

Summary

Early Maladaptive Schema Domains and Social Phobia Symptoms: Is There a Mediator Role of Emotion Regulation Difficulties?

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Social phobia is a prevalent anxiety disorder that may result in serious negative outcomes in lives of many people (Judd, 1994; Kessler et al., 1994). Although social phobia was frequently investigated due to its negative outcomes on people by the researchers, the main basis of the fears related to social conditions has not been understood yet properly.

Temperament, parenting style, negative life circumstances and relations with peers are regarded as some variables which lead to distorted beliefs in people and there exist some evidence that those distorted beliefs may induce social phobia symptoms (Neal & Edelman, 2003; Rapee & Spence, 2004). The distorted beliefs of people with social phobia such as incompetence, failure, pessimism and dependence resemble early maladaptive schemas that are defined by Jeffrey Young within the frame of Schema Theory (Pinto-Gouveia, Castilho, Gelhardo, & Cunha, 2006).

Early maladaptive schemas are mental representations that are formed when either basic needs of the children are not satisfied or overly satisfied by the caregiver and these mental representations that can be called schemas are functional in childhood in terms of perceiving the world, people, and relationships around them. However, as the children get older, the schemas may resist changing and play considerable role in the development of psychopathology (Young, Klosko, & Weishaar, 2003). In the schema theory, there are defined five early maladaptive schema domains (disconnection/rejection, impaired autonomy, impaired limits, others directedness and over vigilance and inhibition) and eighteen early maladaptive schemas (abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, failure, entitlement/grandiosity, insufficient self control/self-discipline, subjugation, self sacrifice, approval seeking/recognition seeking, negativity/peessi-

mism, emotional inhibition, unrelenting standards/hyper criticalness, punitiveness) (Young, Klosko, & Weishaar, 2003). According to the findings of the studies which focus on the relationship between psychopathology and early maladaptive schemas, it was suggested that people with social phobia symptoms mostly exhibit patterns related to emotional deprivation, failure, mistrust, vulnerability to harm and illness, dependence schemas and it is known that the mentioned schemas are involved within disconnection/rejection and impaired limits schema domains (Pinto-Gouveia, Castilho, Gelhardo, & Cunha, 2006).

Although the schemas become dysfunctional in adulthood, they are sustained throughout life by some factors one of which is emotion regulation difficulties. In the other words, emotion regulation difficulties that can be defined as "having no awareness about one's emotions, not able to accept the emotions, emotional inhibition, having difficulty at reaching appropriate emotion regulation strategies and impulsive behaviors" may have role in the development of social phobia symptoms (Gratz & Roemer, 2004). In social phobia, emotion regulation difficulties can be observed as avoidance and emotional inhibition (Mineka & Zinbarg, 2006; as cited in Gross & Levenson, 1997). Moreover, the mentioned emotion regulation difficulties lead to increases in the perceived anxiety, fears and as a result psychological burden of the patient (Wells & Papageoriou, 1998; Sung et al., 2012).

In brief, it is obvious that early maladaptive schemas and emotion regulation difficulties are the factors underlying many anxiety and mood disorders. However, in the literature it was not encountered with the research in which the relationship between early maladaptive schemas and emotion regulation difficulties or the role of emotion regulation difficulties in the development of psychopathology studied. In the current study, it was aimed to investigate the mediator role of emotion regula-

tion difficulties on the relation between early maladaptive schema domains and social phobia symptoms. In the study, the level of depressive symptoms was regarded as control variable due to its high comorbidity rates with social phobia symptoms.

Method

Participants

The sample in the study included 240 university students who were attending to their education during 2011-2012 at Hacettepe University. Whereas 120 (50 %) of the participants were female, 118 (49 %) of the participants were male, 2 of the participants did not state their gender. Their ages were ranging between 17 and 29.

Instruments

In the study, Liebowitz Social Anxiety Scale (LSAS), Beck Depression Inventory (BDI), Young Schema Questionnaire-Short Form 3 (YSQ) and Difficulties in Emotion Regulation Scale (DERS) were used respectively. Turkish forms of all of the instruments and the factor structure of Turkish forms were used in the current study. Firstly, Liebowitz Social Anxiety Scale (LSAS) was adapted by Soykan and colleges (1999) and the scale was employed to measure anxiety and avoidance levels of people at situations in which social interaction and performance are required. In the current study the scale was administered to determine the level of social phobia symptoms of the subjects. Secondly, Beck Depression Inventory (BDI) was adapted by Hisli (1988; 1989) and it was developed to measure the depression level of the adolescent subjects. In the current study, the purpose of using BDI was to assess and control depression level of the subjects. Thirdly, Young Schema Questionnaire – Short Form 3 (YSQ-SF 3) was adapted by Soygüt and colleges (2009) and the scale was developed to determine early maladaptive schemas and schema domains of people. In the current study, early maladaptive schema domains of the subjects were assessed via YSQ-SF3. Lastly, Difficulties in Emotion Regulation Scale (DERS) was adapted by Rugancı (2010) and the scale was developed to determine the aspects and level of emotion regulation difficulties of the subjects. In the current study, emotion regulation difficulty level of the subjects was assessed with DERS.

Procedure

Following the necessary ethical permissions were gathered, the instruments were applied to the participant after the main purpose of the study explained and their volunteer participation in the study was ensured. For the control purpose, instruments were applied to the participants in different orders.

Results

For the each of the early maladaptive schema domains a mediator analysis was applied to the data gathered from participants. For the mediator analysis Baron and Kenny's (1986) mediator analysis criteria were taken into account. Before the hierarchical regression analyses were conducted the partial correlations among the variables of the study were measured and obtained partial correlation coefficients were presented in Table 2. The highest partial correlation coefficients were obtained between Disconnection/Rejection and Impaired Autonomy schema domains ($r_{D,DIA} = .68$), Disconnection/Rejection and Impaired Limits schema domains ($r_{D,DIL} = .62$) and lastly Impaired Autonomy and Impaired Limits schema domains ($r_{D,IAIL} = .84$), respectively.

The first criterion of mediator analysis is stated as "independent variable should predict the dependent variable". To test the first criterion successive hierarchical regression analysis were run for each of the early maladaptive schema domains (disconnection/rejection, impaired autonomy, impaired limits, others directedness and unrelenting standards) as independent variables and social phobia symptoms as dependent variables separately. According to results of the hierarchical regression analysis, it was revealed that disconnection/rejection, impaired autonomy and impaired limits schema domains predicted social phobia symptoms ($R = .41$, $R^2 = .17$, $F_{1,237} = 24.06$, $p < .01$, $\beta = .23$; $R = .42$, $R^2 = .18$, $F_{1,237} = 25.79$, $p < .001$, $\beta = .27$; $R = .44$, $R^2 = .20$, $F_{1,237} = 28.86$, $\beta = .29$, $p < .001$, respectively). The resting three criteria of mediator analysis were tested for the three schema domains which were gathered significant results. The second criterion of mediator analysis is stated as "independent variable should predict mediator variable". For the purpose of testing the second criterion, hierarchical regression analyses were run for each of three early maladaptive schema domains (disconnection/rejection, impaired autonomy and impaired limits) as independent variables and emotion regulation difficulties as mediator variable separately. According to the results of the analysis it was revealed that disconnection/rejection, impaired autonomy and impaired limits schema domains predicted emotion regulation difficulties ($R = .49$, $R^2 = .24$, $F_{1,237} = 37.87$, $\beta = .39$, $p < .001$; $R = .51$, $R^2 = .27$, $F_{1,237} = 43.45$, $\beta = .44$, $p < .001$; $R = .45$, $R^2 = .20$, $F_{1,237} = 29.66$, $\beta = .30$, $p < .001$, respectively). The third criterion of mediator analysis is stated as mediator variable should predict dependent variable. For the purpose of testing the third criterion, hierarchical regression analysis was run for emotion regulation difficulties as mediator variable and social phobia symptoms as dependent variable. The result of the regression revealed that emotion regulation difficulties variable predicted social phobia symptoms

($R = .41$, $R^2 = .17$, $F_{1,237} = 23.85$, $\beta = .21$, $p < .01$). Lastly, the fourth criterion of mediator analysis is stated as “when mediator variable and independent variable were added to the regression analysis at the same time, the significance level between independent variable and dependent variable should decrease.” For the purpose of testing the last criterion, both three early maladaptive schema domains (disconnection/rejection, impaired autonomy and impaired limits) and emotion regulation difficulties total points were added to the regression model. The analysis revealed that when the emotion regulation difficulties total points were added to the model, significant decreases were observed in the beta values of all three early maladaptive schemas. The significance of the decrement in the beta values was assessed with Sobel Test.

In sum, the analyses revealed that there exists a mediator role of emotion regulation difficulties on the relation between Disconnection/Rejection, Impaired Autonomy and Impaired Limits schema domains and the symptoms of social phobia.

Discussion

According to Schema Theory, deficiency of trust, consistency and caring in the relationship with the primary care givers may predict the emergence of early maladaptive schemas and as a result development of psychopathologies in the adulthood (Young, Klosko, & Weishaar, 2003). Similarly in the attachment theory, it was mentioned that negative relationship with the attachment figure may lead to negative mental representations and these representations may affect the capability of emotion regulation of the individuals negatively as well (Bowlby, 1972; Mikulincer & Shaver, 2007). Parallel with the mentioned theories, in the current study, it was revealed that some of the early maladaptive schema domains (mental representations having roots in childhood) which are disconnection/rejection, impaired limits and impaired autonomy predict emotion regulation difficulties and there exists a mediator role of emotion regulation difficulties in the relation between these early maladaptive schema domains and social phobia symptoms.

Firstly, when disconnection/rejection schema domain is investigated it can be realized that emotional deprivation, emotional inhibition, social isolation/mis-

trust and defectiveness schemas are included in this domain. Consistent with the qualities of those schemas, it is possible that people who have those schemas may have negative cognitions such as “I shouldn’t express my emotions”, “I am not going to be satisfied emotionally”, “I am defected and I have to avoid social situations”. Moreover, these negative cognitions may affect emotion regulation capability of individuals and as a result social phobia symptoms can be triggered.

Secondly, impaired autonomy schema domain is included in enmeshment, abandonment, failure, negativity/pessimism and vulnerability to harm or illness schemas. It is possible that negative cognitions related to those schemas can increase the level of emotions that were experienced in social situations. For example, individuals may avoid expressing their emotions because of shame related to their anxiety. As a result the emotions which are not coped in an effective manner may increase and lead to emergence of social phobia symptoms.

Lastly, impaired limits schema domain is included in entitlement/insufficient self control schema. The relationship between entitlement/insufficient self control schema and social phobia symptoms can be explained with the high comorbidity rate between narcissistic personality disorder and social phobia because entitlement/insufficient self control schema is frequently observed in people with narcissistic personality disorder (as cited in Young, Klosko, Weishaar, 2003; Stinson et al., 2008). In accordance with this schema, it is possible that individuals who have this schema may express their emotions in an aggressive manner and behave impulsively. Handling the emotions impulsively can be as harmful as suppressing emotions for the psychological well being.

In sum, according to the result of the current study, it is recommended to emphasize the importance of emotion regulation during the therapy process when working with individuals who experience social phobia symptoms. Otherwise, difficulties in emotion regulation may strengthen early maladaptive schemas of individuals and as a result trigger the development of psychopathology, specifically social phobia. Moreover, to gather detailed information about the mediator role of emotion regulation between early maladaptive schema domains and social phobia symptoms, this study can be replicated with a larger sample size and with the participation of clinical population.