The relationship between positive affect and early maladaptive schemas (emotional deprivation – Disconnection – Uncompromising standards) in patients with clinical depression

Vajiheh Gobadi rad1*, Narjes Rahmati2
1* Master of Clinical Psychology University of Al-Khwarizmi.
Email: Mouj59@yahoo.com
2 Master of Clinical Psychology

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Abstract
Background: Depression is one of the most common mental disorders and one of the most common psychiatric disorders among adults. Psychological factors and variables representing the depression due to the debilitating process is a necessary condition which should be deemed.

Method: In this research project, using the diagnostic interview SCID-1, only patients with a clinical diagnosis of depression on axis 1, were included. The population studied included all patients with depressive disorders only in axis one and the other axes had no other diagnosis. And the sample, 75 patients with depression in ebne Sina hospital in Mashhad and Rouzbeh psychiatric hospital in tehran. The project was performed in 1391-1392. From the patient, Young Schema questionnaire (3schemas, emotional deprivation - abandonment - uncompromising standards ), Beck Depression Inventory 2 and positive affect – negative scale were taken . The statistical method used to evaluate the research hypotheses was multiple regressions.

Results: The data obtained from this study were analyzed using SPSS statistical software. The given schemas had meaningful contribution in predicting the positive affect of depressed patients.

Results: As EMS theory suggests that schemas, had a significant contribution in emotion, in this study Early maladaptive schemas had an ability to predict the positive affect of patients.

Key Words: Early Maladaptive Schema - clinical depression, positive affect, emotional deprivation, Disconnection, Uncompromising standards

Introduction
Depression is one of the most common psychiatric disorders (Watts and Markham, 2005; quoted Montazeri et al., 2012) and one of the most common psychiatric disorders among adults. The text revised of fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM IV) (Kaplan and Sadock, 2007) defines major depression disorder as a mental illness in which a person stably experiences a continuous deep sadness and diminished interest in all the activities for a period of at least two-week. A person with Major Depression Disorder (MDD) often experiences frustration, hopelessness, worthlessness, difficulty in thinking and concentrating, and even sometimes suicide.

Identification of psychological factors and variables constituting the depression is seen as essential due to the debilitating process of the disease. Up to date, researchers in psychology have found many psychological factors and variables in the process of formation and development of the disorder. Perhaps the first works done can be attributed to Aaron T Beck's cognitive theory that raised four factors in depressed patients: automatic thoughts, schemas, logical errors and cognitive triangle (Frey, 1999). After that, many researchers raised several theories in relation to depression. It might be said that most important and most efficient assumptions associated with depression are as follows: theory of positive affect and early maladaptive schemas.

Based on initial research conducted by Watson and Clark (1988), emotional structure has two areas of positive and negative affect that are independent of each other. Positive affect refers to one’s feeling of euphoria, activeness, and alertness and has sub-dimensions of affability (as being cheerful, lively) and self-reliance (such as reliable, strong and courageous) and vigilance (like vigilant, focused and determined (Gernert, 2007). In various investigations, positive affection had a negative correlation with depression of the individuals and symptoms of depression in people have been fixed by its improvement (Bakhshipour and Dejkam, 2005).

Looking at the old texts, the term schema was initially used by Adler in 1929. Adler believed that psychopathology reflects an unhealthy and neurotic schema and can be used as underlying of lifestyle (Sperei, 1994). Yang (quoted from Talys, 1999) raised the discussion of changing and disabling the early maladaptive schemas and considers the early maladaptive schemas as the oldest cognitive components and they sometimes form even before children learn language (pre-verbal schemas) and often apply their influence on information
processing system in the verge. Schema processing is easily done without the need for a person and has an automatic mode (Yang et al., 2009). When we define early maladaptive schemas, we look at in this way: It is a fixed and long-term issues that arise in childhood, come to adult lives and are largely ineffective. These schemas are considered as a model for processing the future experiences (Yang et al., 2009).

In most well-known theory i.e. schemas, Yang (1999) presented a model of schema-focused cognitive behavior problems. According to him, early maladaptive schemas are patterns of deep and comprehensive themes which are formed in childhood or adolescence, have continued in the course of life, are relevant to one's relationship with oneself and others and are highly inefficient. Existence of early maladaptive schemas in adults with depression has been approved (quoted by Montazeri et al., 2012). Also Wang, Halvorsen, Eisenman and Waterloo (quoted by Montazeri et al., 2012) in a 9-year longitudinal study examined reliability of dysfunction attitudes and early maladaptive schemas in depressed patients. Study results showed that early maladaptive schemas and dysfunction attitudes are stable over time and can be a source of vulnerability for depression. Characteristics of this type of schemas: 1- Early maladaptive schemas are unconditional beliefs and feelings about ourselves that are created in connection with the environment. 2- The early maladaptive schemas are continuative themselves and resist to change, because it occurred in early life and often is the central base of individual's self-concept and his perception of the environment. The schemas are done out of habit and in convenience. 3- The schema should be repeated and to be increasingly dysfunctional. These schemes directly or indirectly, cause health problems such as depression, agitation, addiction and others. 4- Early maladaptive schemas are usually activated by things in the environment that are specific to that schema. For example, when you want to do something with the utmost precision, thoughts like (I fail) become active. 5- These schemas relative to the underlying assumptions, are closely related with high levels of affections. For example, people who have early maladaptive schemas such an embarrassment experience a high level of affections. 6- The schemas arise from interaction of innate temperament of children with their dysfunctional experiences with parents, siblings and peers during early life (Yang et al., 2009).

Looking at the research literature in Iran and abroad, a relatively large share of research papers related to depression, are linked with two above theories. In majority of them, correlation rate of mentioned variables with depression is considered. But there was no still a study that simultaneously enter two above variables (the simultaneous impact of these factors on each other) in its research scheme that these variables can be multilaterally examined with the scheme. And with this research scheme, we are trying to fill this gap in the research literature of depression.

Research method
This study was correlational and ex post facto and population of this research includes depressed patients in psychiatric hospitals and statistical sample of study are depressed patients admitted to Ebn'e Sina Hospital in Mashhad and Roozbeh Hospital in Tehran. Available sampling was used in the study. A total of 127 participants were enrolled in the study that information of 75 participants were statistically analyzed after explaining the research design and screening and collecting the completed questionnaire. First for the absence of specific clinical disorder, clinical interview SCID -1 was performed from the participants, and those participants with disorders in axis 1 were prevented from entering the study. At first, participants in the study completed Beck Depression Inventory 2 and if the range of their scores was 12-28, they entered the research. Then, Yang's schema questionnaire and Positive and Negative Affect Scale were given to screened participants after explaining the research design and obtaining informed consent from them and after a thorough review of the responses to the questionnaires, the researcher collected the questionnaire.

Research tools
1- Early Maladaptive Schemas Questionnaire: This questionnaire has 75 items which was made by Jeffrey Yang (1988) to assess 15 early maladaptive schemas. Young Schema Questionnaire Standardization (YSQ- SF) nw Iran was conducted by Ahi (2005). The internal consistency of the questionnaire using Cronbach's alpha in female population 97% and in male population 98% was achieved (Ahi, 2005 quoted by Lotfi, 2006). The questionnaire enjoys a good face validity (Fata and Moutabi, 2006). Numerous studies indicated its effectiveness in separating patients based on early maladaptive schemas (Young, 2007).

Psychometric properties of the questionnaire for study of Smith and colleagues in 1995 showed that alpha coefficient for each early maladaptive schema from 83% to 96% and test - retest coefficient in non-clinical population between 50% and 82% were
obtained. Test internal reliability through calculating internal consistency coefficient and Cronbach's alpha for whole questionnaire score was 94% (Zolfaghari and Fatehizadeh, 2008).

2- Positive Negative Affect questionnaire: This scale consists of 20 items, which represents 20 feelings (10 positive feelings and 10 negative feelings) and has been proposed in the form of words and opinion of the one completing the questionnaire about these feelings is in three dimensions: past, present and future and generally will be assessed on a scale of 5 degrees (Soltanizadeh and Malekpour, 2008; quoted in Bakhshipour and Dezhkam, 2005). Internal consistency coefficient (Alpha) for positive affect subscale is 88% and for negative affect subscale is 87%. In the 8-week test-retest reliability of the test, it was 68% for positive affect subscale and 71% for negative affect subscale (Watson and Clark, 1988). Cronbach's alpha coefficient of this scale in research Hosseini and Hosseini (2002) was equal to 85%, which is indicative of internal consistency.

3- Beck Depression Inventory 2: The new version is a 21-item self-report questionnaire to assess severity of depression in adults and adolescents with 13 years and older. This version is for evaluation of symptoms in accordance with the diagnostic criteria for major depressive disorder that America Psychiatric Association provided in DSM-IV manuals BDI – II. After 35 years of experience and research on the BDI - I and to reprint and update, the improved Beck Depression Inventory was developed (Beck, 1999). Generally, results associated with Psychometric characteristics of BDI - II in Iran during the study showed that items and components can be used well for the detection and evaluation and rate of depression in patients with depressive disorder (Mohamadkhani and Dobson, 2008). In this study, content validity of the questionnaire 72% and reliability done by testers was equal to 63%.

Results
The participants were aged between 28 and 45 years and the mean age of participants was 34.2. And the average hospital stay of 1.2 months, respectively. 47% of participants had a history of taking antidepressants.

Before analyzing the data, we conducted the initial screening of data. In relation to the outlier values by replacing the average total, 8 outlier data that is probably due to data entry errors when entering the questionnaire had happened, took place. In fact, the method of replacing the average is the most common and the most conservative documentary method for outliers’ data (Tabachnik and Fidel, 2001). Then, we examined the default data normality. By studying the normal curve in the dependent variables of the study (3 early maladaptive schema), it was found that Kolmogorov-Smirnov test with a significance level of 1% was significant in one case of early maladaptive schemas that of course, its normal curve was natural, and let us to analyze. We'll now deal with the research hypothesis. To investigate the predictability of variable positive affect in patients with depression by their early maladaptive schemas, the multiple regression of step-wise model was used.

After 3 variables of schema were considered as predictor variable, all 3 variables were entered into the regression equation. In the Table below, triple models and changes of adjusted coefficient can be observed.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Error standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>0.53</td>
<td>0.28</td>
<td>11.8</td>
</tr>
<tr>
<td>2</td>
<td>B</td>
<td>0.61</td>
<td>0.37</td>
<td>9.3</td>
</tr>
<tr>
<td>3</td>
<td>C</td>
<td>0.63</td>
<td>0.39</td>
<td>10.2</td>
</tr>
</tbody>
</table>

A: Predictor (constant variable) + emotional deprivation
B: Predictor (constant variable) + emotional deprivation + unrelenting standards
C: Predictor (constant variable) + emotional deprivation + unrelenting standards + abandonment

The third model shows that the three predictor variables entered with each other have the ability to predict 35% of the positive affect variance (predictor variable). Then, results of ANOVA Table which shows total significance of the model, represent that the significance level of F is less than 0.05 and indicate the independent variables explain the dependent variable changes well. In the following Table, the regression coefficients of predictor variables are provided.

Table 2. Coefficients
Dependent variable: Positive affect

Regression Formula of the present model would then be:

\[(\text{Positive affect}) \, Y = 72.97 + (-1.72) \, (\text{emotional deprivation}) + (-0.73) \, (\text{unrelenting standards}) + (-0.33) \, (\text{abandonment})\]

**Discussion and conclusion**

This study aimed to investigate the relationship between early maladaptive schemas and positive affect in depressed patients admitted to Ebn-e sina Hospital in Mashhad and Roozbeh Hospital in Tehran. As mentioned earlier, the importance of early maladaptive schemas in the etiology and maintaining the most emotional disorders has been proven by empirical data (Quinta Gomes & Nobre, 2012). However, less research has been done on positive affect and its relationship with early maladaptive schemas. As observed in results, three schemas of emotional deprivation, unrelenting standards and abandonment schemes, in order from high to low, have a significant role in the prediction of positive affect. This finding was in line with several studies (Bancroft, Carnes, Johssen, Goodrich & Long, 2005; Di Bartolo & Barlow, 1996). All these variables also in their solidarity with the variable positive affect have an inverse relationship, meaning that higher scores in this schemas predicted the lower positive affect and higher negative affect in depressed patients. These findings suggest that there is a cognitive model of stability in people with low positive affect that the core of this cognitive model is the rejection and marginalization by others. According to the theory of Young's maladaptive schemas, the three mentioned schemas are placed in the areas of disconnection & rejection and over vigilance and inhabitation. According to Yang, the patients in this area are unable to satisfy the interests and safety with others. Their families, which lead to the formation of this area in the individual childhood, are usually unstable, disturbing, cold, repulse and isolated from the world around them. In these people, the basic needs of safety, peace of mind, acceptance, support, stability, empathy and guidance have not been fulfilled (Raphael & Young, 2011). Also in the realm of over vigilance and inhabitation, there is an extreme emphasis on suppression of spontaneous feelings, impulses, priorities and follow the rigid and codified laws, to the extent that may even lead to the loss of happiness, joy, self-expression, relaxation, close interpersonal relationships and health. Family in which these individuals grew up, are often punitive, demanding, perfectionist, pursuant to law, suppressor of emotions and avoiding any errors, happiness and calmness (Rafael & Young, 2011). Also Fredriksson (1998) and Martin (2003) suggest that positive affect is one of the areas of positive psychology, and studies have shown that positive affect enhances creativity, cognitive flexibility, efficiency in decision-making, and problem solving and plays a role in improving physical health by strengthening the immune system. In addition, it is also shown in the area of mental health that positive affect cancels the negative affect and neutralize the harmful effects as well. Also, type of relationships within the family is applied, positively and negatively affect a person's affections and plays a decisive role in the formation of person's self-concept. Negative and positive self-concept in turn affects other mental features of the person (Hosseini and Hosseini, 2002).

Our findings can have clinical implications for assessment and treatment of depressed patients. In fact, assessment of fundamental beliefs of a person and early maladaptive schemas should be placed in treatment protocols of depressed patients to determine the role of these variables in patients. The results of this study should be used and studied with caution and within specific frameworks. This study was cross-sectional, and more variables over time may contribute in positive affect study of participants, that study of them requires longitudinal study. Further studies with different samples and different methods of assessment of cognitive structures (clinical interviews, experimental manipulations for activation scheme) are required.

**References**