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Psychopathological Symptoms and Maladaptive Schemes in Adult Users of a Psychological Care Center in the City of Poza Rica

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Abstract

This article investigates the prevalence of clinical symptoms and maladaptive schemas in low-income adults who attend a psychological center. Research reveals that the most common symptoms include phobias, somatization, obsessions and depression, with clear differences between men and women in terms of maladaptive schemes. In women, self-sacrifice and abandonment prevail, while in men distrust and entitlement stand out. These results underscore the importance of a comprehensive approach to address both clinical symptoms and maladaptive beliefs, considering factors of gender and socioeconomic context.

Keywords: *Clinical Symptoms, Early Maladaptive Schemas, Schema Therapy.*

Introduction

Mental health problems have been increasing in the general population, derived from the various chronic psychosocial stress factors that current life implies.

The manifestations of psychological distress are evident in the clinical symptoms presented by those people who seek professional care to improve a mental health problem, when their own resources are not enough to deal with a highly stressful situation or that is or is perceived as a threat or catastrophe.

However, at the cognitive level, people interpret and structure their reality in ways that can strongly influence their emotional states, which in turn have an enormous impact on physical balance, by virtue of our holistic biopsychosocial nature as human beings.

There are few studies on the characteristics of the clinical pictures presented by the low-income population in our local context, since they often do not have access to psychological support services.

This research presents the incidence of clinical symptoms and maladaptive schemes in the adult population that requested the services of the External Psychological Care Module of the Faculty of Psychology of the Universidad Veracruzana in the semester August 2023-January 2024.

Problem Statement

In recent years, there has been a notable increase in the demand for mental health care, reflecting the influence of a wide range of subjective, biological, family, social, cultural, and spiritual factors. This inherent complexity of how we function as human beings demands a

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comprehensive understanding of the issues that affect psychological health.(OMS, Organización Mundial de la Salud, 2022)

Among the reasons that drive a person to seek psychological care, both factors under their control and those that escape their direct management can be identified. For the former, the acquisition of problem-solving skills is essential. However, when emotional states are more dependent on dysfunctional cognitions and distorted interpretations of reality, it is crucial not only to address problem-solving, but also to modify beliefs about oneself, others, and the world. In addition, even in the absence of cognitive distortions, certain thoughts can be unproductive and generate emotional distress, making it necessary to have a set of skills for emotional regulation (Kendler, 2005)

In this context, it is relevant to investigate mental health problems within our particular environment, identifying the most prevalent clinical symptoms and the cognitions associated with them. Therefore, this research aims to describe the manifestation of these variables in a sample of users of a free psychological care center.

Objectives

General objective

To analyze the incidence of psychopathological symptoms and early maladaptive schemas in adult users of a psychological care center in the city of Poza Rica.

Specific objectives

- To describe the incidence of clinical symptoms in the low-income adult population who seek psychological care.
- Identify maladaptive schemas, which occur in each case.
- Determine distorted cognitions that accompany the presence of these problems.

Methodology

The present work is quantitative, since variables are measured according to numerical values (Sampieri, Collado, & Lucio, 2014).

Spatial Delimitation

This research was carried out at the Psychological Care Center in the City of Poza Rica, which is located in building B of Psychology of the Health Sciences Unit, located at: Boulevard Lázaro Cárdenas 801, Colonia Morelos.

Type and Design of Research

This research is of a quantitative descriptive type (Sampieri, Collado, & Lucio, 2014), describes the incidence of clinical symptoms in the population studied; Likewise, the main cognitive distortions derived from maladaptive schemes in the participants are analyzed, as well as the variations in their clinical symptoms before and after some sessions.

Participants

The population investigated in this work is made up of a total of 19 users of the Psychological Care Center of the Faculty of Psychology of the UV Poza Rica; 12 women and 3 men, aged between 19 and 53 years.

The inclusion criteria were as follows:

Be a user of the psychological care centre (having previously requested care).

Be an adult over 18 years of age.

Sign the informed consent.

Instruments

The instrument that was used in this project is the SCL90-R; which is composed of 90 items organized into nine dimensions of clinical symptoms, which have been developed in the theoretical framework (Bados, Balaguer, & Coronas, 2005).

The SCL90-R instrument was created by Leonard Derogatis in 1994 and adapted by María Martina Casullo and Marcelo Pérez in 2008 at the Faculty of Psychology of the University of Buenos Aires, with the purpose of evaluating symptom patterns in each individual. It is made up of ninety items with a point scale to interpret the nine primary and three global dimensions of psychological distress, which are: 1) Somatizations (SOM) 2) Obsessions and Compulsions (OBS) 3) Interpersonal Sensitivity (SI) 4) Depression (DEP) 5) Anxiety (ANS) 6) Hostility (HOS) 7) Phobic Anxiety (FOB) 8) Paranoid Ideation (PAR) 9) Psychoticism (PSIC).

It has three global indices: 1) Global Severity Index (IGS), 2) Total Positive Symptoms (TSP), 3) Positive Symptomatic Distress Index (IMSP).

People with basic education, aged between 13 and 65, can solve it (Casullo, 2008).

Procedure

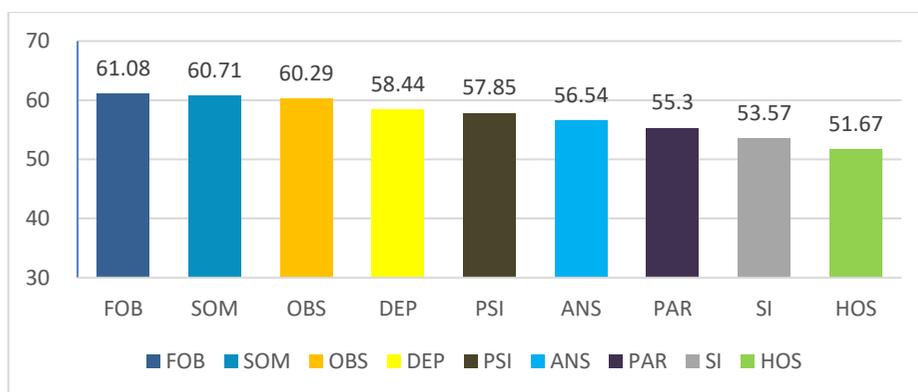
- 1) The patients with whom the research was carried out were identified.
- 2) The first evaluation was carried out applying SCL 90.
- 3) The scales were modified so that they were individualized, presenting only the symptoms answered as positive by the patient.
- 4) The corresponding instruments were applied in the post-evaluation sessions.
- 5) The latter instruments were applied.
- 6) The analysis of results and the preparation of the report were carried out.
- 7) The discussion and conclusions were drafted.

Results

The results of this research are presented below, describing the different variables analyzed.

In total, the results of 19 patients were analyzed. 5 men and 14 women, aged between 19 and 53.

In relation to the clinical symptoms with the highest incidence, the following data were obtained in the population studied:



Graph 1.

Clinical symptoms with higher incidence

Source: Own elaboration. In original Spanish language

Where:

FOB: Phobia or symptoms related to phobic anxiety.

SOM: Somatization (physical symptoms without medical explanation).

OBS: Obsession-compulsion (repetitive thoughts or behaviors).

DEP: Depression.

PSI: Psychoticism (symptoms of alienation or unusual thoughts).

ANS: Anxiety.

BY: Paranoia.

SI: Interpersonal sensitivity.

HOS: Hostility or aggressiveness.

FOB (Phobia) has the highest score (61.08), indicating that symptoms related to phobic anxiety are the most prevalent or severe in this sample.

SOM (Somatization) and OBS (Obsession-Compulsion) also have high scores (60.71 and 60.29, respectively), suggesting that medically unexplained physical symptoms and repetitive thoughts or behaviors are common.

DEP (Depression) follows with a score of 58.44, indicating a high prevalence of depressive symptoms in this sample.

PSI (Psychoticism), ANS (Anxiety), PAR (Paranoia), SI (Interpersonal Sensitivity), and HOS (Hostility) all have lower scores (in a range of 51.67 to 57.85), suggesting that, although present, these symptoms are relatively less severe or frequent than the others.

The results show that the symptoms of phobic anxiety, somatization and obsession-compulsion are the most reported or severe in this sample. Depression also shows an elevated level, while symptoms of psychoticism, anxiety, paranoia, interpersonal sensitivity, and hostility are less pronounced, but still relevant.

Comparing the average scores between men and women, the following information was obtained:

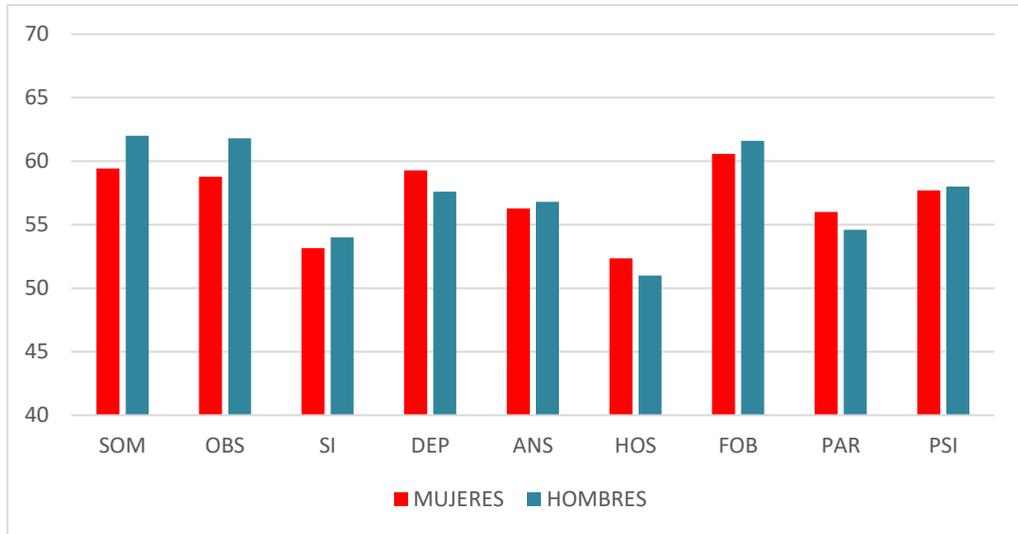


Figure 2. Averages: Male And Female

Source: Own elaboration. In original Spanish language

SOM (Somatization): Women have a slightly higher average than men, although both genders show relatively high values in this category.

OBS (Obsession-Compulsion): Men have a higher average compared to women, suggesting that men report more obsessive-compulsive symptoms in this sample.

SI (Interpersonal Sensitivity): As in the previous category, men show higher values than women.

DEP (Depression): Women have higher averages than men, suggesting a higher prevalence of depressive symptoms among women.

ANS (Anxiety): A slight difference is observed here, with women reporting higher levels of anxiety compared to men.

HOS (Hostility): Men exhibit higher levels of hostility compared to women.

FOB (Phobia): Although both genders have high values, women report a higher prevalence of phobic symptoms than men.

PAR (Paranoia): There is no significant difference between men and women in this category, although women have a slight increase.

PSI (Psychoticism): As in other categories, men have slightly higher averages than women in psychoticism.

Overall, the graph suggests gender differences in the prevalence or severity of some psychological symptoms. Women tend to report more symptoms in the categories of somatization, depression, anxiety, and phobia, while men show higher averages in obsession-

compulsion, interpersonal sensitivity, hostility, and psychoticism.

These differences may be influenced by biological, cultural, or socialization factors that affect how men and women experience and report their psychological symptoms.

The incidence of early maladaptive schemas in the population studied is presented below:

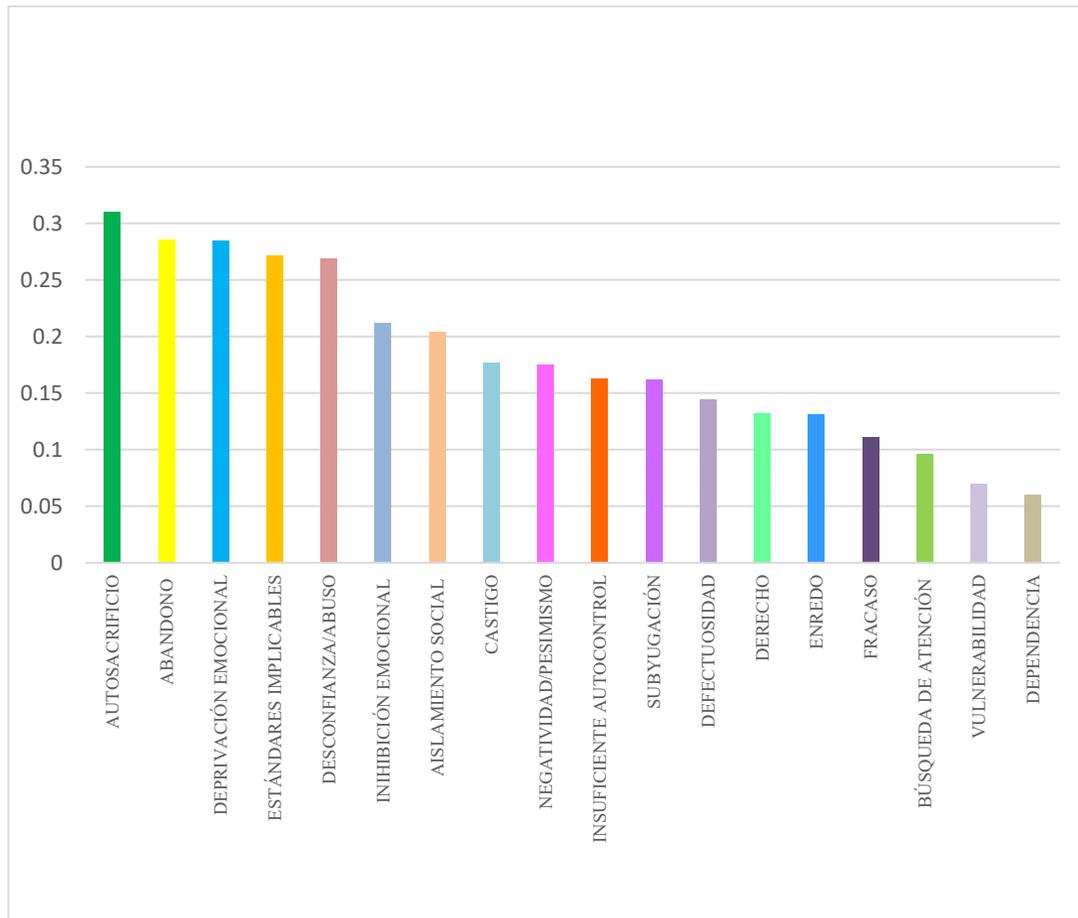


Figure 3. Incidence of Maladaptive Schemas

Source: Own elaboration. In original Spanish language

Self-sacrifice: This is the scheme with the highest average value (0.3), which suggests that in this sample people tend to prioritize the needs of others over their own, in an exaggerated way.

Abandonment: It also has a high value, which indicates a fear of loss or that people close to them will move away or not be available when they are needed.

Emotional deprivation: Shows high value, reflecting the belief that one's emotional needs will not be adequately met by others.

Unrelenting standards and distrust/abuse: They are also among the most prevalent schemes,

suggesting that individuals have very high expectations of themselves or that they fear being exploited or hurt by others.

Emotional inhibition and social isolation: These schemas indicate that people tend to suppress their emotions or feel isolated from the rest of the social group.

Punishment and negativity/pessimism: These values reflect beliefs about the need to punish oneself or that the future will always be negative.

Insufficient self-control and subjugation: They are observed with moderate values, which could indicate difficulties in maintaining impulse control or a tendency to submit to the desires of others.

Schemas with low values: Among them, we find dependence, vulnerability, failure, and attention seeking, which suggests that these beliefs are less prevalent in this sample compared to the other schemas.

The most prevalent maladaptive schemas in this sample are self-sacrifice, abandonment, and emotional deprivation, which could suggest a significant tendency to put others ahead of themselves, along with a deep fear of not receiving the necessary emotional support. Other schemes related to high standards and distrust are also important. This suggests that, in this sample, maladaptive beliefs revolve around the relationship with others and the perception of oneself as insufficient or at risk of being emotionally hurt.

Comparing the averages of the male and female users of the center who participated in the research, the following results were obtained:

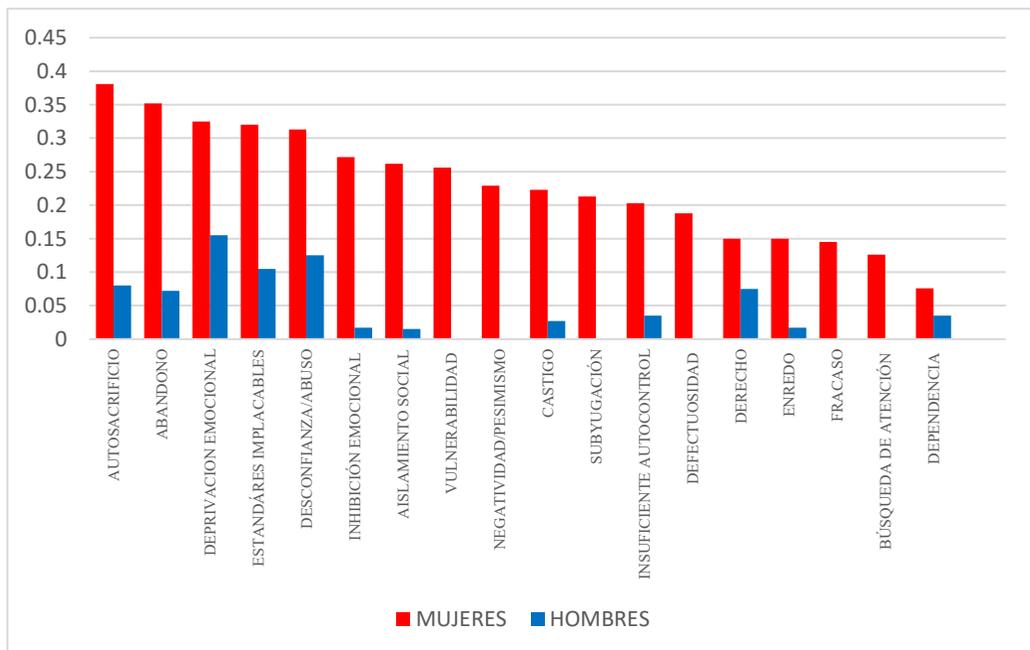


Figure 4. Averages of Participating Men And Women

Source: Own elaboration. In original Spanish language

Self-sacrifice, abandonment, and emotional deprivation: Women have significantly higher averages than men in these categories, suggesting that women in this sample are more likely to sacrifice their own needs, fear being abandoned, and feel that their emotional needs will not be met.

Unrelenting standards and distrust/abuse: They are also higher in women than in men. Women may feel greater pressure to reach high standards and be more suspicious due to experiences of abuse or mistreatment, according to the results of this sample.

Emotional inhibition and social isolation: Women again show higher values compared to men, reflecting a greater tendency to suppress their emotions and feel socially isolated.

Vulnerability, negativity/pessimism, subjugation, and punishment: In these schemes, women continue to have higher averages, suggesting that they may be more likely to feel vulnerable, pessimistic, submissive, or self-critical in this sample.

Schemes with lower values in men: Men have consistently lower values in almost all schemes, with dependence and attention seeking being some of the few categories where their values are slightly more comparable to those of women, although women continue to report higher prevalence in these areas.

This graph suggests that, in the sample evaluated, women tend to report more maladaptive schemas than men, particularly with regard to self-sacrifice, abandonment, emotional deprivation, and distrust/abuse. This could imply that women experience more challenges related to emotional dependence and vulnerability, while men seem to experience these schemas to a lesser degree.

The cognitive distortions associated with these schemas are the following:

Scheme	Main associated cognitive distortions
Self-sacrifice	Without me, everything collapses; If I didn't do all the things I do, nothing would work properly.
Abandonment	I often feel abandoned and alone; There are no real friends or stable people in my life.
Emotional deprivation	No one supports/understands me. Others don't accept my feelings.
Unforgiving standards	The only way to be valuable is to achieve something.
Distrust/abuse	Getting too close is dangerous; I must be careful not to be exploited or mistreated.

Table 1. Associated Cognitive Distortions

Source: Own elaboration

On the other hand, men obtained higher scores in the maladaptive schemes of: emotional deprivation, distrust-abuse, implacable standards, entitlement and abandonment.

The main cognitive distortions associated with these schemas are the following:

Scheme	Main associated cognitive distortions
Emotional deprivation	No one supports/understands me. Others don't accept my feelings.
Distrust/abuse	Getting too close is dangerous; I must be careful not to be

	exploited or mistreated.
Unforgiving standards	The only way to be valuable is to achieve something.
Self-sacrifice	Without me, everything collapses; If I didn't do all the things I do, nothing would work properly.
Right	I don't need to learn new things. Homework is for other people, not me. The rules that everyone follows don't apply to me because I'm special.

Table 2. Associated Cognitive Distortions

Source: Own elaboration

Throughout the research, data on the symptoms of the patients were obtained during the monitoring process received in the Psychological Care Module of the Faculty of Psychology. The instrument was applied at the beginning of each session. It should be noted that the interventions are carried out based on the schema therapy approach.

Below are 9 of the 19 cases attended, who received 5 or more sessions of treatment:

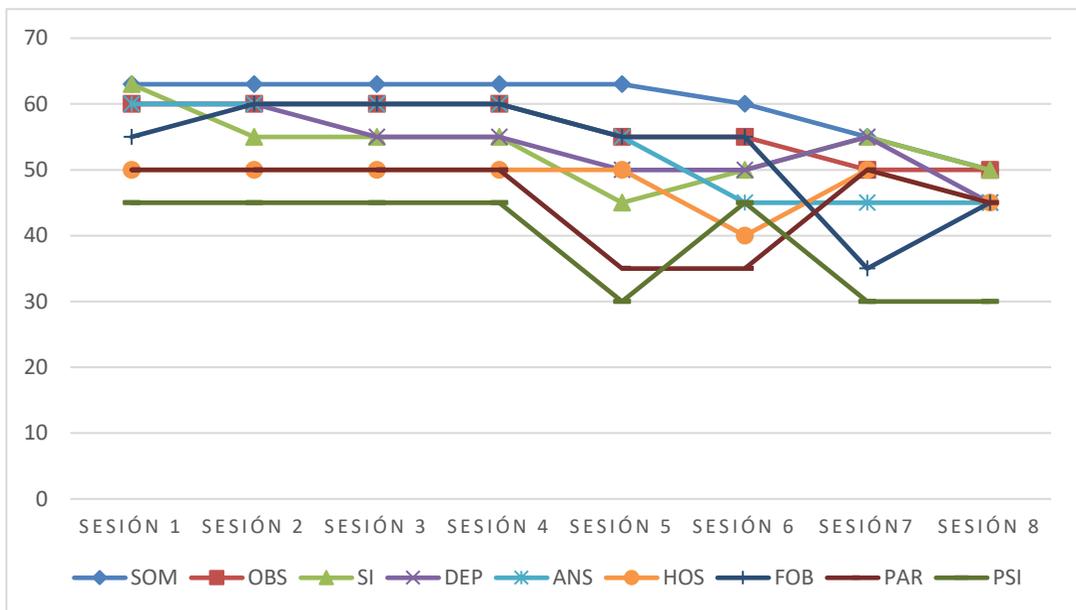


Figure 5. CASE 1: 28-Year-Old Female

Source: Own elaboration. In original Spanish language

The graph shows a clear improvement in most symptoms throughout the eight treatment sessions, with significant reductions in somatization, obsession-compulsion, anxiety, depression, hostility, phobia, paranoia, and psychoticism. This suggests that the treatment has been effective in addressing multiple psychological dimensions in this particular case. The most marked decrease occurs after the fourth session, which could be a key point in the therapeutic process.

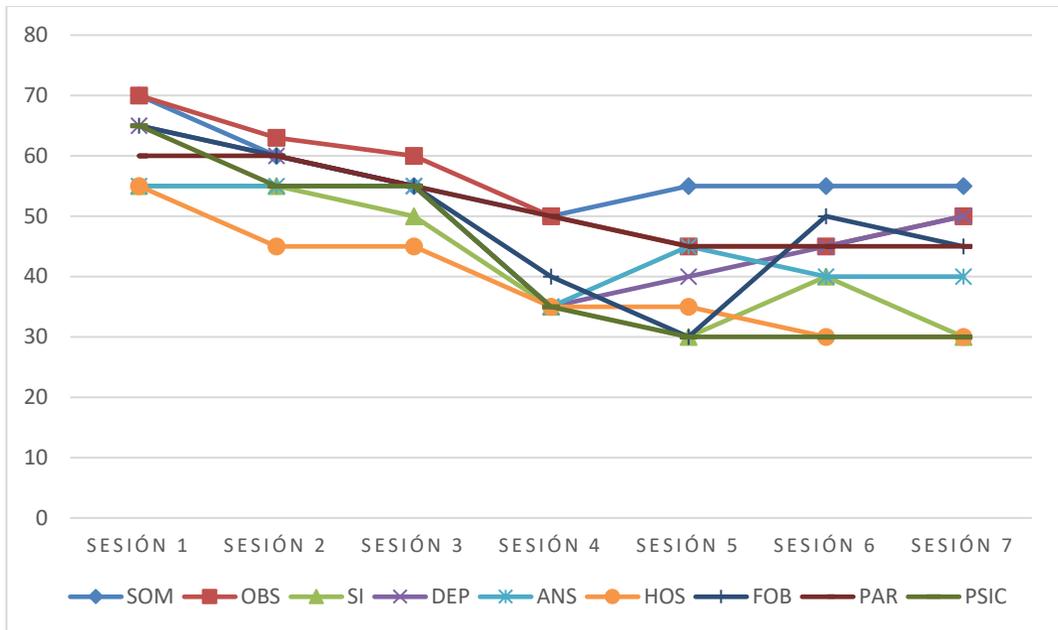


Figure 6. CASE 2: 19-Year-Old Female

Source: Own elaboration. In original Spanish language

Overall, the patient shows a marked improvement in almost all symptoms throughout the seven treatment sessions. The greatest reductions are observed in obsession-compulsion, depression, anxiety, hostility and phobia. However, the symptoms of somatization seem to be more persistent and do not subside as quickly as the others. Fluctuations in obsession-compulsion levels toward the end of treatment could suggest that those symptoms require additional follow-up.

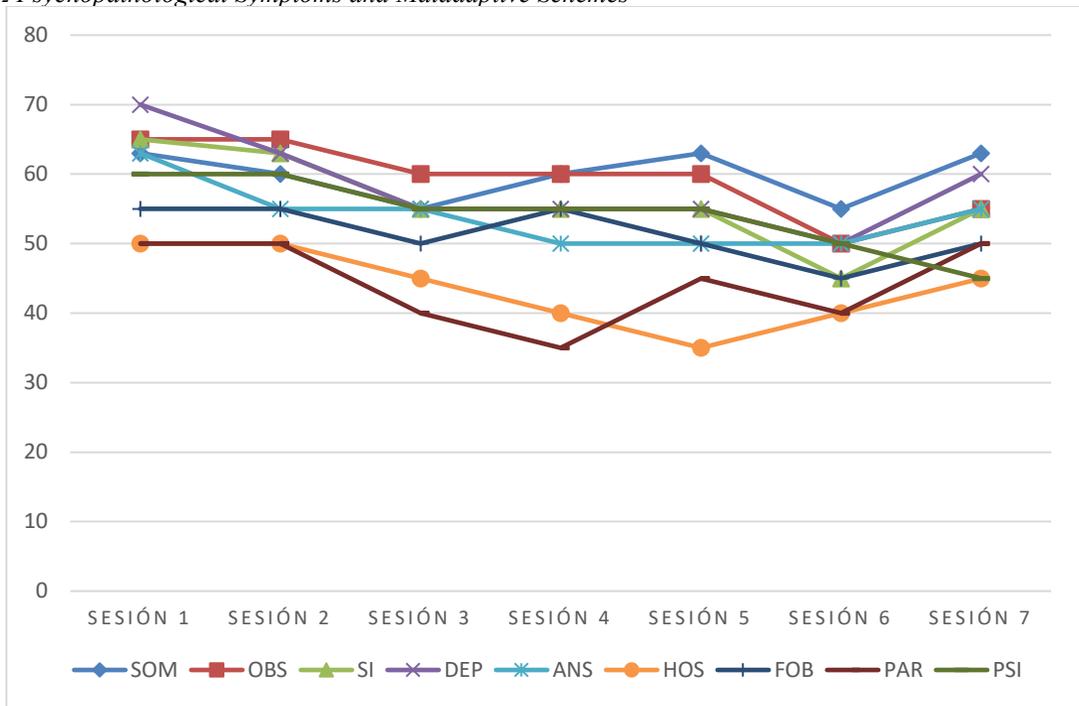


Figure 7. CASE 3: 23-Year-Old Female

Source: Own elaboration. In original Spanish language

The graph shows an overall improvement in symptoms of anxiety, hostility, and phobia throughout treatment, with more noticeable reductions in the sessions in between. However, other symptoms such as obsession-compulsion and depression seem to require more attention, as they show an uptick towards the last sessions. These symptoms may require a longer or more targeted therapeutic approach to achieve better stabilization.

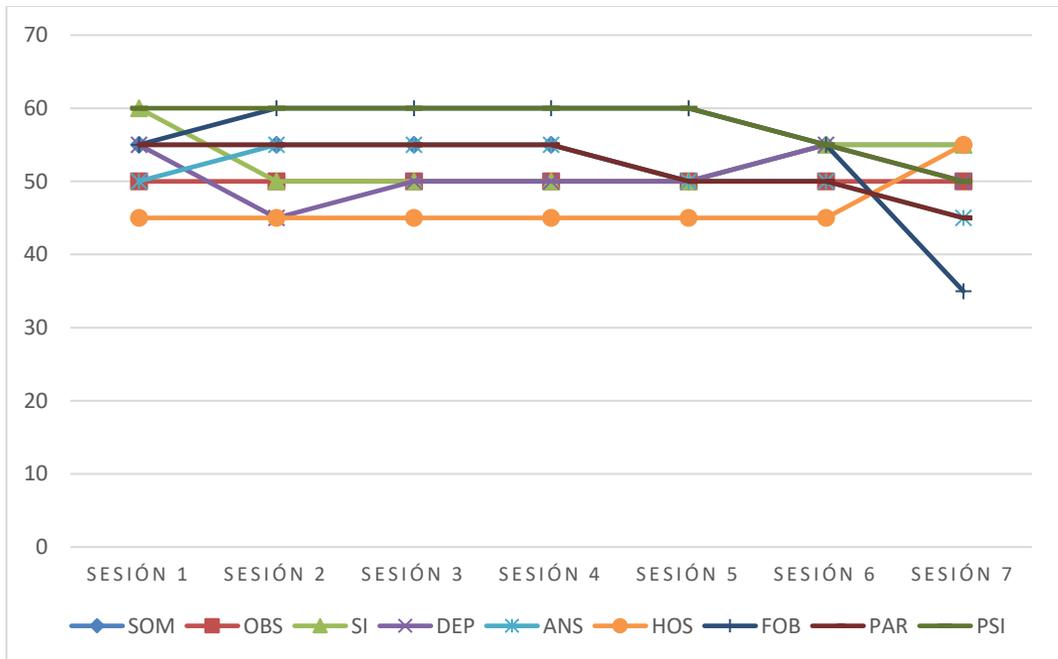


Figure 8. CASE 4: 45-Year-Old Female

Source: Own elaboration. In original Spanish language

In this case, a clear improvement in the symptoms of somatization and phobia is observed, especially towards the last sessions. However, other symptoms such as obsession-compulsion, interpersonal sensitivity, and depression remain fairly stable, showing no significant improvement. This could suggest that, although there has been progress in some areas, other aspects may require more focused or prolonged treatment to obtain noticeable improvements.

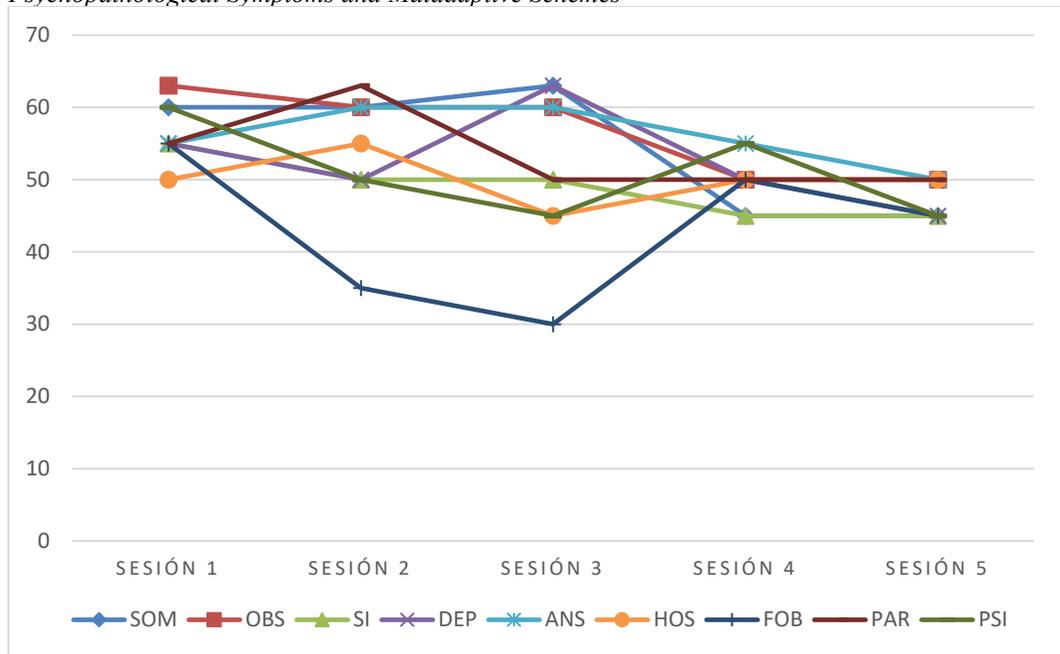


Figure 9. CASE 5: 20-Year-Old Male

Source: Own elaboration. In original Spanish language

In this case, a significant improvement is observed in most symptoms, especially in somatization, phobia and anxiety, where scores drop drastically in the first sessions and remain low. Other symptoms, such as obsession-compulsion and depression, show slight improvement, but remain stable at medium levels. The symptoms of paranoia and psychoticism are the least intense and do not seem to have fluctuated significantly throughout treatment.

In summary, this case shows positive progress in several key areas, although some symptoms, such as obsession-compulsion, may require further attention to achieve further improvements.

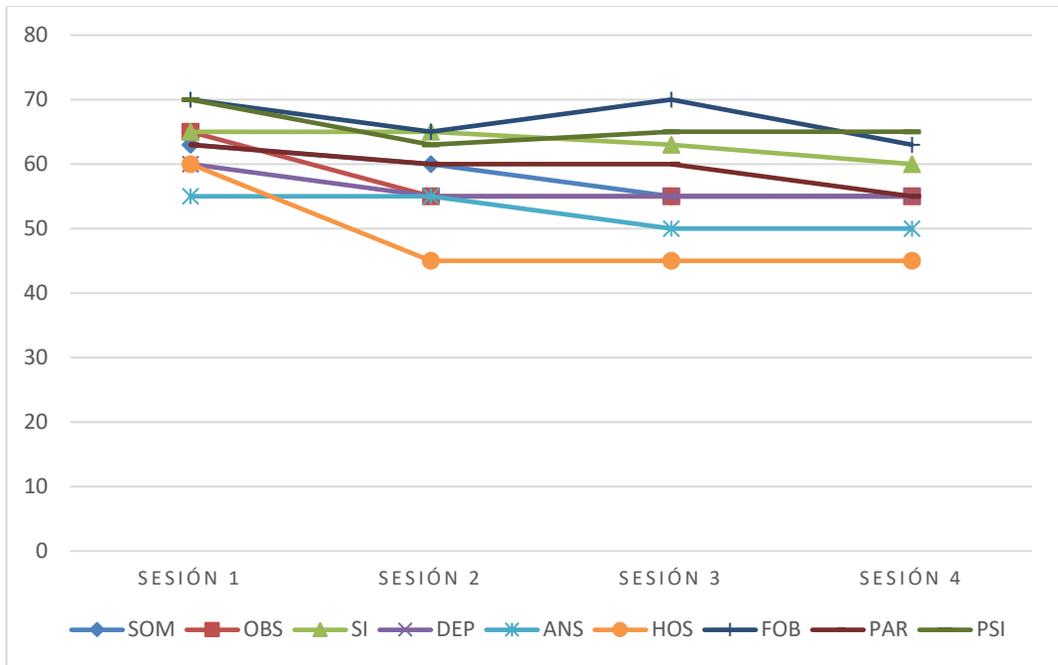


Figure 10. CASE 6: 50-year-old female

Source: Own elaboration. In original Spanish language

This clinical case shows a notable improvement in the symptoms of somatization, anxiety and, to a lesser extent, phobia and obsession-compulsion. However, symptoms of interpersonal sensitivity and depression remain relatively elevated, suggesting that these areas may require a more targeted or prolonged therapeutic approach to achieve more significant improvements.

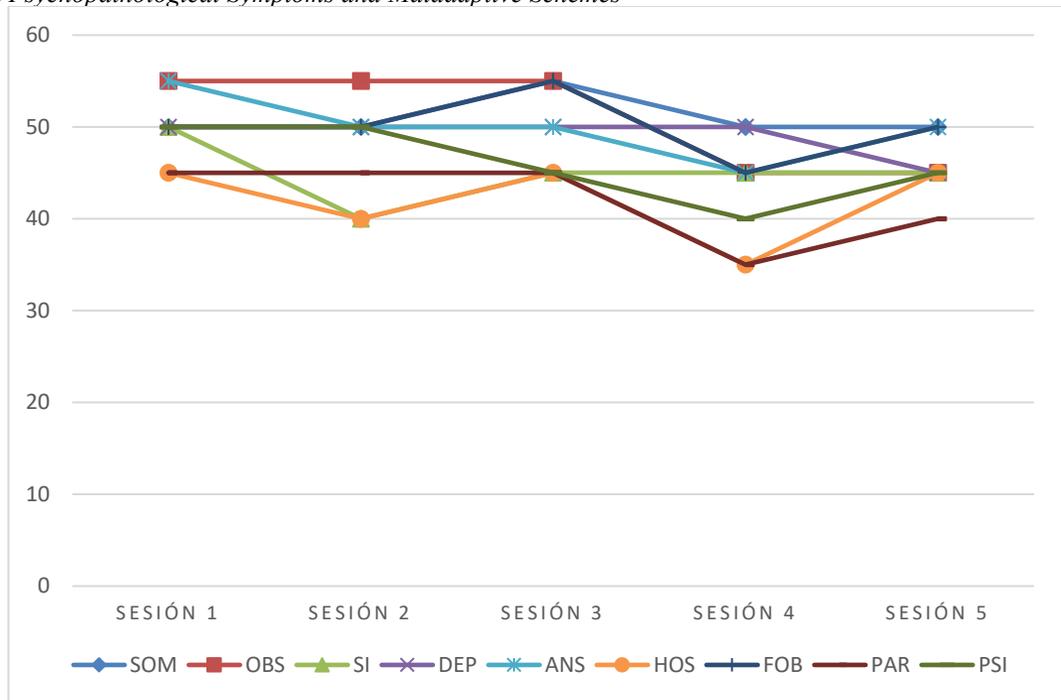


Figure 11. CASE 7: 22-Year-Old Male

Source: Own elaboration. In original Spanish language

In general, a slight improvement is observed in some symptoms, such as depression, anxiety and hostility, while other symptoms, such as somatization, obsession-compulsion and phobia, show fluctuations and less improvement. The symptoms of paranoia and psychoticism do not seem to be particularly problematic in this case, as they remain low throughout treatment.

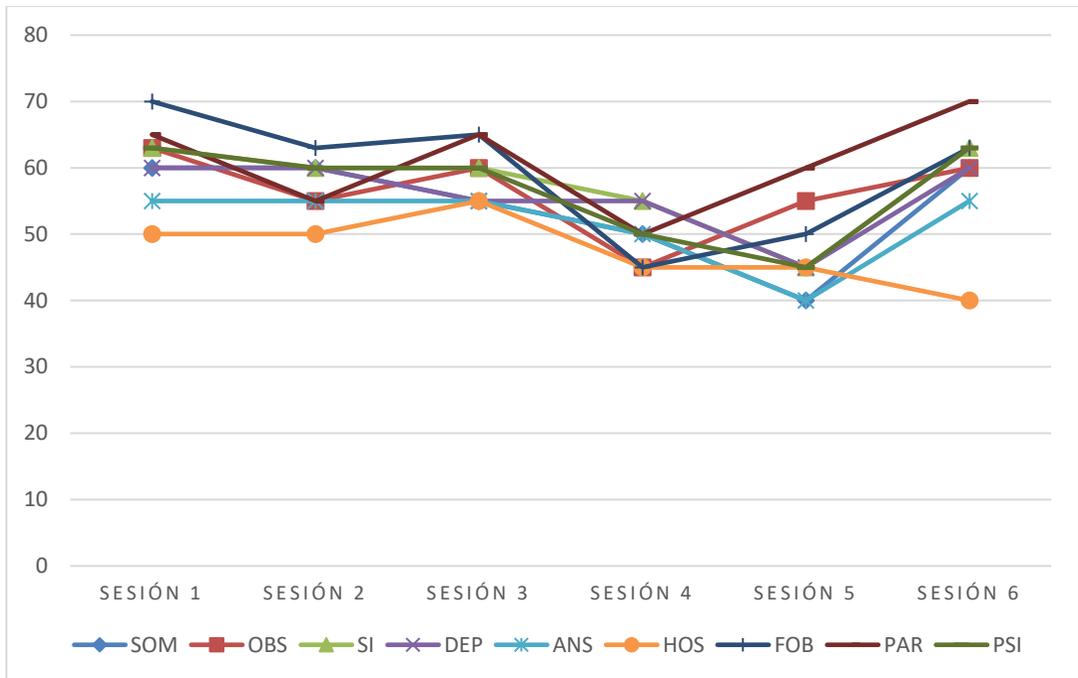


Figure 12. CASE 8: 44-Year-Old Female

Source: Own elaboration. In original Spanish language

In this case, the symptoms show a general trend of improvement until the fourth session, with notable reductions in somatization, obsession-compulsion, phobia and anxiety. However, from the fifth session onwards, many of these symptoms show an uptick, especially in paranoia, obsession-compulsion and interpersonal sensitivity, which could indicate a fluctuation in the patient's emotional state or the need to adjust the therapeutic approach.

This case suggests that although there were significant improvements in several areas, symptoms could be experiencing a mild relapse towards the end of treatment, which could require additional intervention to maintain and consolidate the gains made.

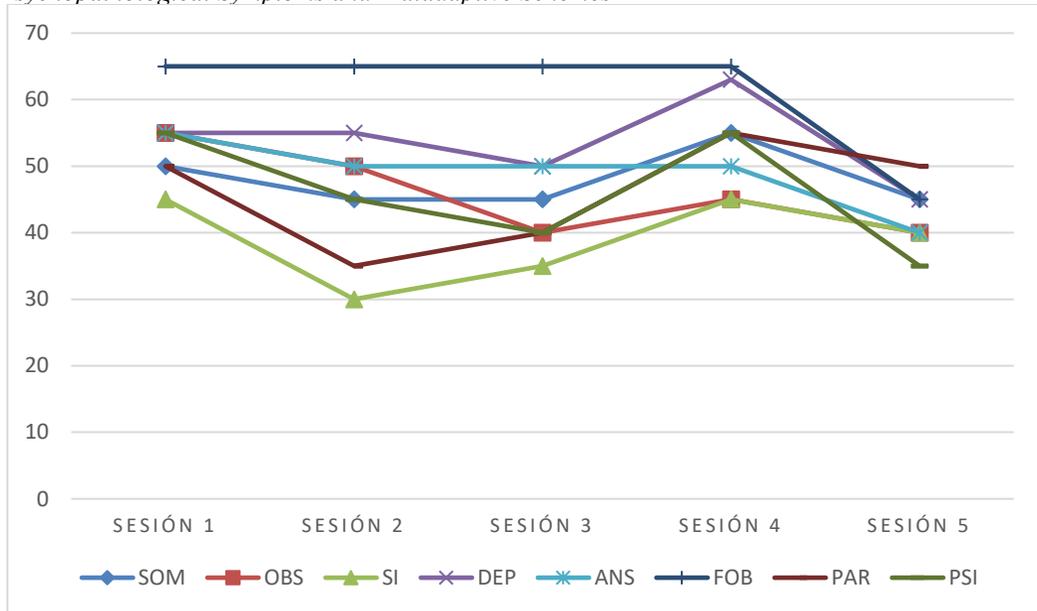


Figure 13. CASE 9: 23-Year-Old Female

Source: Own elaboration. In original Spanish language

Overall, symptoms show moderate improvement in most areas, especially in interpersonal sensitivity, anxiety, paranoia, and psychoticism. However, some symptoms, such as depression and phobia, experience fluctuations throughout treatment, which could suggest the need for adjustments in the therapeutic approach to sustain long-term improvements. Somatization is the symptom that shows the least variation, remaining stable and elevated throughout the sessions.

Conclusions

After analyzing the results of this research, we can conclude that the clinical pictures observed in the studied population are manifested in a variety of clinical symptoms that may correspond to different psychological pathologies. Among these symptoms, the presence of early maladaptive schemes that underlie the conflicts and emotional difficulties experienced by individuals stands out. These schemas have a significant influence on the appearance and maintenance of psychological disorders in this population.

Modern life involves constant exposure to chronic stress factors, which, when not properly managed, activate various adaptation mechanisms. However, many of these mechanisms are dysfunctional and lead to the development of psychological problems. This context of psychological vulnerability is particularly relevant in the low-income adult population, which requests psychological care in public health centers. Consequently, it is consistent that the most prevalent psychopathological symptoms in this population are phobias, somatizations, obsessions and depression.

The first three symptoms – phobias, somatizations and obsessions – are clearly related to anxiety disorders. Phobias are triggered by exposure to specific stimuli (objects or situations), somatizations represent the physical manifestation of anxiety through bodily symptoms, and obsessions are usually linked to concerns about order, cleanliness, and contagion. As for

depression, risk factors cover several areas: biological (eating disorders, hydration, rest and substance use), cognitive (negative thoughts about oneself, the world and the future), emotional (feelings of sadness, worthlessness and lack of interest), behavioral (levels of activation and participation in activities) and somatic (fatigue, lack of energy and psychomotor slowdown).

The results obtained regarding early maladaptive schemas reveal significant differences between men and women, which highlights the influence of gender on psychological patterns. In women, the main maladaptive schemes are self-sacrifice and abandonment, which reflect a tendency to prioritize the needs of others over one's own and a constant fear of rejection or loss of support. In contrast, in men, although these same schemas are present, they occupy a less predominant position. Similarly, the scheme of entitlement—related to an exaggerated sense of privilege—occupies a prominent place in men, while in women its prevalence is considerably lower.

These findings are consistent with a qualitative analysis of the reasons for consultation in this population, where reports of violence against women (such as infidelity, psychological and physical abuse, economic violence, among others) are recurrent. These experiences seem to contribute to the formation and reinforcement of the maladaptive schemes mentioned, particularly in the case of women.

Although no significant differences were found between men and women in the perception of their clinical symptoms, notable discrepancies were observed in terms of maladaptive schemes. This suggests that although both genders experience similar emotional distress, women tend to be more aware of the interpersonal factors that impact their emotional well-being. Women, therefore, seem to be more attentive to how social interactions influence their affective states and behavioral responses, while men may focus more on individual or intrasubjective aspects.

These results highlight the importance of further research on gender differences in the way psychological symptoms and maladaptive schemas manifest and experience. Further research with a larger number of participants is needed to confirm these findings and, in turn, explore in greater detail the relationship between maladaptive schemas and clinical symptoms in different population groups.

In conclusion, this research underscores the importance of a comprehensive and personalized approach to psychological care, which takes into account both clinical symptoms and maladaptive schemas, with special attention to gender differences and socioeconomic context. Only in this way will it be possible to design more effective therapeutic strategies to prevent and treat psychological problems in vulnerable populations.

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