6: multivariate two-way ANOVA results to investigate the difference between Kurd, Turk, and Fars students with high and low trait anxiety in terms of the 5 areas of maladaptive schemas

Source of change	Dependent variable	Total square	DF	F	Sig. level
Type of trait anxiety	Disconnection and rejection	29169.55	1	158.5	.001
	Impaired performance and autonomy	11390.59	1	122.83	.001
	Other-directness	2986.65	1	65.05	.001
	Over-vigilance	3083.49	1	34.39	.001
	Impaired limits	1968.49	1	26.05	.001
Living place	Disconnection and rejection	56.53	2	.15	.85
	Impaired	381.06	2	2.05	.13

	performance and autonomy				
	Other-directness	184.07	2	2.00	.13
	Over-vigilance	419.42	2	2.33	.09
	Impaired limits	6.58	2	.04	.95
Type of trait anxiety*living place	Disconnection and rejection	521.04	2	1.41	.24
	Impaired performance and autonomy	807.71	2	4.35	.014
	Other-directness	134.82	2	1.46	.23
	Over-vigilance	107.66	2	.60	.54
	Impaired limits	45.55	2	.30	.74

Based on the results presented in table 6, there is a significant difference between students with high and low trait anxiety with A significance level of .001 in terms the 5 areas of early maladaptive schemas (p<.01). There is no difference between Kurd, Turk, and Fars students with a significance level of greater than .05 in terms of the 5 areas of early maladaptive schemas (p>.05). The two variables of trait anxiety and living place (ethnicity) with a significance level of greater than .014 had an interactive effect in the area of impaired performance and autonomy (p<.05). However, they had no significant effect in the other four areas (p>.05). According to descriptive findings, it can be concluded that students with high trait anxiety had significantly had more of these features compared to students with low trait anxiety. There is no need to follow-up tests since there was no significant difference between Kurd, Turk, and Fars students.

VII.   DISCUSSION AND CONCLUSION

The present study aimed to investigate the effect of ethnicity on the maladaptive schemas of female university students with trait anxiety. The results showed that different ethnic groups do not affect any of the areas of maladaptive schemas. However, the variable of trait anxiety affects the creation of maladaptive schemas. This means that individuals with high trait anxiety have more maladaptive schemas. In the area of impaired performance and autonomy, both ethnicity and trait anxiety variables were interacting, but this effect is not observed in four other areas. Although there was no study directly in line with the current study, results of this study are indirectly in line with the findings of [3], [1], [13], [8] about the differences between early maladaptive schemas and the level of anxiety. [24] also showed that there is a significant relationship between early maladaptive schemas and three physical symptoms somatization, anxiety and depression. [7] also believed that no specific schema is related to anxiety, but he achieved a higher activation level of maladaptive schemas compared with schemas in healthy people. He reviewed schemas of anxious people compared to healthy subjects and came to the conclusion that the entire maladaptive schemas are more active in anxious people. The findings of the present study also showed that subjects with high trait anxiety get higher mean scores in all early maladaptive schemas than those with low trait anxiety.

In explaining the above findings, it can be stated that early maladaptive schemas are different in people with different anxiety level and people who experience a different anxiety level have a different experience of early maladaptive schemas and a part of it goes back to individual physiology of people; different languages and being in different environments do not affect it. Accordingly, early maladaptive schemas can be different with regard to the level of anxiety, but they are not different based on culture, ethnic, and etc. This study had limitations, like any other studies. One of the limitations of this study was that homogenizing the two clinical groups in terms of demographic variables such as age, education and place of residence was not possible. Therefore, comparing the two groups is less credible and given that the theory of Young is more a theory of treatment, not many scientific research has been carried out within the scope of this study (early maladaptive schemas in people with anxiety disorders in ethnic groups) and there is a little literature on this issue. Accordingly, the researchers faced limitations in the review of literature and comparing results of this study with previous ones was of difficulty.

Researchers interested in cross-cultural studies are suggested to extend this inquiry to other axis 1 and 2 disorders, carry out studies in other ethnic groups, carry out studies aimed at the use of schema in treating disorders and providing preventive interventions besides specifying schemas of a specific group of people with disorders, and also it is suggested to carry out similar studies on male students since the present study was carried out on female students in order to control confounding variables.

REFERENCES

[1]. Izadifard, R. and Sepasi Ashtiani, M. (2010). The effectiveness of cognitive-behavioral therapy by training problem solving skills in reducing test anxiety symptoms. Journal of Behavioral Sciences, 11.

[2]. Sadati Firouzabadi, S. (2015). The relationship between aspects of perfectionism and state/trait anxiety in gifted high school students. Quarterly scientific- research journal of virtual and school learning, (8).

[3]. Marnat, GG. (2003). Handbook of Psychological Assessment for clinical psychologists, counselors and psychiatrists. Translated by Dr. Sharifi, P. and Dr. Nikkho, MR. (2005). Tehran: Sokhan publication.

[4]. Zamani, AR. and Moradi, A. (2009). Comparison of trait anxiety, state anxiety, and confidence among male athletes in individual and team sports. Science and Research in Applied Psychology, 40.

[5]. Young, J.E., &Klosko, J.S. (1994). Reinventing your life. New York: Plume Books.

[6]. Dattilio, F. (2010). Cognitive-behavioral therapy with couples and families. Translated by Khaje N., Sajadian, P., and Bahrami, F. (2012). Arjmand publications.

[7]. Young, J. E., Klosko, J. S., &Weishaar, M.E. (2003). Schema therapy: A practitioner's guide. New York.

[8]. Cathy, L., &Monical, C. (2009). Gender Differences in High-risk Situations for Drinking: Are They Mediated by Depressive Symptoms? Journal of Addictive Behaviors, 34 (10), 10-20.

[9]. Simos, G. (2002). *Cognitive behavior therapy: A guide for the practicing clinical.*NewYork:Brunner_Rutledge.

[10]. Rafaeli, E., Bernstein, D.P., Young, J.E. (2011). Schema Therapy, The CBT Distinctive Features Series, New York: Rutledge.

[11]. Cousineau, A. (2004). Early maladaptive schemas predisposing anxiety.*SanteMentQue*, 29, 53-60.

[12]. Tannenbaum, C., Ahmed, s., & mayo, N. (2007). What drives older women's perceptions of health-related quality of life?. *Quality of life Research,* 16, 593-605.

[13]. Varela, R. e., Hensley-Maloney, l. (2009). The Influence of Culture on Anxiety in Latino Youth: A Review. *Clinic Child and Family Psychology Review.,* 12, 217–233.

[14]. Crane Amaya, A., Campbell, M. (2010). Cross-cultural copmparison of anxiety symptoms in Colombian and Australian children, *Electronic Journal of Research in Educational Psychology,* 8, 2, 497-516.

[15]. Delavar, A. (2012). Theoretical and practical foundation of research in the humanities and social sciences. Tehran: Roshd publications.

[16]. Panahi Shahri, H. (1993). A preliminary study on the validity, reliability, and standardization of Spielberger state/trait anxiety inventory. MA thesis, Tehran: Tarbiat Modares University.

[17]. Rasoulzadeh, Z. (2009). Comparison of early maladaptive schemas and parents roots of schema in patients with avoidant personality disorder, social phobia disorder, and non-clinical group. Master's thesis in Clinical Psychology, Tehran University of Medical Sciences and Health Services, Tehran Psychiatric Institute.

[18]. Ahmadian Gorji, M. (2006). Comparison of maladaptive schema of suicidal depressed patients with non-suicidal depressed patients and non-clinical population. Master's thesis in clinical psychology, Tehran: Tehran Psychiatric Institute.

[19]. Welburn, K., Coristine, M., Dagg, P., Pontefract, A., Jordan, S. (2002). The schema Questionnaire-short Form: Factor analysis and relationship between schema and symptoms.*Cognitive Therapy and Research,* 26, 519-30.

[20]. Schmidt, N. B., Joiner, T. E., Young, J. E., Telch, M. J. (1995). The schema questionnaire: Investigation of psychometric properties and the hierarchical structure of a measure of maladaptive schem. *Cognitive Research and Therapy*, 19, 295-321.

[21]. Abbasian, HR. and Fatehizadeh, M. (2003). Standardization of short form cognitive schema test on students of Isfahan University. Master's thesis, Isfahan, Isfahan University.

[22]. Ahi, Gh. (2006). Standardization of the short form Young Schema Questionnaire. Master's thesis in clinical psychology, Tehran: Allameh Tabatabai University.

[23]. Sadoughi, Z., Agilar Vafaee, M., Rasoulzade Tabatabaei, K., and Esfahanian, N. (2008). Factor Analysis of the short-form Iranian Young Schema Questionnaire in nonclinical samples. Iranian Journal of Psychiatry and Clinical Psychology, 4(2), 214-219.

[24]. Shahamat, F. (2010). Forecasting symptom of public health (somatization) based on early maladaptive schemas. Quarterly scientific- research journal of psychology, University of Tabriz, 5(20), 12-34.