The Role of Mother's Early Maladaptive Schema in Predicting Early Maladaptive Schemas and Loneliness of Children Aged 8 to 15 Years in Amol City, Iran

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ABSTRACT

Introduction: Early maladaptive schemata which are emotional, cognitive self-harm patterns have placed in the mind since the beginning of transformation growth and repeat in the course of life. As cognitive infrastructures, maladaptive schemata lead to development of irrational beliefs. Loneliness in children is failure and weakness of interpersonal interaction with their peers as a consequence of which unhappiness with social relations occur.

Aim: The present study was carried out in order to investigate the role of early maladaptive schemata of mothers in predicting early maladaptive schemata of children and their feeling of loneliness in the city of Amol.

Materials and Methods: The present correlational study was conducted among 150 girls and 150 boys with their mothers, selected through simple random sampling. The research tools consisted of Yang's early maladaptive Schema (1998), Rijekabour and Debo Schema Questionnaire (2010) and Asher's Loneliness Questionnaire (1985). Data were analysed by descriptive and correlational tests using SPSS 20.0.

Results: There was a significant relationship between the domains of marginalization, exclusion, autonomy, and the impaired performance of the mother with the child's loneliness, between the marginalization and exclusion of the mother with mistrust and child abuse, between self-regulation and the impairment of mother performance with the failure of the child, and between other aspects of mothers' behaviour and the undeveloped self of the child. However, there was no significant relationship between mother's excessive readiness with child's vulnerability or between the inhibition and the limitations of mother with child defect.

Conclusion: Some parent schemata play a role in loneliness of children and some in their maladaptive schemata; therefore, it is suggested that parents should be provided with training courses in the beginning of their children's entrance to school in order to improve the level of mental health of the future generation.

INTRODUCTION

Schemata are the result of the parents' dialogs, especially mothers with their children, which gradually internalise in the children's mind and have now dominated their lives systematically but inefficiently [1]. As cognitive infrastructures, maladaptive schemata lead to formation of irrational beliefs and consist of cognitive, emotional, and behavioural components, and when they are activated, some levels of emotion are emitted and directly or indirectly lead to psychological disturbances such as anxiety, depression, inability to work, interpersonal conflicts, and other problems in mental health [1]. Young proposed five early cognitive schemata which are further divided into other subsets including disconnection/rejection, impaired autonomy/performance, impaired limits, other-directedness, and overvigilance/inhibition. Some of these schemata, particularly those that typically form as a result of adverse childhood experiences, may be the main locus of personality disorders, mild cognitive problems, and numerous axis I disorders [2].

Because Parental performance leads to creation and development of some models in the organisation, it creates a personal cognition called schema. As lenses, schemata affect the individual's understanding of the world, himself/herself, and others. These schemata form during early childhood experiences (which have played the role of traumas in the children's lives) and control the individual's response to environmental events [3].

Undoubtedly one of the important aspects of human growth is its socialisation process. The intrinsic nature of collective life in man reveals the need for contact with others as an inevitable thing. Social development is a healthy and consistent relationship with people.

Children who have acquired adequate social skills are more successful in communicating with peers than those who lack such skills [4].

The constant lack of physical contact during childhood may lead to physical discomfort and emotional forms of distress, such as loneliness [5]. Loneliness is an unpleasant state of affairs. The importance of this feeling lies in the fact that it is highly correlated with emotional state of people social poverty, behaviour and health in adults, teenagers and children [1].

Loneliness in children is a deficiency and weakness of interpersonal communication with peers, which leads to dissatisfaction with social relationships with other children [6]. Loneliness occurs when contact and person-to-person relationship are false [7]. Therefore, loneliness requires an individual's perception or evaluation of his social relationships and comparing the current situation with the desired and ideal state. From the viewpoint of some experts, this comparison and the way in which social perception is realised is the cause of the feeling of loneliness [8,9].

Therefore, the present study was conducted in order to investigate the role of mothers' early maladaptive schemas, as the most important variable in shaping the child's behaviour and his social life in childhood, in predicting early maladaptive schemas and loneliness in children influenced by the history of the development of individuals and the nature of parenting education and method.

MATERIALS AND METHODS

This was a descriptive study conducted from December 2014 to August 2015, in students aged 8-15 years in Amol city, which, according to the reports and statistics of Educational office,

surmounted to a total number of 30,000 subjects. Sample size was selected by random sampling. In doing so, first, guidance school was selected out of primary, guidance, and high schools. Afterwards, from among all middle schools, two boys and girls schools were chosen, and then, provided list was used to select 300 students from both genders along with their mothers who were then studied.

Required data were collected through three standard questionnaires. The first one is shortened form of Yang's early maladaptive Schema (1998) [3], a 75-question questionnaire designed to measure 15 primary cognitive schema. These schema include emotional deprivation, emancipation, distrust/mistreatment, social isolation, defect/shame, dependence/incompetence, vulnerability to harm, self-transformation and obstinacy, obedience, sacrifice, emotional inhibition, stubborn standards, high-spiritedness, inadequate self-control and failure [10].

The reliability of the questionnaire was drawn from 0.76 to 0.93 by the internal consistency method through alpha-Cronbach for all 15 subscales of the short form of the questionnaire in Welburn K et al., study [10].

The second questionnaire is early maladaptive children schema which is the developed form of Yang's schema questionnaire (1998). The child schema questionnaire consists of 40 items and measures 11 schema in children; the subscales include loneliness (5 items), domination (5 items), mistrust and mistreatment (3 items), defect (3 items), vulnerability (6 items), undeveloped self (3 items), sacrifice (3 items), stubborn criteria (3 items), high-spiritedness (3 items) and insufficient self-control (3 items). The scoring of this questionnaire is based on the Likert scale with a four degree scale (1=not true, 4=complete). In the study done by Rijkeboer MM et al., [11], validity was calculated by re-test method and the mean correlation of 0.67 was obtained for all subscales [12].

The third device used in the present study is Asher's Loneliness Questionnaire (1985) [4]; this questionnaire, which was developed by Asher Willer, was applied to measure loneliness at the end of childhood and before adolescence, with 24 questions and a five-point accountability scale, 1=totally agree and 5=totally disagree. The questions are designed for children aged 8-15 years; validity and reliability of this questionnaire has been tested by Azad Farsani Y et al., research [13].

STATISTICAL ANALYSIS

SPSS version 20.0, descriptive statistics (variance, mean and standard deviation) and inferential statistics (Pearson correlation coefficient and Spearman correlation coefficient) were used to analyse the collected data.

RESULTS

The descriptive findings of this study are presented in [Table/Fig-1] as mean and standard deviation.

According to the findings of this study, it can be concluded that there was a significant relationship between marginalization and mother's exclusion, autonomy and maternal performance disruption, maternal other-orientedness, maternal excessive readiness, inhibition and maternal limitations and feeling of loneliness on the part of the child; there is also a relationship between maternal mistrust and child misbehaviour, self-centeredness and disrupted function of the mother and failure of the child, and other maternal orientation and undeveloped self of the child. However, there is no significant relationship between maternal excessive readiness and the child's vulnerability and between inhibition and disrupted maternal limitation with child defect [Table/Fig-2].

DISCUSSION

The findings of the present study showed that there was significant positive correlation between early maladaptive schemas of the mother

Variables	Indicators	Mean	Standard deviation
Marginalization and mother's exclusion		55.96	12.09
Autonomy and maternal performance disruption		43.84	10.85
Inhibition and disrupted maternal limitation		24.84	6.67
Maternal other-orientedness		24.03	6.10
Maternal readiness		20.36	4.05
Mistrust and child misbehaviour		8.10	3.87
Child failure		8.91	3.05
Undeveloped self of the child		8.52	2.85
Child vulnerability		11.70	3.31
Child defect		8.94	2.46
Child loneliness		52.47	11.90

[Table/Fig-1]: The mean, variance and standard deviation of the variables of the research.

Variable	Statistical indicator	Correlation coefficient	Significance level
1. Marginalization and mother's exclusion with loneliness of the child		0.367	<0.001
2. Autonomy and maternal performance disruption with child loneliness		0.228	0.005
3. Maternal other-orientedness with child loneliness		0.242	0.003
4. Maternal excessive readiness with child loneliness		0.389	<0.001
5. Inhibition and disrupted maternal limitation with child loneliness		0.211	0.009
6. Marginalization and mother's exclusion (with mistrust and child misbehaviour)		0.246	0.002
7. Autonomy and maternal performance disruption (with mistrust and child misbehaviour)		0.202	0.013
8. Maternal other-orientedness (with mistrust and child misbehaviour)		0.296	<0.001
9. Maternal excessive readiness (with mistrust and child misbehaviour)		0.070	0.395
10. Inhibition and disrupted maternal limitation (with mistrust and child misbehaviour)		0.062	0.453

[Table/Fig-2]: Correlation coefficient of early maladaptive schemas of mothers with early maladaptive schemas and loneliness in children.

with the child's loneliness, which was consistent with the results of Valizadeh L's research [14]. Individuals whose schemas are in the domain of exclusion and marginalization cannot establish safe and satisfying attachments to others. Such people believe that their need for stability, security, affection, love, and attachment will not be fulfilled [15].

In other study, some findings indicated that parental behaviour (caring and overprotection) is related with the formation of early maladaptive schemas of children. Therefore, the attention of specialist can be drawn to the cognitive development of individuals in interaction with primary caregivers, and to the formation of subsequent cognitive impairment [16] which is agreement with the findings of the present study.

The results of multivariate regression analysis in the study out by Jazayeri M et al., showed that there was a negative correlation between resilience and early maladaptive schemata of disconnection/rejection, impaired autonomy/performance, impaired limits, and other-directedness [2]. In their study, Tosifian N et al., indicated that there was a significant correlation between early maladaptive schema and feeling of loneliness (0.462) at a confidence interval of 99%. At different fields of impaired autonomy/performance, there is a correlation between loneliness and disconnection/rejection at 0.324, impaired autonomy/performance at 0.429, impaired limits at 0.527, other-directedness at 0.471, and self-inhibition at 0.309 [17].

Thus, children who grow in these environments constantly feel at risk; they feel that these risks may cause them to lose their parents

and create a sense of loneliness in them. Also, the findings of this study showed that there was a positive and significant relationship between inhibition and maternal disrupted performance with the child's loneliness, which was consistent with the result of Valizadeh L research [14]. The children of parents who have this area of schemas are likely to experience more loneliness because of their parents' expectations and inability to sympathize with their children.

The results of the present study showed that there was a significant relationship between impaired maternal inhibition and limits and child failure. This finding is in agreement with those of the study carried out by Kazemi R et al., who showed that these two variables are negatively correlated [18].

Thus, parents who have this schema and behave in this way cannot create a sense of adequacy in their children; thus, they might, inadvertently, strengthen the defeat scheme in their children.

The results of the present study indicated that there was a significant statistical relationship between maternal other-directedness and child undeveloped self, which is in agreement with the results of the study conducted by Kazemi R et al., [18].

Based on the above mentioned results, other-directed parents may cause their children not to develop well because of their parents' extreme focus on their children.

The results of the present study showed that there was a significant relationship between maternal impaired limits and child defect. In another study, the results indicated a negative correlation between these two variables [18].

Schemata form based on the relationship between the individual and his/her family and caretakers during childhood, and after formation, they continue during the early years of life course, and in other words, they help individuals reach to security gained cognitive coordination [17].

An individual with such maladaptive schemata believes that his/her needs for affection, empathy, and security are not met (rejection) in his/her social relationships as he/she expects, others prevent his/her autonomous performance in life (autonomy), or he/she should always focus on the wants and feelings of others in social relationships so he/she can attract their affection and attention towards himself/herself (other-directedness) or does not lose them if they exist [19].

In fact, he/she notices a coordination between his/her expectations from social relationships and what exists in reality, and thus he/she prefers to avoid contact with others, limit his/her relationships, and trips to attend in friends gatherings are less [19].

In other study, results showed children's anxiety can influenced by their schemas to a large extent; therefore, training logical beliefs in children is essential [20].

LIMITATION
The main limitations of the present study include the exclusion of fathers and small research community which was limited to secondary school students in Amol.

CONCLUSION
Parental schemas play a role in loneliness of children and their conflicting schemas. Therefore, it is suggested that intervention programs be conducted for parents to provide treatment for children who suffer from social avoidance, confinement and loneliness. Necessary training in the form of comprehensive national plans be provided to prevent mental disorders and improve the mental health of future generation.

Further research is recommended to be conducted on both fathers and mothers.

REFERENCES

[1] Qualter P, Brown SL, Rotenberg KJ, Vanhalst J, Harris RA, Goossens L, et al. Trajectories of loneliness during childhood and adolescence: predictors and health outcomes. Journal of Adolescence. 2013;15:01-11.

[2] Jazayeri M, Vatankhah HR, Badiei MM. The relationship between defense styles and early maladaptive schemas with resilience in boy students of high school in Tehran city. Thought & Behavior in Clinical Psychology. 2013;8(30):07-16.

[3] Young JE. Young Schema Questionnaire Short Form. New York: Cognitive Therapy Center. 1998.

[4] Asher SR, Wheeler VA. Children's loneliness: A comparison of rejected and neglected peer status. Journal of Consulting and Clinical Psychology. 1985;53:500-05.

[5] Hojat M, Crandall R. Loneliness Theory Research, and Application, California. Newbury Park, CA : Sage Publications, 1989.

[6] Dunn JC, Dunn JG, Bayduza A. Perceived athletic competence, socio-metric status and loneliness in elementary school children. Journal of Sport Behaviour. 2007;30(3):249-69.

[7] Vanhalst J, Klimastra TA, Luyckx K, Scholte RHJ, Engels RCME, Goossens. The interplay of loneliness and depressive symptoms across adolescence: exploring the role of personality traits. Journal of Youth and Adolescence. 2012;41:776-87.

[8] Hawkley LC, Burleson MH, Berntson GG, Cacioppo JT. Loneliness in everyday life: Cardiovascular activity, psychosocial context, and health behaviours. Journal of Personality and Social Psychology. 2003;85:105-20.

[9] Heinrich ML, Gullone E. The clinical significance of loneliness: A literature review. Clinical Psychology Review. 2006;26:695-718.

[10] Welburn K, Coristine M, Dagg P, Pontrefact A, Jordan S. The Schema Questionnaire-Short Form: Factor analysis and relationship between schemas and symptoms. Cognitive Therapy and Research. 2002;26:519-30.

[11] Rijkeboer MM, de Boo GM. Early maladaptive schemas in children: Development and validation of the schema inventory for children. J Behav Ther Exp Psychiatry. 2010;41(2):102-09.

[12] Yousefi AA, Amirpour B. The validity and reliability of primary maladaptive schemas in children by factor analysis. Researcher Journal of Shaheed Beheshti University of Medical Sciences. 2012;5:265-71.

[13] Farsani AY, Parsa S, Darabi E, Alvandi Z. Psychometric features of the child's loneliness scale in middle school students. Knowledge and Research in Applied Psychology. 2013;1:34-42.

[14] Valizadeh L. The Relationship between perceived parenting styles, early maladaptive schemas and loneliness in adolescents. Master's Thesis. Faculty of Psychology and Social Sciences. 2014.

[15] Yang J, Colosco J. Therapeutic Schema. Translated by Hamidpour and Endouz, Tehran, Arjomand Publishing. 2007.

[16] Qannadi F, Abdollahi MH. The relationship between perceptions of parental behaviour and early maladaptive schemas. Clinical Psychology Studies. 2014;4(16):129-51.

[17] Tosifian N, Qaderi KB, Mahmoodi A, Khaledian M. Structural modeling of early maladaptive schemas and executive functions of people diagnosed with ms emphasizing on the role of the sense of loneliness factor. Neuropsychology. 2017;3(10):93-108.

[18] Kazemi R, Zahirizadeh M, Dideroshani S. The relationship between the prevalence of mothers' initial maladaptive schemes and their parenting techniques with children's behavioural disorders. Tabriz University of Medical Sciences and Health Services. 6th International Congress on Child and Adolescent Psychiatry. 2013.

[19] Luo Y, Waite J. Loneliness and mortality among older adults in China. The Journals of Gerontology. 2014;69(4):633-45.

[20] Ghamakharfard Z, Amrollahiniya M, Azadfallah P. Examining the predictors of childhood anxiety based on early maladaptive schemas of children and parenting styles of mothers. Journal of Behavioural Sciences. 2012;6(3):253-62.

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