



## COMPARING EARLY MALADAPTIVE SCHEMAS IN TRANSSEXUAL PATIENTS AND THE CONTROL GROUP

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### ABSTRACT

**Background:** Transsexual (abbreviation: TS) individuals are those who have contradictory gender identity. One of the most important aspects of human identity is gender identity.  
**Method:** The present study was a causal-comparative one and its objective was to compare early maladaptive schemas, coping strategies and methods of parenting among transsexual patients (females who had sex change and became male) and girls at risk. The statistical population included transsexual patients at age range of 17-30 years in 2016 that were identified through Welfare organization in Mashhad, who had referred to this center for counseling services. The sample of transsexual patients was selected by convenience sampling, but since based on the statistics announced by informatics sector of this center the average number of ordinary people referred to this center was 100 people, the sample size was selected equal to 69 people based on Morgan Table. In the present research, to collect data Young (1998) 75-item questionnaire, which has been designed to evaluate early maladaptive schemas, was used.  
**Findings:** The results showed that there was a significant difference between the mean scores of four schemas including emotional deprivation, dependence/incompetence, enmeshment/undeveloped self, self-sacrifice/self-discipline in transsexual group and control group.

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### Introduction

**Statement of problem** Gender identity disorder is a kind of diseases that confuse patients and deprive them accepting and presenting the social responsibilities, rights and advantages, because most of the individuals avoid acceptance of transvestite men or women. Gender identity disorder alters the course of life and creates many problems in all physical, psychological, social, economic and family dimensions, increases the feeling of dependency, low self-esteem, the reduced social capital and the increased vulnerability feeling in the patients. Daily functions disturb social activities and peace of mind and cause patients become dependent on other people and need their support, as well as they become unable to participate in normal social activities. All these problems along with different treatments, side effects and high costs of treatment are followed by decreased quality of their life; thus, comparing the cognitive and behavioral components in transsexual patients with control group can have significant theoretical and practical value in addressing the problems of these patients [1].

Gok (2012) studied the factors related with psychological well-being, early maladaptive schemas, coping styles and parenting styles. He showed that negative parenting practices from both parents are related with strong levels of early maladaptive schemas. He also showed that some early maladaptive schemas are correlated with overcompensation coping styles.

Precognition and the trend of gender identity disorders relate to the beginning age and severity of symptoms. It is before age of four in boys and is early in girls. In adults, this trend tends to become chronic. Universal statistics informs about the birth of three transsexual babies among 100,000 live births in average. It is predicted that there are about 4000 patients with gender identity disorder. The prevalence rate is one per 3000 men and one per 100000 women. Also, the prevalence rate among men is three times of women [2]. Masculinity and femininity that is formed during the course of socialization, discrimination and gender differences between men and women will be followed by consequences that one of them is the difference in factors that cause job satisfaction in social life for women and men [3].

These people suffer a lot of stress in society and in their interpersonal relationships, as a result, they use different coping strategies to reduce their stress which affect their mental health. It is for a long time that the concept of coping has been proposed in psychology and its early official use dates back to the 1960s and 1970s, because these decades were associated with increasing tendency and interest in stress. Psychoanalytical perspective is the earliest viewpoint that has dealt the importance and coping of it. If the concept of coping is considered as a general concept that encompasses defense mechanisms, thus the tendency of psychoanalysis will precede the coping styles. The oldest and most primitive psychoanalysis to defense focused on the role of defense mechanisms in psychopathology. Freud believed the ego processes help resolve the conflict between external individual and behavioral impulses and the function of these processes is that to act to reduce stress by empowering people to sexual and aggressive impulses without identifying the meaning of the stress, and has the defending function and emotional nature. The coping ways to deal with life changes and stress resulting from these changes is different in different people depending on the situation [4]. Studies indicate the relationship between coping strategies with psychiatric and mental health disorders in adults and adolescents [5] and represent the association between active coping strategies such as problem-solving, logical analysis, and searching information with mental health [4]. On the other hand, passive coping strategies such as avoidance, denial and suppression of feelings associated with maladjustment have been considered to be more related to life stresses [4].

According to Javaheri [1], although the phenomenon of transsexualism and surgery operation to change gender at first seems a personal issue, this phenomenon has some consequences both in terms of formation grounds and socio-cultural dimensions. According to him, despite the fact that the number of people suffering from gender identity disorder is much less comparing with patients suffering from other disorders, but since this condition affects on personality and behavioral system, it consequently can influence the individual's social adjustment and become a source of identity crisis. Meanwhile, cognitive psychotherapists who emphasize on importance of the role of cognitive factors on individual's actions and behavior [6] believe that the schemas play an important role in individuals' tendency. The word "schema" is used in different areas of research. In general, schema is defined as a structure, template, or framework. The word "schema" in psychology and extensively in the cognition field has a rich and privileged history. In the field of cognitive development, schema is considered as framework which is formed based on the reality or experience to help people explain their experiences [7].

Therefore, in this study the researcher sought to evaluate the effect of early maladaptive schemas in people with gender identity disorder and compare them with normal people.

### **Methodology**

The present study was a causal-comparative one and its objective was to compare early maladaptive schemas, coping strategies and methods of parenting among transsexual patients (females who had sex change and became male) and girls at risk. The statistical population included transsexual patients identified through Welfare organization in Mashhad, who had referred to this center for counseling services that consisted of 30 transsexual people at age range of 17-30 years in 2016; as well as the 17-30 year girls at risk that were kept and given consultation services in this center in 2016.

Transsexual patient samples were selected by convenience sampling, but since based on the statistics announced by informatics sector of this center the average number of ordinary people referred to this center was 100 people, the sample size was selected equal to 69 people based on Morgan Table.

In the present research, to collect data Young (1998) 75-item questionnaire, which has been designed to evaluate early maladaptive schemas, was used. The evaluated schemas in this questionnaire include abandonment/instability, mistrust/abuse, social isolation/alienation, defectiveness/shame, social deprivation, dependence/incompetence, vulnerability to harms, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self-control, subjugation, self-sacrifice, emotional inhibition, unrelenting standards/hypercriticalness. All items were scored based on a 6-point scale (1 for completely Wrong, 6 for completely right). In this questionnaire every 5 items measures one schema. This questionnaire was standardized in Iran by Ahi (2005) in universities of Tehran and its internal consistency was calculated for women equal to 0.97 and for men equal to 0.98 using Cronbach's alpha. In this study, the calculated Cronbach's alpha was 0.94. Similar results have been reported in other researches on the reliability of this scale [8].

## Findings

**Table 1.** Results of the analysis of early maladaptive schema components in transsexual patients and the control group

		Active	Inactive	Significance level
Emotional deprivation (ed) (Schema 1)	Transsexual	26.7	73.3	0.004
	Control group	63.3	7.36	
Abandonment / instability (ab) (Schema 2)	Transsexual	26.7	73.3	0.063
	Control group	50	50	
Mistrust / abuse (ma) (Scheme 3)	Transsexual	30	70	0.184
	Control group	46.7	53.3	
Social isolation / alienation (si) (Scheme 4)	Transsexual	26.7	3.73	0.405
	Control group	36.7	63.3	
Defectiveness / shame (ds) (Scheme 5)	Transsexual	16.7	83.3	0.347
	Control group	26.7	73.3	
Failure (fa) (Schema 6)	Transsexual	3.3	96.7	0.161
	Control group	13.3	86.7	
Dependence / incompetence (bi) (Scheme 7)	Transsexual	3.3	96.7	0.044
	Control group	20	80	
Vulnerability to harms (vh) (scheme 8)	Transsexual	16.7	83.3	0.519
	Control group	23.3	76.7	
Enmeshment/undeveloped self (em) (Schemes 9)	Transsexual	3.3	96.7	0.001
	Control group	40	60	
Subjugation (sb) (Schema 10)	Transsexual	23.3	76.7	0.766
	Control group	26.7	73.3	
Self-sacrifice (ss) (Schema 11)	Transsexual	53.3	46.7	0.292
	Control group	66.7	33.3	
Emotional inhibition (ei) (Schema 12)	Transsexual	33.3	66.7	1.000
	Control group	33.3	66.7	
Unrelenting standards (us) (Schema 13)	Transsexual	66.7	33.3	1.000
	Control group	66.7	33.3	
Entitlement/grandiosity (et) (Schema 14)	Transsexual	46.7	3.53	0.795
	Control group	43.3	56.7	
Insufficient self-control (is) (Schema 15)	Transsexual	20	80	0.028
	Control group	46.7	53.3	

Considering the significance level obtained in the table above, the schemas of emotional deprivation  $\{x^2(1)=8.148, p=0.004\}$ , dependence/incompetence  $\{x^2(1)=4.043, p=0.044\}$ , enmeshment/undeveloped self  $\{x^2(1)=11.882, p=0.001\}$ , and self-control/self-discipline  $\{x^2(1)=4.800, p=0.028\}$  had statistically significant differences in the transsexual group and the control group. For other schemas, there was no statistical significant difference between the transsexual group and the control group.

## Discussion and Conclusion

According to the results of the data analysis for the hypothesis, which was carried out by two different tests, in the schemas number 1, 7, 9 and 15 there were significant differences between the two transsexual and control groups, and there was no significant difference between two groups in other schemas; that is, in these schemas, the transsexual patients have different ideas than the control group, including in schema 1 (emotional deprivation), the individuals' understanding is that their desires and needs to emotional support are not sufficiently satisfied by others. In schema 7 (dependence/incompetence), the individuals believe that one cannot do everyday responsibilities (such as taking care of others, solve daily problems, good judgment, tackle new tasks and accurate decision-making) at an acceptable level without the considerable help of others. Also in schema 9 (enmeshment/undeveloped self), the individual has a strong and too close emotional relation with one of the important people in life (often parents) at the cost of loss of individuality or normal social development; and in schema 15 (self-control/self-discipline), the person is faced with problems such as not tolerating failures in achieving personal goals or the inability to prevent the expression of emotions and impulses, or in its milder forms, the person strongly avoids distress.

In this regard, Anzab-Dashti, Nejad-Farid and Raeesi (2015) compared the early maladaptive schemas in patients suffering gender identity disorder with normal group and found that there was a significant difference between the clinical group and normal group in the schema number 9 [9]. In structural-cognitive scheme theory which is a communication network and organizes the person's perceptions, the formation of the schemas is considered as the reason for expansion of gender behaviors in children that leads them to such behaviors. Some schemas, especially those that are mainly formed a result of adverse childhood experiences may be the main core of personality disorders, milder personality recognition problems and many

chronic disorders. The schemas and behaviors resulting from them begin with the person's growth, that is, from birth. Schema development, in addition to the child's fundamental belief, keeps a belief related to the fact that s/he cannot change. In explaining the first hypothesis, we can state that the early maladaptive schemas are effective on the person's gender role; therefore, in the results of the present study a significant difference was observed between schemas 1, 7, 9 and 15 in the two transsexual and control groups.

However, one of the limitations of the study was that some participants do not cooperate with the researcher on sexual problems due to being taboo; but since the transsexual patients referred to the Social Welfare Center had passed the transition process and had reached to a relatively stable psychological and social condition, they had a relatively good condition (at least in comparison with the control group) in terms of coping strategies. A practical suggestion could be that the gender transition condition as a strategy to improve psychological status and coping strategies to be facilitated for the clients. This suggestion is in line with many studies that have shown that the most important factor in improving the psychological status of transsexual patients asking for help is the facilitation of gender transition.

Also according to the results obtained in this field, it is suggested that the effects of the intervening factors in this disorder, such as family income, child's rank, parents' education are studied.

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