

## The Relationship between Early Maladaptive Schemas and Anxious/Ambivalent Attachment Style in Individuals with Borderline Personality Disorder

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### Abstract

The purpose of this research was to study the relationship between early maladaptive schemas (EMS) and anxious/ambivalent attachment style in individuals with borderline personality disorder. The sampling group was consisted of 60 men and women with borderline personality disorder (BPD) qualified for entering in the research who were selected by purposeful sampling method. The data was collected by means of two questionnaires (1) Adult Attachment Inventory (AAI), and (2) Schema Questionnaire-Short Form (SQ-SF). The data was analyzed via Pearson coefficient of correlation and stepwise regression analysis. The summary of the research indicated that: 1- a significant relationship exists between the schemas of emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, and defectiveness/shame schemas in adulthood and anxious/ambivalent attachment of individuals with BPD. 2- stepwise regression analysis indicated that at the first step, enmeshment/undeveloped self variable has been entered into the prediction equation and expresses solely 34% of attachment style variations which is significant within  $P < 0.001$ . At the second step, defectiveness/shame variable has been entered into the equation that upon entering this variable, the determination coefficient has been increased from 34 to 46%. The standard coefficient at this stage is significant within  $P < 0.001$ . At the third step, emotional inhibition variable has been entered into the equation, upon entering this variable, the determination coefficient has been changed from 46% to 52% which is significant within  $P < 0.001$ .

**Keywords:** Borderline personality disorder, early maladaptive schemas, anxious/ambivalent attachment style.

### 1. Introduction

Borderline personality disorder (BPD) is the most prevalent personality disorder in the psychiatric environments (Barlow & Durand, 2002). The main characteristic of BPD, is a comprehensive model of instability in the interpersonal relations, self-concept, emotions and impulsiveness which has been commenced from the early adulthood and appeared in the different context (DSM IV-TR, 2000). Among all the personality disorder, BPD has lower stability during the time and in many studies of short-term and long-term a high rate of improvement has been reported (Zanarini et al, 2006). It doesn't seem that this improvement rate is affected by major depression disorder, whilst depression improvement rate when has pathologic concomitant to BPD, is reduced extremely (Gunderson et al, 2004). Altogether, some of BPD characteristics are reducing by time passing and it seems this process is affected by the patient's mood. The emotional features (such as anger, anxiety and depression) and interpersonal features related to the attachment and fear from dismissing are considered as the features which have temporal stability and high prevalence (Leichsenring et al, 2011). Many of researchers (for example, Paris, 1999, Freeman et al, 2005) believe that BPD is originated in interaction between genetic, biological, social, psychological, chaotic family environment, parents' pathology and incompetent parenting styles. According to the diagnoses, the most BPD patients (50%) are affected by this disorder within the age range of 18-25. As well as, the women compose 2/3 of the whole BPD patient population (Gunderson, 2008). Unfortunately, many of researches indicated that the mothers suffering from BPD encounter in serious problems for raising their children. The parental skills of who suffer from mood instability, excitability, impulsivity and reality distortion will be hurt seriously. On the other hand, according to the studies on disorders related to the impulsivity, features of mood, emotional and behavioral fluctuation in the children of such mothers is seen more, therefore, the children of such parents are exposed

to risk of the different mental disorders such as disorders related to the attachment style (Weiss et al, 1996). According to the attachment theory, if a child in its first living years could not establish an attachment along with security feeling to one person at least, is not able to communicate a personal intimate relationship to anyone (Bowlby, 1969). Bartholomew & Horowitz (1991) suggested that the adulthood attachment styles are specified by two cognitive concepts. The both cognitive concepts may be called as a schema. The first concept is referred to the individual's viewpoint on himself and the second concept is referred to the individual's viewpoint on the others as to be trustable or non-trustable. (Young, 1990) argues that the early maladaptive schemas(EMS) cause to the personality disorders formation. These schemas are created in the early childhood period through negative experiences with the other important people in the life.

The individuals who have defectiveness/shame schema usually avoid the intimate relationships. In relation to the others, they let the partners to criticize and humiliate them as ever and marry some bodies who abuse them emotionally and physically, who are excommunicator and critic and who don't love them so much, but these individuals try to gain their love. Thus, they choose attractive and very popular ones whilst it is clear that they cannot achieve them (Dulong, 2007).

The objective of the this research is analyzing the relationship between EMS and its elements, and anxious/ambivalent attachment style in the individuals with BPD. Based on this objective, the following hypothesis were tested: 1- A relationship exists between abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation schemas in the adulthood and anxious/ambivalent attachment in the patients with BPD; 2- EMS predict the anxious/ambivalent attachment style in patients with BPD.

## **2. Method**

The outline of this research is correlative. The objective of this method is discovering the relationships. The sampling group is consisted of all men and women with BPD residing in Tehran. The sample size is 60 men and women with BPD who referred to Shahid Lavasani Hospital from June to Sep. 2011 for treatment and hospitalization. In this research, the respective sample was applied through purposeful sampling. The entering factors including: diagnosis of BPD by the psychologist according to DSM-IV-TR, age range within 20 to 40 years old, lack of the other mental disorders, and ready to cooperation.

### *2.1 Measures*

Adult Attachment Inventory(AAI): this questionnaire including 15 questions and has been presented by Hazen & Shiver (1987). This questionnaire is graded in a Likert scale (5 points) by the participators, in which the option of "never" is graded as 0, and "almost ever" is graded as 4. The examinees are requested to select the questions to describe their feature style in the close relations better. The grades of subscales of attachment are obtained by the average of five questions of each subscale. Five items of the questionnaire are related to the secure attachment style. Five items are referred to the avoidant attachment style and five other items are related to the anxious/ambivalent attachment style. Analysis of Hazen & Shiver(1987) have obtained the reliability by retesting the whole questionnaire equal to 0.81 and reliability by Cronbach's Alpha coefficient equal to 0.78. Also they have reported the face and content validity as well and its Construct validity as very good.

The Schema Questionnaire-short form (SQ-SF; Young & Brown, 1999) is a 75-item Self-report questionnaire, designed to assess 15 EMS. Items of are answered on a six-point scale from completely untrue of me to describes me perfectly. Studies on the SQ-SF have previously shown that the inventory has adequate internal consistency and factorial structure (e.g., Hoffart et al., 2005).

### *2.2 Procedure*

The data collection process was so that firstly 30 women and 30 men from among patients with BPD were chosen considering research cancelation criteria. After ensuring from patients' collaboration and before execution of the questionnaire, a clinical interview with DSM-IV-TR criteria was provided to the samples. The questionnaires of this study were executed individually. The instruction was provided in the questionnaires to the examinee.

### 3. Results

For analyzing the data of this research, descriptive statistics (frequency indices, mean value and standard deviation) and appropriate statistical tests such as (Pearson coefficient of correlation and step by step regression analysis) were provided. In this research, 50% of the answerers were women and 50% men. The age average of women and men is respectively between 32.23 and 31.5. In the other word, the age of women and men answerer is equal. Therefore, the results of the research may be deemed valid because an auxiliary agent means age that may be effective on the answers, is equal. For testing the first hypothesis, Pearson coefficient of correlation was applied.

**Table 1:** Early maladaptive schemas with anxious/ambivalent attachment style in individuals with borderline personality disorder

EMS	anxious/ambivalent attachment	
	coefficient of correlation	Sig.
emotional deprivation	.342	.007
abandonment/instability	.352	.006
mistrust/abuse	.294	.023
social isolation/alienation	.346	.007
defectiveness/shame	.543	.001

The results of the table show that the coefficient of correlation of emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, and defectiveness/shame schemas are respectively equal to .342, .352, .294, .346, .543. Therefore, it is concluded that 5 above schemas have positive and significant relationship with anxiety/ambivalent attachment.

For the second hypothesis, stepwise regression method has been used.

**Table 2:** Stepwise regression anxious/ambivalent attachment style according to schemas

Model	Variables	R	R <sup>2</sup>	F	Sig.	Std. Error	B
1	enmeshment/undeveloped self	.581	.337	29.490	.001	1.79	.320
2	enmeshment/undeveloped self defectiveness/shame	.677	.458	24.090	.001	1.63	.239
3	enmeshment/undeveloped self defectiveness/shame emotional inhibition	.718	.516	19.916	.001	1.55	.200

As it is observed in the table, at the first step, enmeshment/undeveloped self variable has been entered into the prediction equation and expresses solely 34% of attachment style variations which is significant within  $P < 0.001$ . At the second step, defectiveness/shame variable has been entered into the equation that upon entering this variable, the determination coefficient has been increased from 34 to 46%. The standard coefficient at this stage is significant within  $P < 0.001$ . At the third step, emotional inhibition variable has been entered into the equation, upon entering this variable, the determination coefficient has been changed from 46% to 52% which is significant within  $P < 0.001$ .

### 4. Discussion

The summary of correlation between the variables indicated that a significant relationship exists between emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, and defectiveness/shame schemas in the adulthood and ambivalent attachment in the patients with BPD. Therefore, it is concluded that 5 above schemas and positive and significant relationship with anxiety/ambivalent attachment.

According to the relationship between schemas and mental disorders and particularly personality disorders, various researches have been applied. For instance, the summary of study applied by Wellburn et al(2000) on the variations of schemas before and after a cycle of group therapy on a group of patients with psychiatric disorders, indicated significant variations to the "vulnerability to harm or illness", "social isolation/alienation", "defectiveness/shame" schemas after the cycle. Altogether, a significant reduction was reported in the psychological disorder after group therapy.

Ball & Cecero(2001) have studied the relationship between personality disorder, EMS and psychological problems. The sample is consisted of patients with borderline, antisocial and dependent personality disorder. The summary indicated that a significant relationship between the personality disorder intensity and maladaptive schemas.

Some experimental findings have confirmed the relationship between BPD and insecure attachment styles reported in the child and parents connections. Patrick et al (1994) upon reviewing the attachment intrapsychic equivalents concluded that mental organization of individuals categorized as BPD is similar to mental organization of ambivalent attachment style. Stalker & Davis (1995) have achieved similar results in a clinical sample.

According to the research applied by Muller et al(2000), 76% of the children who were exposed to the parents' abuse have revealed one of the insecure attachment styles.

Cecero, Nelson & Gillie(2004) showed that the emotional inhibition, dismissing and emotional deprivation schemas in the adulthood endanger the secure attachment and are positive predictors for dismissing attachment and fearful-avoidant attachment in the adulthood.

As well as, the summary applied by Yousefi et al (2010) on "comparing the early maladaptive schemas in the divorced and normal spouses as the divorce predictor" indicated that mistrust/abuse, emotional inhibition, unrelenting standards/hypercritical calmness schemas with the standard coefficients of 0.67, 0.57 and 0.57 respectively had the highest significant divorce predictability ( $P < 0.001$ ).

Young (1990) argues that the EMS cause the personality disorder formation. These schemas are created in the early childhood period through negative experiences with the other important people in the life. The unpleasant and chronic events create some central beliefs on self and others. These beliefs are not flexible. The beliefs and schemas related to the interpersonal relations in the adulthood affect the attachment style, personality disorders and mood disorders.

In consideration of the foregoing, the attachment created in the childhood is continued to the next stages of life and affects the person's life. But in the adulthood the attachment source may be changed and attachment to the spouse and other persons may be replaced to attachment to the mother.

According to the observations, attachment of child to its first care takers has an important and similar role. Based on this theory, inability of child for establishing stable attachment bond with one or several persons in its early life years is in connection with its inability for establishing intimate individual relations in the adulthood. In this study, variables such as socioeconomic status have not been controlled. Also, it is proposed greater samples such as different samples of patients and normal samples that provide further findings for expression of relationship between attachment styles and borderline personality disorder.

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