Early Maladaptive Schemas and Perceived Parental Rearing Behaviors in Korean Depressed Subjects

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In this paper, the EMSs (early maladaptive schemas) and the perceived PRBs (parental rearing behaviors) in depressed subjects have been studied. Also, the perceived PRBs known to be one of the origins of the depression-predicting maladaptive schema have been studied. YAQ (Young Schema Questionnaire)—Korean short version, inventory for perceived PRBs and BDI (Beck Depression Inventory) have been surveyed to 240 university students. The results are summarized as follows: (1) “defectiveness/shame”, “vulnerability to harm or illness”, “failure” and “social isolation/alienation” among 18 maladaptive schemas are shown to be the predicting variables corresponding to 59% of the total depression variables; and (2) “neglect” and “intrusiveness” of the perceived PRBs are the predicting variables corresponding to 20%-27% of the total variables of “disconnection and rejection” and “impaired autonomy and performance” schema domains to which the depression predicting schemas belong. The meaning and limitation of this study and the suggestion for the further study are discussed.

Keywords: maladaptive schema, depression, perceived parental rearing behaviors

Depression is a typically recurrent or chronic disorder (Andrade et al., 2003; Kessler et al., 2003). Accordingly, more knowledge about vulnerability factors for depression is of major importance in order to prevent and treat depression.

From a cognitive perspective, distal vulnerability factors may represent developmental antecedents, such as negative self-schemas, whereas proximal vulnerability factors, which are partly based on the distal vulnerability, may reflect cognitive dispositions, such as negative automatic thoughts (Ingram & Siegle, 2002). In Beck's (1967; 1987) cognitive theory of depression, negative self-schemas are a key vulnerability factor.

Young, Klosko, and Weishaar (2003) elaborated on the schema concept. Young regarded the development of knowledge structures concerning ourselves through interaction with the social environment as the most important. More specifically, according to Young (1990), a child's enduring experience of not getting his/her basic emotional needs met in relationships with significant others will give rise to the development of EMSs (early maladaptive schemas). The EMSs refer to the deepest level of cognitive structures and are defined as self-defeating emotional and cognitive patterns regarding oneself and one's personal relationships (Young et al., 2003). Young et al. (2003) hypothesized that there are 18 core maladaptive schemas, which can be allocated in five schema domains: disconnection and rejection, which contains the schemas of: (1) emotional deprivation, (2) abandonment, (3) mistrust and abuse, (4) social isolation and alienation, and (5) defectiveness and shame; impaired autonomy and

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performance, which consists of the schemas of: (6) dependence and incompetence, (7) vulnerability to harm or illness, (8) enmeshment, and (9) failure to archive; impaired boundaries, which is concerned with the schemas of: (10) entitlement and grandiosity, and (11) insufficient self-control and self-discipline; orientation towards others, which pertains to the schemas of: (12) subjugation, (13) self-sacrifice, and (14) seek recognition/permission; excessive control, which has to do with the schemas of: (15) pessimistic, (16) emotional inhibition, (17) unrelenting standards, and (18) punishment. Five schema domains are relevant to unmet emotional needs related to core themes, such as autonomy and intimacy (Schmidt, Joiner, Young, & Telch, 1995).

The key assumption of the schema theory is that the EMSs play a causal role in the development of psychopathology including depression. To assess the schema domains and allied core maladaptive schemas, Young and Brown (1990) developed the YSQ (Young Schema Questionnaire). Using the YSQ, core maladaptive schemas have been successfully identified in patients suffering from various types of psychopathology such as eating disorders (Meyer & Gillings, 2004; Waller, Dickson, & Ohanian, 2002), anxiety disorders (Dellatre et al., 2004), comorbid anxiety and eating disorders (Hinrichsen, Waller, & Emanuelli, 2004; 2006) and aggression-related disorders (Baker & Beech, 2004).

EMSs are generally assumed that they are installed during childhood as a result of a combination of an inherited vulnerable temperament (in particular neuroticism) and dysfunctional experiences with parents, siblings and peers. These schemas are not the result of isolated traumatic incidents, but rather the product of enduring patterns of toxic interactions with family members and peers (Young, 1994). Many studies have actually examined the notion that maladaptive schemas are formed during childhood (Bosmans, Braet, & Vlierberghe, 2009; Harris & Curtin, 2002; McGinn, Cukor, & Sanderson, 2005; Muris, 2006; Soygüt & Çakir, 2009; Wright, Crawford, & Del Castillo, 2009). Bosmans et al. (2009) suggested that the early maladaptive schemas can be regarded as providing a very tangible insight in the rich contents of the maladaptive cognitions underlying the attachment system. The study of Cukor (2004) investigated the links between retrospectively perceived parental rearing styles and cognitive schemas. The results suggested that poor parenting practices were associated with the presence of maladaptive schemas. These findings are in keeping with Young's (1994) notion that a poor home environment promotes the formation of maladaptive schemas, which in turn make the individual vulnerable to develop various types of psychological disorder. But few studies have actually examined the notion that maladaptive schemas are formed during childhood.

In this study, we investigated: (1) which maladaptive schema is associated with the depression; and (2) which detrimental PRB affects the maladaptive schema domains associated with the depression.

Method

Participants

Participants were 300 undergraduate students with mean age of 22.82 ($SD = 2.9$). All the participants were Korean in the region of Chungbuk Korea. Uncompleted data were excluded, so 240 data of participants (114 men and 126 women) were analyzed. Participants received the result that they had responded measures via E-mail.

Questionnaires

BDI (Beck Depression Inventory)

The BDI is composed of 21 items rated on four-Likert scale ranging from zero to three, based on severity

of each item. The total score of BDI is matched with established degrees of depression: minimal, mild, moderate, moderate to severe and severe. In this study, the Korean version of BDI (Lee & SONG, 1991) was used. In the present study, Cronbach's alpha was 0.90.

YSQ

The YSQ (Young & Brown, 1994) is a 205-item self-report inventory rated on six-Likert scale ranging from one (completely untrue of self) to six (describes self perfectly). It was designed to assess the EMSs. Item examples are "During my childhood, nobody supported me when I was sad or scared" (emotional deprivation), "I am a failure" (fail to achieve) and "I have the feeling that the world is a dangerous place" (vulnerability to harm and illness). Administering the 205-item long version raises concerns about fatigue effects. In adult populations, the short and the long version of YSQ show comparable psychometric properties (Waller, Dickson, & Ohanian, 2002). Therefore, the Korean short version of YSQ (Cho, 2001a; 2010b; 2002) consisting of 90 items was used. The Korean short version of YSQ demonstrates good psychometric properties (Cho, 2001a; 2001b; 2002). An individual schema score was obtained by averaging scores on the five items in each schema. Cronbach's alphas for the various subscales in the present study had ranged from 0.56 to 0.89.

Inventory for Perceived PRBs

The inventory for perceived PRBs was developed by Huh (2004) to assess the perceived PRBs: supervise, rational explanation, affection, inconsistency, over expectation, intrusiveness, abuse and neglect. It is consisted of 43 items rated on four-Likert scale (1= "No, never", 2 = "Yes, but seldom", 3 = "Yes, often", 4 = "Yes, most of the time"). In this study, Cronbach's alpha of the various subscales for father had range from 0.70 to 0.86 and for mother had from 0.63 to 0.84.

Results

EMSs and Depression

Correlations among EMSs, schema domains and depression are presented in Table 1. All EMSs are correlated with depression ($P < 0.01$). However, correlation under 0.3 is not significant in practice.

To investigate the unique contribution of EMSs to depression, regression analysis (stepwise) were performed. "Defectiveness/shame", "vulnerability to harm or illness", "failure" and "social isolation/alienation" made unique and significant contribution, together explaining up to 59% of the total depression variable ($F = 78.75$, $P < 0.001$) (see Table 2).

Perceived PRBs and EMS Domains

In this study, the EMSs predicting depression were belong to "disconnection and rejection" and "impaired autonomy and performance" schema domains. Because we were interested in the relation between PRBs and schema domains which are relevant with depression, so we examined two domains. Correlations between PRBs and schema domains are presented in Table 3.

To investigate the unique contribution of PRBs to schema domains ("disconnection/rejection" and "impaired autonomy") which were related to depression, regression analysis was performed.

"Mother's neglect" and "father's intrusiveness" made unique and significant contribution, together explaining up to 30% of "disconnection/rejection" variable ($F = 44.08$, $P < 0.001$) (see Table 4).

"Mother's neglect" and "father's neglect" made unique and significant contribution, together explaining up to 24% of "impaired autonomy" variable ($F = 33.45$, $P < 0.001$) (see Table 5).

Table 1

Correlations Between EMSs, Schema Domains and Depression

	Depression
Disconnection/rejection	0.70**
abandonment	0.59*
mistrust and abuse	0.61**
emotional deprivation	0.52**
defective/shame	0.64**
social isolation/alienation	0.64**
Impaired autonomy and performance	0.73**
dependence and incompetence	0.61**
vulnerability to harm or illness	0.64**
enmeshment	0.46**
failure to archive	0.65**
Impaired boundary	0.49**
entitlement and grandiosity	0.27**
insufficient self-control and self-discipline	0.53**
Orientation towards others	0.46**
subjugation	0.63**
self-sacrifice	0.29**
seek recognition/permission	0.19**
Excessive control	0.50**
pessimistic	0.53**
emotional inhibition	0.48**
unrelenting standards	0.22**
punishment	0.32**

Note. ** $P < 0.01$.

Table 2

Regression Analysis for Depression

	Predicting variables	Adj. R^2	df	F	SE	B	β	t
Step 1.	defective/shame	0.44	219	172.47***	0.664	1.36	0.66	13.13***
Step 2.	defective/shame	0.53	218	126.73***	0.424	0.87	0.42	7.29***
	vulnerability to harm or illness				0.393	0.80	0.39	6.76***
Step 3.	defective/shame	0.58	217	100.11***	0.235	0.48	0.24	3.43**
	vulnerability to harm or illness				0.363	0.74	0.36	6.49***
	failure				0.294	0.59	0.29	4.71***
Step 4.	defective/shame	0.59	216	78.75***	0.135	0.28	0.14	1.73
	vulnerability to harm or illness				0.325	0.66	0.33	5.71***
	failure				0.275	0.55	0.28	4.43***
	social isolation/alienation				0.180	0.36	0.18	2.60**

Notes. ** $P < 0.01$; *** $P < 0.001$.

Table 3

Correlations Between PRBs and Schema Domains

			Maladaptive schema domains	
			Disconnection/rejection	Impaired autonomy and performance
PRBs (Father)	Positive	Supervise	-0.16*	-0.08
		Rational Explanation	-0.23**	-0.22**
		Affection	-0.27***	-0.26***
	Negative	Inconsistency	0.27***	0.29***
		Over Expectation	0.16*	0.17*
		Intrusiveness	0.27***	0.32***
		Abuse	0.26***	0.27***
		Neglect	0.47*	0.36***
PRBs (Mother)	Positive	Supervise	-0.15	-0.09
		Rational Explanation	-0.19	-0.20
		Affection	-0.30***	-0.26***
	Negative	Inconsistency	0.20	0.23
		Over Expectation	0.15	0.14
		Intrusiveness	0.21**	0.27***
		Abuse	0.31***	0.24***
		Neglect	0.53***	0.43***

Notes. * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.

Table 4

Regression Analysis for "Disconnection/Rejection"

		Predicting variables	Adj. R^2	F	β	t
Enter		Fa. neglect	0.30	9.94***	-0.28	-0.85
		Fa. intrusiveness			0.52	1.60
		Mo. neglect			1.00	2.91**
		Mo. intrusiveness			-0.53	-1.92
		Fa. neglect $\times$ Mo. affection			0.36	1.40
		Fa. intrusiveness $\times$ Mo. affection			-0.39	-1.16
		Mo. neglect $\times$ Fa. affection			-0.75	-2.53*
		Mo. intrusiveness $\times$ Fa. affection			0.88	2.73**
		Mo. neglect $\times$ Fa. supervise			0.21	1.01
		Mo. intrusiveness $\times$ Fa. supervise			-0.28	-1.20
Stepwise	Step1	Mo. neglect	0.27	77.78***	0.53	8.8***
	Step2	Mo. neglect	0.30	44.08***	0.49	8.25***
		Fa. intrusiveness			0.17	2.79**

Notes. Fa. = father, Mo. = mother; * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$.

There are a few interaction effects of mother's and father's PRBs in both models.

Discussion

In this study, we examined Young's (1994) EMS theory in depressive subjects. The aim was to identify the correlation between EMSs and depression in Korean subjects and examine the PRBs as predicting variables of schema domains associated with depression. The main results of this study are summarized as follows. First, correlations analysis among EMSs, schema domains and depression showed that most of EMSs are positively

related to depression. To investigate the unique contribution of EMSs to depression, regression analysis was performed with EMSs as the predictors, and depression as the dependent variable. “Defectiveness/shame”, “vulnerability to harm or illness”, “failure to achieve” and “social isolation/alienation” made unique and significant contribution of total depression. EMSs were positively related to depression symptoms. Interestingly, each type of symptom was associated with a unique set of EMSs. For example, depression was predicted by “social undesirability”, “mistrust/abuse” and “unrelenting standards” (Welburn, Coristine, Dagg, Pontefract, & Jordan, 2002). Muris (2006) suggested that “social isolation/alienation”, “mistrust and abuse”, “failure to achieve” and “unrelenting standards” predict depression. Therefore, maladaptive schema theory seems to be a useful concept to explain depression. Some similarity and difference can be found compared with the current study. In this study applied to Korean, “defectiveness/shame” and “vulnerability to harm or illness” were included as depression-predicting EMSs. It suggested that the social context and culture can effect to develop the EMSs. These EMSs can provide insight for patterns of thoughts and behaviors to clients.

Table 5

Regression Analysis for “Impaired Autonomy”

		Predicting variables	Adj. R^2	F	β	t
Enter		Fa. neglect	0.23	7.20***	-0.27	-0.78
		Fa. intrusiveness			0.39	1.15
		Mo. neglect			0.80	2.25*
		Mo. intrusiveness			-0.25	-0.86
		Fa. neglect $\times$ Mo. affection			0.26	0.95
		Fa. intrusiveness $\times$ Mo. affection			-0.23	-0.64
		Mo. neglect $\times$ Fa. affection			-0.51	-1.68
		Mo. intrusiveness $\times$ Fa. affection			0.48	1.41
		Mo. neglect $\times$ Fa. supervise			0.12	0.55
		Mo. intrusiveness $\times$ Fa. supervise			-0.07	-0.30
Stepwise	Step1	Mo. neglect	0.18	45.23***	0.43	6.73***
	Step2	Mo. neglect	0.24	33.45***	0.38	6.19***
		Fa. neglect			0.26	4.23***

Notes. Fa. = father, Mo. = mother; * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$.

Second, in this study, the EMSs predicting depression belongs to “disconnection and rejection” and “impaired autonomy and performance” schema domains. These results are consistent with that of Halvorsen et al. (2009) and Haffart et al. (2005). According to Young (1990), a child’s enduring experience of not getting his or her basic emotional needs met in relationship with significant others will give rise to the development of EMSs. To examine the notion, we analyzed the correlation between PRBs and schema domains. Most of PRBs showed a correlation with schema domains associated with depression. To investigate the unique contribution of PRBs to schema domains especially “disconnection/rejection” and “impaired autonomy”, regression analysis was performed. “Mother’s neglect” and “father’s intrusiveness” made unique and significant contribution to “disconnection/rejection” variable. “Mother’s neglect” and “father’s neglect” made unique and significant contribution to “impaired autonomy” variable. However, it is important to note that PRBs only explained a restricted proportion (maximally 30%) of EMSs. There are a few interaction effects of mother’s and father’s PRBs in both models. Future studies should examine the temperament and the toxic interaction with other family members and peers.

It should be mentioned that the current study has limitations. First, this study relied on a sample of non-clinical group. It would be interesting to study clinical sample. The current results may or may not generalize to clinical group. However, Rijkeboer and van den Bergh (2006) demonstrated that EMSs are comparables in clinical and non-clinical samples. As EMSs can be regarded as a dimensional instead of a categorical construct, we think that our findings might be translatable to clinical samples. Second, the sample is consisted of young adults. It is clear that many types of Axis I and Axis II disorder have their origins during childhood. Longitudinal studies are needed for investigating the proposed causal relationship of EMSs, temperament and PRBs to depression.

Nevertheless, the current findings are well in keeping with Young's (1994) theory in Korean depressed subjects. It is clear that EMSs play a prominent role in the psychological symptom. The effect sizes of antidepressant and cognitive therapy are moderate (Lipsey & Wilson, 1993; Westen & Morrison, 2001; Walsh, Seidman, Sysko, & Gould, 2002). Depression would recurrent if vulnerability for depression will not discard. Therefore, personality trait, such as self-directedness and insight for maladaptive schemas, is important (Cloninger, Svrakic, & Przybeck, 2006; Halvorsen et al., 2009). The schema theory can be useful for intervention. The research has demonstrated that old schemas are not wiped out, but that therapy leads to the activation of new or more adaptive schemas (e.g., Bouton, 2004). As schema-related contexts may reactivate the dormant schemas, it might be important to develop treatment strategies that help client to cope with depression. These new schemas might result from new experiences in interaction with an accepting therapist and new experiences due to a better and more compassionate understanding of previous negative interaction with the parent or caregivers.

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