

*Original Article***The relationship between coping styles and early maladaptive schemas in disconnection-rejection and over vigilance - inhibition in young's schema model****Mansour Bayrami, Abbas Bakhshipor and Ahmad Esmaeili***

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ABSTRACT

The present study conducted in order to investigate the contribution of maladaptive schema in predicting coping styles from Jeffrey young's point of view. 235 male and female students randomly selected and filled avoidance coping styles, compensatory coping styles and maladaptive schema questionnaire. According to the frame of Jeffrey young's theory, these variations investigated. Findings using regression analysis showed that avoidance coping style is a better prediction for disconnection-rejection schema, vigilance and avoidance. Compensatory coping style did not have any relationship with this area.

Key words: early maladaptive schema, scheme, coping styles

INTRODUCTION

Young [1, 2] developed a distinctive set of core beliefs about self and others which he termed early maladaptive schemas (EMS). EMSs are believed to develop as a function of thwarted, unmet, or inadequately met needs during early development [2] and become self-perpetuating and resistant to change. He says that although factors related to community, school and peers in shaping this scheme are effective, but their effective are not as the extent and stability of family factors [3]. A number of different EMSs have been identified, which the Young Schema Questionnaire (YSQ) [4] or its short form [2] are designed to assess. An individual who experiences emotional detachment, rejection or abuse, for example, is purported to develop core beliefs in the domain of Disconnection and Rejection (e.g., beliefs of being unwanted, inferior or unlovable). Impaired Autonomy is believed to stem from an early environment that fails to reinforce a child appropriately or that undermines a child's perceived competence. Beliefs and behaviors subsumed under the domain of Impaired Limits (e.g., entitlement, low frustration tolerance or the refusal to maintain sufficient self-control) are thought to develop in the Context of parental over-permissiveness and lack of discipline. Other-directedness (e.g., beliefs pertaining to the excessive need for affection and approval) is believed to derive from families of origin in which children gain acceptance only by suppressing their own needs and pleasing their parents. Finally, Over vigilance and Inhibition are thought to be cultivated in early environments that are demanding and rigid and where abiding by rules and avoiding mistakes are rewarded to the exclusion of explorative or pleasure-seeking behaviors. According to pervious research [5] individuals with EMSs tend to also display maladaptive coping strategies that may perpetuate their schemas [5]. Discuss three strategies for coping with the threat of an activated schema. These coping strategies (i.e., overcompensation, avoidance, and surrender) correspond to basic responses to threat (i.e., fight, flight, or freeze, respectively).

To our knowledge, no previous research has examined the relationship between compensatory or coping styles and EMS. When patients overcompensate; they fight the schema by thinking, feeling, behaving, and relating as though the opposite of the schema were true. They endeavor to be as different as possible from the children they were when the schema was acquired. If they felt worthless as children, then as adults they try to be perfect. If they were subjugated as children, then as adults they defy everyone. If they were controlled as children, as adults they control others or reject all forms of influence. If abused, they abuse others. When patients utilize avoidance as a coping style, they try to arrange their lives so that the schema is never activated. They attempt to live without awareness, as though the schema does not exist. They avoid thinking about the schema. They block thoughts and images that are likely to trigger it: When such thoughts or images loom, they distract themselves or put them out of their minds. They avoid feeling the schema. When patients surrender to a schema, they yield to it. They do not

try to avoid it or fight it. They accept that the schema is true. They feel the emotional pain of the schema directly. They act in ways that confirm the schema. Without realizing what they are doing, they repeat schema-driven patterns so that, as adults, they continue to relive the childhood experiences that created the schema. [5]. Individuals with early maladaptive schemas may be less likely to engage in adaptive forms of humor and more likely to use maladaptive types of humor in Coping with schema-related stress and interacting with others. For example, individuals with core schemas involving themes of social disconnection (e.g., emotional deprivation, mistrust/abuse, social isolation/alienation) may be less likely to develop the playful, witty, and convivial interpersonal style associated with affiliative humor, and more likely to engage in the cynical, self-disparaging, ingratiating, and avoidant forms of humor associated with the self-defeating humor style. In turn, these uses of humor may contribute to less satisfying interpersonal relationships and greater dysphoria. Similarly, those with schemas containing themes of impaired autonomy (e.g., dependence/incompetence, enmeshment, vulnerability to harm) may be less likely to develop the self-enhancing style of humor which involves the ability to find amusement and laugh at potentially threatening situations and thereby gain perspective and distance oneself from sources of threat. In turn, this reduced tendency to engage in humor as an adaptive coping style may contribute to poorer emotion regulation and greater emotional distress. Additionally, individuals with schemas associated with impaired limits (entitlement, insufficient self-control) may be more likely to engage in aggressive humor styles involving the use of put-downs, sarcasm, teasing, and ridicule or disparaging humor, which in turn may contribute to less satisfactory relationships with others [6]. Regarding the information above the aim of the present study is the relationship between coping styles and early maladaptive schema in disconnection- rejection and over vigilance and inhibition in young's schema model.

MATERIALS AND METHODS

General design of this study was a descriptive and correlation. The statistical society of this research includes all students of the University of Tabriz, which were studying during 2009 and 2010 school year. The statistical sample included 235 students who were chosen by multi stage random sampling. In this study, for evaluation of Avoidance coping, Young-Rygh Avoidance questionnaire [7] is a 41-item questionnaire that assesses schema avoidance has been used. It includes such items as, "I watch a lot of television when I'm alone," "I try not to think about things that upset me," and "I get physically ill when things aren't going well for me." Individuals rate responses on a 6-point scale. As with the other inventories, the therapist is not especially concerned with the total score but rather discusses high-scoring items with the patient. However, a high total score does indicate a general pattern of schema avoidance. The inventory is not schema-specific: An avoidant coping style is often a pervasive trait that can be utilized to avoid any schema. The test conducted on 60 Iranian students and its reliability coefficient through splitting was 0.79. The Young Compensation Inventory [8] is a 48-item questionnaire that assesses schema overcompensation. Items include such statements as, "I often blame others when things go wrong," "I agonize over decisions so I won't make a mistake," and "I dislike rules and get satisfaction from breaking them." The inventory uses a 6-point scale. The therapist uses the overcompensation inventory as a clinical tool and discusses high-scoring items with the patient. For example, if the patient endorses blaming as a coping style, the therapist asks for an example. The therapist explores whether the blaming overcompensates for other, more painful feelings—perhaps feelings of shame. The test conducted on 60 Iranian students and its reliability coefficient through splitting was 0.79. Maladaptive Schema Questionnaire (YSQ) is made by [5] to measure 17 early maladaptive schemas. YSQ-3ed (short form) is a 75-item instrument utilizing a 6-point Likert-type format. There are supports for the reliability and validity of this instrument in several studies [9, 10, and 11].

In Iran, Ghiasi [12] demonstrated the scale's validity. Ghiasi reported coefficient alphas of 0.94 for this Questionnaire, and in the range of 0.6 - 0.90 for subscales. In addition, the YSQ also showed good discriminate and convergent validity with respect to measures of dysfunctional Attitudes.

RESULTS

The Evaluation of the correlation of variable compensation and avoidance coping styles with early maladaptive schemas in the area of disconnection-rejection and over vigilance showed that there is a significantly positive relationship between avoidance coping styles with over vigilance schemas area. However, significant relationship was not seen in other variables.

Table 1. Correlation between coping styles and disconnection rejection and over vigilance

Variable	Compensation	Avoidance
Avoidance	-0.60	
Disconnection	0.45	0.124
Over vigilance	-0.52	0.182**

Table 2. Analysis of multiple regressions of coping styles with disconnection-rejection area

Variables Entered	Method	R	R ²	DF	F	Sig	β	Sig
Avoidance coping	Enter	0.25	0.06	2	6.926	0.001	0.242	0.000
Compensation Coping				216			-.061	0.345
				218				

Predictive variables: avoidance coping style, coping style and compensation; Dependent variables: early maladaptive schemas in the area of disconnection-Rejection

The results of the above table show that $p < 0.001$ in the general regression model is significant. Multiple Regression Analysis results show that the standardized beta coefficient for assessing the contribution of each variable, gives a score. T and p values refer to the effect that each of the predictive variables. T and p values indicate that there is a significant relationship between the variables predictive of the criterion variable. This means that $p < 0.001$, 0.249; β i.e. change per unit in standard deviation predictive variable (avoidance coping style) units will change 0.249 standard deviation of disconnection-rejection schema.

Table 3. Analysis of multiple regressions of coping styles with over vigilance area

Variables Entered	Method	R	R ²	DF	F	Sig	β	Sig
Avoidance coping	Enter	0.24	0.06	2	6.926	0.001	0.242	0.000
Compensation Coping				214			-.034	0.634
				216				

Predictive variables: avoidance coping style, and compensation coping style; Dependent variable: schema in the area of over vigilance maladaptive schema

The results of the above table show that $p < 0.001$ in the general regression model is significant. Multiple Regression Analysis results show that the standardized beta coefficient for assessing the contribution of each variable, gives a score. T and p values refer to the effect that each of the predictive variables. T and p values indicate that there is a significant relationship between the variables predictive of the criterion variable. This means that $p < 0.001$, 0.242, β i.e. change per unit in standard deviation predictive variable (avoidance coping style) units will change 0.242 standard deviation of over vigilance schema.

DISCUSSION

Regarding this that there is significant relationship between disconnection- rejection and over vigilance and inhibition schemas and avoidance coping style but there was no relationship with compensation coping style can be explained in this way that ,All organisms have three basic responses to threat: fight, flight, and freeze. These correspond to the three schema coping styles of overcompensation, avoidance, and surrender. In very broad terms, fight is overcompensation, flight is avoidance, and freeze is surrender. One mechanism linking maladaptive schemata and behaviors is avoidance. Specifically, these behaviors may assist an individual to achieve avoidance of the negative affective states associated with maladaptive schemata [13] when patients utilize avoidance as a coping style; they try to arrange their lives so that the schema is never activated. They attempt to live without awareness, as though the schema does not exist. They avoid thinking about the schema. They block thoughts and images that are likely to trigger it: When such thoughts or images loom, they distract themselves or put them out of their minds. They avoid feeling the schema. When feelings are surface, they reflexively push them back down. They may drink excessively, take drugs, have promiscuous sex, overeat, compulsively clean, seek stimulation, or become workaholics. When they interact with others, they may appear perfectly normal. They usually avoid situations that might trigger the schema, such as intimate relationships or work challenges.

Many patients shun whole areas of life in which they feel vulnerable. Often they avoid engaging in therapy; for example, these patients might "forget" to complete homework assignments, refrain from expressing affect, raise only superficial issues, come late to sessions, or terminate prematurely. [5]. When patients overcompensate, they fight the schema by thinking, feeling, behaving, and relating as though the opposite of the schema were true. They endeavor to be as different as possible from the children they were when the schema was acquired. If they felt worthless as children, then as adults they try to be perfect. If they were subjugated as children, then as adults

they defy everyone. If they were controlled as children, as adults they control others or reject all forms of influence. If abused, they abuse others. Faced with the schema, they counterattack. On the surface, they are self-confident and assured, but underneath they feel the press of the Schema threatening to erupt. [5]. these findings suggest coping style, could be a useful target for intervention in treatment for mental disorders. If patients were to recognize that their use of humor may have some drawbacks that they had not previously considered, more adaptive humor styles could be worked on or implemented on an experimental basis to discover what impact this has on mood. Certainly the results of this study suggest that these processes ought to be better understood in a clinical population.

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