

The Relationship between Early Maladaptive Schemas and Death Anxiety and Referential Thinking

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Abstract

The aim of this study was to investigate the relationship between early maladaptive schemas and death anxiety and referential thinking. Research population consisted of MA female students of Azad University, South Tehran branch of whom 360 subjects were selected through cluster sampling method and 328 of them were analyzed. To collect the data, Young Schema Questionnaire Short Form (2005), Templer Death Anxiety Scale (1870), and Referential Thinking Questionnaire (2010) were used. Data were analyzed through simultaneous multiple regression analysis and the results showed that impaired autonomy and performance predicts referential thinking and negative thinking from the components of referential thinking and disconnection/rejection predicts death anxiety and also referential thinking can predict death anxiety.

Keywords: early maladaptive schema, death anxiety, referential thinking

Introduction

One of the most famous theories in the field of schemas is Young's early maladaptive schemas theory (Young, 2005). Young has introduced fifteen schemas in his theory which are produced as a result of unfulfilling of five important emotional needs including need to connection and being accepted, autonomy, competence and identity, freedom to express normal needs and emotions, assertiveness, self-motivation and enjoyment, and inside orientation. These schemas include emotional deprivation (the assumption that other people have no empathy with us and do not meet our needs on time), abandonment/instability (in this case, one feels that their relatives do not support them emotionally and cannot protect them), mistrust/abuse (the assumption that others people hurt us and lie to us to take our advantages), social isolation (believing that one is different from others and does not belong to any class), defectiveness/shame (feeling that one is a bad and unwanted person.

In such situation, the person feels inferior and thinks that no one loves them), failure (believing that the one is a failure and would fail in any field), dependence/incompetence (to believe in the idea that someone considerably needs others' help to perform their duties), vulnerability to loss (extreme fear of a disease or fear of the situation in which one would be stricken by a trauma that they cannot prevent), involvement/enmeshment (severe emotional dependency on one or some of close people especially parents), obedience (to excessively suppress emotions especially anger in order to avoid loneliness), self-sacrifice (ignoring self and excessive focus on meeting the needs of other people in life situations), emotional inhibition (excessive emphasis on rationality and avoiding anger and other emotions of any kind, not expressing emotions and feelings), unrelenting standards/extreme reproach (believe that one must have very high internal standards, a kind of extreme perfectionism), entitlement (the assumption that one is above other people and whatever they say or do is true), insufficient self-control and self-discipline (inability to control demands and excessive desire for pleasure and avoiding uncomfortable situations).

Studies have indicated that those who use early maladaptive schemas wildly are more affected by negative life events (Mc Galoc, Bella, Kilpatrick, and Johnson, 2001).

Early schemas are some beliefs that people have about themselves, others and the environment and normally are rooted in unfulfilling of basic needs especially emotional needs in childhood (Zhang and He, 2010). In fact, early maladaptive schemas are constant and stable over life and make up the basis of person's cognitive structure. These schemas help people organize their experiences about the world around and process the received information (Team, 2010). According to Young, Glasco and Wishar (2003), those who dissatisfied with their lives are more likely to tend to the negative aspects of life.

The researchers believe that early maladaptive schemas act like filter to prove or confirm the experiences of childhood and lead to the clinical symptoms such as anxiety, depression and personality disorders, loneliness due to the destructive interpersonal relationships, alcohol and drug abuse, bulimia or stomach ulcers (Greenhouse, Collins and Shaw, 2003; Seligman, Schulman and Tryon, 2007). In a study, Teninbam et al (2007) showed that irrational thoughts such as need to be approved by other people, high expectations of oneself, anxiety, avoiding problems and inability to change are associated with low self-esteem and dissatisfaction with life.

Gayouk (2007) investigated the mediating role of maladaptive cognitive schemas in the relationship between perfectionism and psychological distress. The results indicated that maladaptive cognitive schemas such as fear of rejection and failure to progress act as mediators between social perfectionism and anxiety.

Given that negative schemas have impacts on the formation and persistence of depression in childhood and adolescence and using negative self-referential words (Khosravi, 1997) and since adaptive schemas cause a greater ability to cope with stress when someone is exposed to a stressful event (Rikeboer, Dee Boo, 2009) it seems that early maladaptive schemas can lead to more negative referential thinking and have more effects on people who are prone to anxiety especially death anxiety.

Anxiety is a reaction against an unknown, internal and ambiguous threat and its origin is unconsciousness and is unstoppable which is produced by several factors (Stuart and Laraia, 2001). In the meanwhile, certain types of anxiety are known and named based on their origin which death anxiety is an important one. Belskey (1999) defines death anxiety as thoughts, fears and emotions related to the ending incident of life and beyond the normal status of life. Jones, Simon, Greenberg, Pyszczynski and Solomon (1997) define death anxiety as conscious and unconscious fear of death and dying.

Death anxiety is a complex concept that is not easily explained and generally includes concepts of fear of oneself or others' death. In other words, death anxiety includes anticipating oneself death and fear of death of important people in life (Greer, 2002).

Although death is a biological and psychological fact, people's feelings about it are rooted in how they are socialized in the society. But thinking about death is frightening and most people prefer not to think about it because death is a reminder of human vulnerability despite technology progress. Anxiety and fear of death is common among all cultures and different groups and religions have various ways to deal with it (Huerta and Yip, 2006).

Death anxiety (thanatophobia) as an unusual and great fear of death is always defined with feelings of panic about death or apprehension when thinking about the process of dying or things that occur after death (Rice, 2009).

Given that researcher couldn't find any studies on the relationship between early maladaptive schemas and death anxiety and referential thinking and since students are of the most sensitive groups of the society and builders of the future in every country, in this study, researcher is seeking

to determine whether early maladaptive schemas are associated with death anxiety and referential thinking in students?

Methodology

The present study is a descriptive-correlational research design. Because researcher plans to predict criterion variable based on predictive variables. The study population included all female graduate students of Islamic Azad University, South Tehran branch among which 360 students were selected in accordance with Plant formula ($N > 50 + 8M$).

Multi-stage cluster sampling was used. First, a few schools were selected among all the schools existed in Islamic Azad University, South Tehran branch and then a few majors were selected among all majors in MA level and at the end, in each major, one class was selected among all classes which all of them participated in the research.

Research tools

Early maladaptive schemas questionnaire

Young Schema Questionnaire Short Form (2005) which is developed by Jeffery Young and its psychometric research is conducted by Smith, Joiner, Young and Telch. This questionnaire is performed and normalized by Ahi (2005) in Iran on 387 students of Tehran University. This questionnaire is a 75-item tool to assess early maladaptive schemas graded on a 6-point Likert scale from "quite true about me" to "quite wrong about me". Young (1998) designed this questionnaire based on 205-item main form questionnaire. Young schema questionnaire was developed to evaluate 15 early maladaptive schemas (Young, 2005). Each item is scored on a 6-point scale. The score 1 is "quite not true", 2 "usually not true", 3 "somewhat not true", 4 "almost true", 5 "mostly true", and 6 "quite true". Every 5 items in the questionnaire measure one schema. Then, to get the score of each subscale in maladaptive schemas, total score of each 5 items is calculated (Young, 2005).

The first comprehensive study on the psychometric properties of Young schema questionnaire is conducted by Smith, Joiner, Young and Telch (1995). The results of this study showed that alpha coefficients of 0.38 to 0.96 were obtained for each primary maladaptive schema and early subscales indicated high reliability and internal consistency. Besides, schema questionnaire with scales of psychological distress, self-worth, cognitive vulnerability, depression and symptoms of personality disorders showed a good convergent and divergent validity. These researchers examined the results through factor analysis using clinical samples. The results showed that the schemas developed by Young based on clinical practice were absolutely matched (Young, 2005).

Death anxiety inventory

Templer Death Anxiety Scale (1970) consists of 15 items and measures individuals' attitude to matters related to the death and encompasses a wide range of experiences related to death in comparison with similar scales. This questionnaire consists of 15 true-false items and scores are awarded to them based on true or false answers. The score 1 is given in case that person's response indicates anxiety and 0 is for when the person's response shows a lack of anxiety. The score range of the scale is spread from 0 (lack of death anxiety) to 15 (very high death anxiety) which 6-7 cut points are considered in the middle of it. According to studies reviewed, the scores 7-15 shows high death anxiety and less than these points (0-6) indicate low death anxiety.

The results of the reliability and validity of Death Anxiety Scale suggest that this scale is highly validated. According to the literature on this area, test-retest reliability coefficient of this scale is 0.83, correlation coefficient of concurrent validity with manifest anxiety scale is 0.27 and with depression scale is 0.40 (Templer, 1970). The reliability and validity of the questionnaire were examined by Rajabi and Bahrani (2001) in Iran. According to their report, split-half reliability

coefficient was 0.60 and its internal consistency coefficient was 0.73. To assess the validity of Death Anxiety Scale, two tests including Death Concern Scale and Manifest Anxiety Scale were used which the correlation coefficient of Death Anxiety Scale with Death Concern Scale was 0.40 and with Manifest Anxiety Scale was 0.34.

Referential thinking questionnaire

Referential thinking questionnaire (2010) was developed by Earing et al to evaluate the repetitive negative thinking. It is a self-report tool including 15 items. The results of confirmatory factor analysis showed that this questionnaire consists of one total scale of referential thinking and three subscales including the main features of repetitive negative thinking (repetitiveness, being automatic, having difficulty in interrupting thoughts), perceived inefficiency and capturing the mental capacity by repetitive negative thoughts. This test is mostly applied for depressed patients and those who suffer from other mood disorders. Participants should rate their answers on the level of agreement or disagreement with each item on a 5-point Likert scale (from never = 0 to always = 4).

Items related to the subscales:

1. Subscale of the main features of repetitive negative thoughts (9 items) 1-2-3-6-7-8-11-12-13.
2. Subscale of perceived inefficiency (3 items) 4-9-14.
3. Subscale of mental capture (3 items) 5-10-15.

To obtain the total score of the questionnaire, all scores of the 15 items should be added together. The scores of referential thinking questionnaire ranges from 0 to 60. Higher scores represent a high volume of repetitive negative thoughts in the subject. To obtain the score of each subscale, the scores of all items of the subscale desired must be added together. Research conducted by Earing et al suggests a good internal consistency of referential thinking. According to their reports, Cronbach's alpha coefficient obtained for the total test was 0.95, for subscales of the main features was 0.94, for subscale of perceived inefficiency was 0.83 and for the subscale of capturing the mental capacity was 0.86. Also, the reliability of test-pretest within 4 weeks was reported as follows: total test = 0.69, subscale of the main features = 0.66, subscale of perceived inefficiency = 0.68 and the subscale of capturing the mental capacity = 0.69.

Findings of the study

The sample of the present study consisted of 328 female graduate students which 128 of them were married and 200 of them were single aged 26-40.

Measure of central and dispersion tendency related to the variables including early maladaptive schemas, referential thinking and death anxiety are presented in table 4-1.

In this section, simultaneous multivariate regression analysis was used to test the hypotheses and answer the questions of research.

Results

First hypothesis: early maladaptive schemas are predictors of referential thinking.

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated which the results are represented in table 4-1.

Regarding that the assumptions of this statistical test are established, the summary of results is reported in table 1.

Table 1: Assumption of multivariate regression analysis (multicollinearity assumption) related to the dimensions of early maladaptive schemas

Variables	VIF	Tolerance
disconnection/rejection	2.93	0.341
impaired autonomy and performance	1.55	0.643
Impaired limits	3.22	0.310
Orientation based on others	2.35	0.425
Over-vigilance and inhibition	1.89	0.529
Referential thinking	6.62	0.27
Negative thinking	7.19	0.58
Perceived inefficiency	3.97	0.252
Mental capturing	3.66	0.273

Very small amounts of tolerance (less than 0.10) and large values of VIF (more than 10) are worrying and represent multicollinearity. According to the results presented in table 1, it can be stated that there is no multicollinearity.

Table 2: Summary of regression model, analysis of variance and statistical characteristics of regression related to early maladaptive schemas and referential thinking

Variable	Beta	T	Sig	R	Square R	F	Sig
Disconnection/rejection	- 0.042	- 0.443	0.658	0.174	0.030	2.011	0.077
Impaired autonomy and performance	0.189	2.76	0.006				
Impaired limits	0.094	0.954	0.341				
Orientation based on others	- 0.023	0.269	0.788				
Over-vigilance and inhibition	0.048	0.637	0.525				

The relationships between schemas and referential thinking as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.077$ and $F(5, 322) = 2.11$, it can be expressed that linear combination of predictor variables does not explain the criterion variable which is referential thinking. Also, according to the table 2 and indices calculated, only the component of impaired autonomy and performance is the predictor of referential thinking and other components are not predicting the criterion variable.

Second hypothesis: early maladaptive schemas are predictors of negative thinking of referential thinking dimensions.

Table 3: Summary of regression model, analysis of variance and statistical characteristics of regression related to early maladaptive schemas and negative thinking of referential thinking dimensions

Variable	Beta	T	Sig	R	Square R	F	Sig
Disconnection/rejection	0.063	0.677	0.499	0.189	0.036	2.37	0.039
Impaired autonomy and performance	0.204	2.993	0.003				
Impaired limits	0.083	0.844	0.399				
Orientation based on others	- 0.008	- 0.100	0.920				
Over-vigilance and inhibition	0.065	0.867	0.363				

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated which considering that the assumptions of this statistical test are established, the results of performing multivariate regression analysis are presented in table 3.

The relationships between schemas and negative thinking as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.039$ and $F(5, 322) = 2.37$, it can be expressed that linear combination of predictor variables does not explain the criterion variable which is negative thinking. Thus, the variance of negative thinking is explained through the schemas and their dimension and 3.6% of variance of negative thinking is related to the schemas and the dimensions. Also, according to the table 5 and indices calculated, only the component of impaired autonomy and performance is the predictor of negative thinking and other components are not predicting the criterion variable.

Third hypothesis: early maladaptive schemas are predictors of perceived inefficiency of referential thinking dimensions.

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated. Considering that the assumptions are established, the results of performing multivariate regression analysis are presented in table 4.

Table 4: Summary of regression model, analysis of variance and statistical characteristics of regression related to early maladaptive schemas and perceived inefficiency of referential thinking dimensions

Variable	Beta	T	Sig	R	Square R	F	Sig
Disconnection/rejection	- 0.037	- 0.386	0.700	0.117	0.014	0.90	0.481
Impaired autonomy and performance	- 0.115	- 1.66	0.098				
Impaired limits	0.121	1.21	0.226				
Orientation based on others	- 0.030	- 0.353	0.724				
Over-vigilance and inhibition	0.015	0.201	0.841				

The relationships between schemas and perceived inefficiency as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.481$ and $F(5, 322) = 0.90$, it can be expressed that linear combination of predictor variables does not explain the criterion variable which is perceived inefficiency. Thus, the variance of perceived inefficiency is not explained through the schemas and their dimension. Also, according to the table 4 and indices calculated none of the components of the early maladaptive schemas could significantly explain the perceived inefficiency independently.

Fourth hypothesis: early maladaptive schemas are predictors of mental capturing of referential thinking dimensions.

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated. Considering that the assumptions are established, the results of performing multivariate regression analysis are presented in table 5.

Table 5: Summary of regression model, analysis of variance and statistical characteristics of regression related to early maladaptive schemas and mental capturing of referential thinking dimensions

Variable	Beta	T	Sig	R	Square R	F	Sig
Disconnection/rejection	0.011	0.113	0.910	0.104	0.011	0.707	0.619
Impaired autonomy and performance	- 0.115	- 1.66	0.097				
Impaired limits	0.054	0.545	0.589				
Orientation based on others	- 0.013	- 0.156	0.876				
Over-vigilance and inhibition	- 0.006	- 0.080	0.936				

The relationships between schemas and mental capturing as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.619$ and $F(5, 322) = 0.707$, it can be expressed that linear combination of predictor variables does not explain the criterion variable which is mental capturing. Thus, the variance of mental capturing is not explained through the schemas and their dimension. Also, according to the table 5 and indices calculated none of the components of the early maladaptive schemas could significantly explain the mental capturing independently.

Fifth hypothesis: early maladaptive schemas are predictors of death anxiety.

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated. Considering that the assumptions are established, the results of performing multivariate regression analysis are presented in table 6.

Table 6: Summary of regression model, analysis of variance and statistical characteristics of regression related to early maladaptive schemas and mental capturing of referential thinking dimensions

Variable	Beta	T	Sig	R	Square R	F	Sig
Disconnection/rejection	0.203	2.14	0.033	0.124	0.015	1.007	0.413
Impaired autonomy and performance	0.016	0.226	0.821				
Impaired limits	- 0.135	- 1.36	0.175				
Orientation based on others	- 0.064	- 0.749	0.454				
Over-vigilance and inhibition	- 0.023	- 0.30	0.764				

The relationships between schemas and death anxiety as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.413$ and $F(5, 322) = 1.007$, it can be expressed that linear combination of predictor variables does not explain the criterion variable which is death anxiety. Thus, the variance of death anxiety is not explained through the schemas and their dimension. Also, according to the table 7 and indices calculated, among all components of early maladaptive schemas only disconnection/rejection significantly explains the death anxiety and other components are not predicting the criterion variable.

Sixth hypothesis: referential thinking and its dimensions are predictors of death anxiety.

To test this hypothesis, first the assumptions of multivariate regression analysis including normality, linearity and multicollinearity were evaluated. Considering that the assumptions are established, the results of performing multivariate regression analysis are presented in table 7.

Given that the assumptions of this statistical test are established, the summary of results is presented in table 9.

Table 7: Summary of multivariate regression analysis (multicollinearity assumptions) related to the dimensions of referential thinking and death anxiety

Variable	VIF	Tolerance
Referential thinking	6.62	0.27
Negative thinking	7.19	0.58
Perceived inefficiency	3.97	0.252
Mental capturing	3.66	0.273

Very small amounts of tolerance (less than 0.10) and large values of VIF (more than 10) are worrying and represent multicollinearity. According to the results presented in table 8, it can be stated that there is no multicollinearity.

Table 8: Summary of regression model, analysis of variance and statistical characteristics of regression related to the referential thinking and its dimensions and death anxiety

Variable	Beta	T	Sig	R	Square R	F	Sig
Referential thinking	- 0.134	- 0.404	0.686	0.174	0.30	2.52	0.041
Negative thinking	0.208	0.916	0.360				
Perceived inefficiency	- 0.054	- 0.491	0.624				
Mental capturing	0.148	1.415	0.158				

The relationships between referential thinking and its dimensions and death anxiety as predictor variable and criterion variable in the regression equation were analyzed simultaneously. Regarding that $P = 0.041$ and $F(5, 322) = 2.52$, it can be expressed that linear combination of predictor variables explains the criterion variable which is death anxiety. Therefore, the variance of death anxiety is explained through referential thinking and its dimension and 3% of anxiety variance is associated with referential thinking and its dimensions. Also, according to the table 8 and indices calculated, none of the dimensions of the referential thinking could significantly explain the variance of death anxiety of participants independently.

Discussion and conclusion

The first hypothesis: early maladaptive schemas are predictors of referential thinking.

The results showed that among all early maladaptive schemas, only impaired autonomy and performance is the predictor of referential thinking and other components are not predicting this variable. Due to the lack of access to the research associated with early maladaptive schemas and referential thinking, it is impossible to judge on the consistency or lack of consistency of the results obtained in this study with other research. However, since impaired autonomy and performance are placed in the second group of early maladaptive schemas and schemas related are dependency/incompetency, vulnerability to disease, undeveloped self/enmeshment. Considering the concept of referential thinking which includes repetitive negative thoughts (repetitiveness, being automatic, having difficulty in interrupting thoughts), perceived inefficiency and capturing the mental capacity by repetitive negative thoughts (Earing, 2010) it seems that students with referential thinking have more negative automatic thoughts and with regard to the early maladaptive schemas of impaired autonomy and performance, they are faced with difficulties.

The second hypothesis: early maladaptive schemas are predictors of negative thinking of referential thinking dimensions.

The results indicated that early maladaptive schemas are predictors of negative thinking of referential thinking dimensions $P = 0.039$ and $F(5, 322) = 2.37$ and 3.6% of variance of negative thinking is related to the schemas and their dimensions among which only impaired autonomy and performance predicts the negative thinking and other components are not predicting referential thinking.

The distinguishing feature of human and the fundamental axis of his life is the power of his thought. During his life, man has never been apart from thinking and always used it to make decisions and solve his problems. Therefore, all the achievements and progress of human are relied on thinking and dynamic and effective beliefs. Similarly, the assumption that thinking opens the way for additional training is totally accepted. Thinking styles have significant impacts on the progress and success of people (Sternberg, 1998).

In explaining this point it can be said that since those with negative thinking often feel that they can do nothing in the face of life's problems blame themselves in everything even things that they are not directly involved in, feel no one love them and they are worthless, are disappointed towards their own future and the whole world so suffer from depression. In schema therapy, through

correcting cognitive distortions, assessment of automatic thoughts which create emotions related to depression and a lot of repetitive and automatic negative thoughts in depressed patients and when students have impaired autonomy and performance schemas of dependency, inadequacy, vulnerability to the disease and undeveloped self and enmeshment cause to failure.

The third hypothesis: early maladaptive schemas are predictors of perceived inefficiency of referential thinking dimensions.

The results showed that early maladaptive schemas are not predictors of perceived inefficiency $P = 0.481$ and $F(5, 322) = 0.90$ and none of the components of the early maladaptive schemas could significantly explain the perceived inefficiency independently.

The fourth hypothesis: early maladaptive schemas are predictors of mental capturing of referential thinking dimensions.

The results shows that early maladaptive schemas are not predictors of mental capturing $P = 0.619$ and $F(5, 322) = 0.707$. Thus, the variance of mental capturing is not explained through the schemas and their dimension. Moreover, none of the components of the early maladaptive schemas could significantly explain the mental capturing independently.

The fifth hypothesis: early maladaptive schemas are predictors of death anxiety.

The results shows that early maladaptive schemas are not predictors of death anxiety $P = 0.413$ and $F(5, 322) = 1.007$. As a result, the variance of death anxiety is not explained through the schemas and their dimension. Besides, among all components of early maladaptive schemas only disconnection/rejection significantly explains the death anxiety and other components are not predicting the criterion variable.

This research corresponds with the study conducted by Alami (2014), according to the results obtained there was a relationship between early maladaptive schemas and death anxiety and feeling homesick and components of early maladaptive schemas including impaired autonomy and performance, over-vigilance and inhibition, disrupted boundaries and disconnection and rejection predict two variables of death anxiety and homesickness.

Generally, man does not like other people to evaluate and criticize his behaviors and that's why whenever he is in a testing position gets fearful and anxious. Of course it is obvious that anxiety itself is not uncommon but what can be considered as an annoying and deterrent factor is the intensity of excitement and enormous anxiety that some students face during various tests (Afrouz, 2002).

May believes that anxiety can be considered as a kind of inner pain that causes excitement and disrupt the balance. Since man constantly strives for balance we can say that anxiety is a very strong stimulus which may be harmful and this depends on the degree of fear and the threat the person is faced with and a large amount of it will disrupt the behavior.

In another type of anxiety named as severe anxiety, the person's response is not commensurate with risk and is accompanied with conflict, repression and other defense mechanisms.

In explaining the relationship between early maladaptive schemas and death anxiety, individuals' attachment styles can be noted. Attachment style as one of the subsets of early maladaptive schemas also affects the way to cope with the stressors. In stressful situations, people with secure attachment style often use help-seeking strategies. While people with insecure attachment style use the avoiding strategies.

With respect to the predictability of the relationship between insecure attachment style and anxiety and early maladaptive schemas it is justifiable to consider the schemas as one of the explainers of the anxiety.

The sixth hypothesis: referential thinking and its dimensions are predictors of death anxiety.

The results indicates that referential thinking and its dimensions are predictors of death anxiety $P = 0.041$ and $F(5, 322) = 2.52$. As a result, the variance of death anxiety is explained through the referential thinking and its dimensions and 3% of variance of anxiety is related to the referential thinking. None of the dimensions of the referential thinking could significantly explain the variance of death anxiety independently.

In explanation of this hypothesis it can be stated that death is an unknown phenomenon for people, thus creates anxiety among them and because negative and repetitive thoughts constantly come to minds of people with referential thinking, they experience more and repeating anxiety.

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