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STUDY OF EARLY MALADAPTIVE SCALES IN DEPRESSED AND NON-DEPRESSED STUDENTS

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ABSTRACT

The cognitive models in justifying psychological disorders refer to the effect of the negative schemas in forming psychopathological symptoms. This study is carried out to compare the primary maladaptive schemas in depressed and non-depressed students. To do so, two standard questionnaires i.e. YSQ (Young`s short form questionnaire) based on Jeffery Young`s Schema therapy, and Beck depression Inventory (BDI II) were administered. The statistical population was 140 students from Payame Noor university of Tabriz.

The study was done in two stages. The first stage included 60 depressed students who had referred to counseling center and psychiatric clinic of Tabriz Payame Noor university. The second stage included 80 non-depressed students (control group). The two groups concerning the age, social and marital status were equal. The results showed that there was simultaneously a significant difference between the depressed and non-depressed students means in all five maladaptive schemas. Concerning the amount of squared, the amount of difference effect was about medium to strong. Based on the schemas, it can be possible to separate depressed from non-depressed students. The obtained results were in accordance with previous researches. As a whole, the amount of et al squared showed that there was a strong relationship between maladaptive schemas in depression.

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Introduction

The life of millions of people throughout the world have been affect by depression disorder. Depression is throught to be the most common psychiatric disorder [1]. Depression is the most prevalent mood disorder which the most theoretical research and clarification have been allocated to it in recent century [2].

Attempts have been made to describe, clarify, control and cure psychological pathology related to emotional disorders such as depression, the role of theoretical views, in particular the cognitive views have been prevalent.Beck & et al. based on numerous research and clinical experiences have obtained the following results that the depressed students have negative thought about themselves, the world, experience and their future. They see others as rejectioner, non-supportive and themselves as a person who has deficiency and weajness dealing with important aspects. The depressed students in order to safeguard their preserved resources, they will become passive , withdrawal and need to be convinced of the availability of close friends. Their depressed mood will cause biased memory in a way that arbitrarily recalls other failure evidences from past [3]. Negativist beliefs will cause the depressed students think that they do not have control over the important events in their life, consequently , they feel learned helplessness [4]. They have more tendency to see themselves in a negative method and they show high disharmony between how they see themselves and how they should be plenty of theories in the field of psychological pathology about the characteristics of depressed people have been presented which any of them have determined evidence. For example, those who are affected by depression often show epiphora, irritability, intellectual employment, Scruple, anxiety, phobia, radical worry about physical health [5]. Depressed students think that their recent problem is not solvable and there is no hope for change. Chaos in thought along with automatic negative thought, distortion in stimulus and events about oneself and others are important factors which prolonys the depression in such patients. Concerning the semiology and justification of variable aspects of the disorder, the study of psychopathology should consider the role of cognitive distortion, childhood damaged and schemas formation is more than the other factors. [7] mentions that the key element is in cognitive processing of

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emotional information, characteristics, beliefs, and the individual´s fundamental emotional experiencae. In psychopathology based on the stress vulnerability model many researches have been done on the role of family related factors as the background of individual´s vulnerability [6]. Piaget (1954), [8] quating believe that parent´s performance will generate and expand models inside the individual's cognitive organization which is known as schema.

According to Young, the permanent and continual thinking models which he called them the primary maladjusted or maladaptive schemas, will shape during the childhood and lead to maladaptive behavior models which are reinforcers of the same schemas and finally they will show up in all adulthood period [9, 10]. beck's cognitive therapy as one of the views which has had the most attention to the depressed patient's content and conceptual process, have presented several evidence in this regard, according to this model most of the individual's personal and social difficulties that depressed students experience are based on their view about themselves and others. This model of conception is called schema [7]. Following Beck's cognitive model of depression. Therefore, it is predicted that the particular primary pathologies along with particular negative schemas about self and universe which later leads to formation of disease symptoms are related. In spite of having exact information concerning reform in a etiology models of these symptoms, yet the comprehensive information about the construct of depression schemas and the routes to the etiology are not available [11].

It appears that the emphasis on intellectual content and process, and the more work on the levels of negative self ideas and medial patients beliefs, are not enough remedy for disorders such as depression, and the attention should be paid to the patients cognitive structures of maladapted schemas [10]. Cognitive depression models believes that the negative schemas have a role in depression symptoms [6,12] indicates that some of the childhood negative experiences, will generate the primary maladaptive schemas which influences their way of thinking, feeling, behavior and other aspects of their lives. [12] also believes that some of these schemas in particular those mainly formed because of unpleasant childhood experiences may be the essential care of personality disorder, mild characterology problems and many chronical disorders around the self. Research findings indicate that there is a relationship between certain schemas and the emergence of psychiatry symptoms. Young believes that any of the psychopathology symptoms is related to one or several of primary schemas. Studies have declared that the primary maladaptive schemas are inefficient mechanisms that directly or indirectly will end up in psychological perturbation (Marmon & et al., 2004: Taylor, 2005). According to [13], formation and constancy of primary maladaptive schemas related to the dependence and deficiency are found among the depressed people. [14] indicated that investigating the background of a particular schema is important not only because of its vital role in preparing individual for different forms of psychotraumas, but also the particular background of a schemas is often recognized and will be the objective for psychotherapeutic [14] through their clinical work with the patients who had important primary traumas, developed a theoretical model which would combine the primary traumatic experiences with early maladaptive schemas scale. For instance, he suggest that sexual and physical abuse in childhood will often lead to the growth of schemas with hazard background.

Concerning these matters and the clinical depression characteristics, the propounded probability about depressed students is that the schemas with hazard background preferably concerning physical, sexual abuse, and schemas with loss and worthlessness preferably emotional misbehavior, …….. . A lot of researchers have been carried out concerning the relationship between schemas and mental disorders in particular, depression. In a research, for example (MacGinn, Cukor, Sanderson, 2005 quoting [11], it was clear that the primary maladaptive schemas work as a medium in relationship with the history of parents style of abuse and negligence and present depression intensity.

[11] studied the relationship on the specificity between the childhood pathology, primary maladaptive schemas and sign profiles in adolescences depression. According to the specializing hypotheses, the loss background / worthlessness schemas were the mediator of the relationship between childhood pathology and the loss symptoms of pleasure. [15] studied the personality and primary maladaptive schemas. Using five factor model, 1947 outpatients were examined through Young's short form schema questionnaire and Beck's depression questionnaire. The correlation analyses indicated remarkable overlapping between primary maladaptive schemas and the personality five factor model, in particular in neuroticism. The primary maladaptive schemas predicted the depression symptoms and five factor personality model dimentions. Reinecke and Simons (2005) in their search for adolescences vulnerability to depression found that the primary maladaptive schemas along with low social skills are important factors in increasing the rate of adolescences vulnerability to depression. They studied a range of depression related factors such as primary traumatic, experiences, parent-child interactive model, biological factors and life events. They concluded that these factors with the failure in developing efficiency schemas and social skills, will related to depression.

[16] in a study of the long-term consistency and persistence of primary maladaptive schemas, 55 depressed patients with the age rang form 250 to 50 were examined. The results showed that the primary maladaptive schemas even even after the control for the intensive depression and neuroticism had the proper levels of consistency and differential validity. The comparison of these findings with research literature shows that the consistency and differential validity of primary maladaptive schemas are completely similar to these of personality disorders. A question, therefore, would be posed: Is there a difference between the depressed students maladaptive schema and those of non depressed? On the other hand, the results of pathological studies indicate that the formation of maladaptive schemas and depression accurency is a multi component process such as maladaptive generosity schema, preoccupied, emotional intitlement and inhibition are also components which are considered in pathological symptoms of depression.

Researcher, therefore, would say that the formation of schemas may have negative results for individuals, consequently they will be susceptible to depression. Thus, it seems that these two components ie. (lack of satisfaction of childhood emotional needs and schemas formation) are able to lead to adulthood depression. Comparison of primary maladaptive schemas in depressed and non-depressed students, and recognition of the relationship between primary maladaptive schemas and depression in the research hypothesis also dealt with the difference between depressed and non-depressed students in different fields of self-regulatory and deranged performance, deranged limitations, other directions, hypervigilance and inhibition.

Methodology

Population, sample and statistical procedure

The method of the research is descriptive – causal – comparative. The statistical population was all the students affected by major depression referred to counseling center and Counseling Center in Payame Noor University of Tabriz. The sampling method was purposive sampling. Thus, through diagnostic interview and Beck's depression test (BDI II) 60 students were selected, and 80 normal students who did not have precedency of neurotic depression were also chosen.

The research tools

A) The second edition of Beck's depression questionnaire (BDI II, Beck & et al., 1996).

This questionnaire for the first time in 1961 was introduced by Beck & et al. and in 1996 is was revised by Beck, … and brown. This is a questionnaire which is used more widely in assessing the depression intensify.

It was devised based on non-depressed psychiatry patient's clinical common symptoms observation [17]. This questionnaire included 21 items in which each item tests one of the depression symptoms. Each item consists of 4 sentences which measures the intensity of depression. Each sentence has the intensity from 0 to 3 score. Researches have shown that the questionnaire has high internal constancy and Alpha coefficient between 0.73 to 0.96 which shown high validity. The psychometrics characteristics of the mentioned questionnaire in Iran are: Alpha coefficient 0.91, correlation coefficient between two half was 0.89, the retest coefficient after one week was 0.94, its correlation in Beck's first edition of depression test was 0.93 (…). To obtain the psychometrics characteristics of Beck's second version of the depression test, the results were Alpha coefficient was 0.75.

2) Young's schema questionnaire

The abridge form of Young schema questionnaire include 75 items. Each item has been rated into six categories from the least to the most related to the respondent. Each of the phrases belong to one of the EMS's categories which has been derived in a logical form.

Findings

Considering the studied variables and the obtained data from their measurement, in order to test the research hypothesis, the multivariate analysis of variance (MANOVA) has been used.

Table 1. A summary of multivariate test

Squared eta	P	Error degree of freedom	Degree of freedom	F	Values	Tests	Effects
0.456	0.000	121	5	20.374	0.454	Welks Lambada	

According to the table(1), the Welks Lambeda value of (0.454) and calculated F (20.374), with degree of freedom of (121 and 5), the null hypothesis can be rejected (P<0.01). In other words there are significant in schema mean scores among the depressed and non-depressed students. The effect measure of difference considering eta squared value (0.456) is from average to strong and based on the schemas the oppressed and non- oppressed students could be separated. As a whole, the eta squared value of (0.456) shows a rather strong relationship between maladaptive schemas and depression.

Table (2), the summary of the tests effects between subjects

source	Dependent variables	SS	Df1	Df2	MS	F**	Eta square
Depression	Separation& rejection	32378.284	1	125	32378.284	99.147	0.442
	Self- regulation and disordered performance	14621.352	1	125	14621.352	59.367	0.322
	Disordered restrictions	2871.734	1	125	2871.734	34.700	0.217
	Other directedness	2588.215	1	125	2588.215	22.727	0.154
	Vigiliance & inhibition	3021.951	1	125	3021.951	32.784	0.208

**(p<0.01)

According to the table (2), the following interpretations about the results of the tests of the effects between the subjects and the calculated indices can be presented.

In the first domain of separation and rejection the calculated F value (99.147), with degree of freedom (1 and 125) indicates that there are significant difference between the mean of depressed and non- depressed students (P<0.01). The eta squared value of (0.442) shows a rather strong relationship between the separation and rejection schemas with depression.

Considering second domain of self- regulation and disordered performance the calculated F value (59.367), with degree of freedom (1 and 125) shows that there are significant difference between the mean of the depressed and non- depressed students

in the second domain (P<0.01). The eta squared value of (0.322) indicates the amount of effect difference and shows the relationship between the maladaptive schemas of self- regulation and disordered performance with depression.
Considering the third domain (disordered restrictions), the calculated F value (34.700) with the degree of freedom (1 and 125) shows that there are significant difference between the mean of depressed and non- depressed students in the third domain (P<0.01). The eta squared value of (0.217) indicates the amount of effect difference and shows the relationship between maladaptive schema of disordered restrictions with depression.
The fourth domain (other directedness), the calculated F value (22.727) with the degree of freedom (1 and 125) indicates that there are significant difference between the mean of depressed and non- depressed students in fourth domain (P<0.01). The eta squared value (0.154) shows the amount of effect difference, and shows the relationship between maladaptive schema of other directedness with depression.
Considering the fifth domain (vigiliance and inhibition), the calculated F value (22.727) with the degree of freedom (1 and 125) indicates that there is a significant difference between the mean of depressed and non- depressed students in fifth domain (P<0.01). The eta squared value (0.154) shows the amount of effect difference, and shows the relationship between the maladaptive schema of vigiliance and inhibition with depression.
According the information in table (2) and the eta squared value related to each of the domains, in answer to the first question of the research it can be judged that the priority of the five maladaptive schemas are as follow: separation and rejection (0.442), self- regulation and disordered performance (0.322), disordered restrictions (0.217), vigiliance and inhibition (0.208), other directedness (0.154).

Conclusion

The study was designed to compare the early maladaptive schemas in depressed and non-depressed students. As the finding indicates there was a significant difference between the two groups in all the domains of early maladaptive schemas. The significant difference of patient group with non clinical group was in line with cognitive pathology theory. According to this theory suffering from emotional disorders is always accompanied with activation of inefficient schemas which have shaped in early year of individual's experience. This activated schemas make the individual susceptible to biase assessment, thinking stimulation, severe emotional responses, and trouble some, thus, the depression become severe [10].
According to cognitive pathology, in emotional disorders there are a possibility that all the early maladaptive schemas be activated [13]. The cardinal bases of cognitive depression model are the childhood pathology and formation of the early maladaptive schemas, which is a potential factor of vulnerability for later depression. Those students who have experienced it, will not necessarily continue this disorder in themselves. Attentions have been drawn to the mechanism through which childhood pathology leads to future depression.
Both [7, 13] cognitive theory and [8] attachment theory have proven that the negative experiences in childhood will become intrinsic and will continue until the time the child reaches to the point to react against the external events. According to Beck's view, having negative experience from parents, and being abused will lead to generate and grow a strong, and complex negative belief system about self, universe, and future which are constant and resistant to change [7]. Then, this cardinal beliefs or schemas will become mediator for the relationship between the childhood pathology and later depression.
The essential points obtained from the present findings can have important theoretical and therapeutic promotions. First, the constructive communication model with the child and providing a proper environment are effective factors in maladaptive schemas formation inhibition. This findings have implicit message. The recognition of a forementioned schemas before the individual's suffering from depression, through measuring the intensity of these schemas and identifying the maladaptive schemas model in depressed and non- depressed students, probably the proper strategies and interventions can be implemented to reduce the intensity of these schemas. Second, the findings showed that there is probably a critical point in schemas domains continuum in the interval of health and depression. This issue accompanied with theoretical and clinical promotion along with satisfying childhood emotional needs could provide an important step toward growth and mental health of childhood. One of the important procedures in the growth of this mental health is helping to satisfy the individual's immune attachment to others, self- regulation, competence and identify, freedom in stating healthy needs and emotions, spontaneity and entertainment, and realistic restrictions.
It is worth mentioning, although the schemas model based on the findings of this study is good for differentiation between the students suffering from depression and healthy ones, nevertheless, there is need for an investigation on larger samples to assess schemas in different groups and lead to generalizability of the studies. The study of cognitive components will not be complete unless the roles of other factors such as higher education, marriage, life satisfaction, and other factors be considered. Finally, the most major limitation of the study was considering the other environmental and cognitive factors along with schemas which calls for a more comprehensive study.

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