The Difference between Attachment Style and Early Maladaptive Schemas of Depressed Patients with Previous Suicidal Intention, Patients without Previous Suicidal Intention, and Normal Population

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ABSTRACT

The aim of this study is to examine the difference between attachment styles and early maladaptive schemas among depressed patients with previous suicidal intention and without any previous suicidal intention with normal population in the city of Kerman. A sample of 90 patients has been selected for this purpose. This statistical sample consists of 30 depressed patients with previous suicide intention, 30 depressed patients without previous suicide intention, and 30 nonclinical populations. The sampling method was convenience method. In order to collect the research data, the short questionnaire of Young and the questionnaire of adult attachment styles have been used. Multi-variable variance analysis and Tukey method have been employed in the SPSS for analyzing the research data and testing the research hypotheses. The findings of this study revealed that there is a significant difference between scores of schemas and attachment style among three sample groups. The results also revealed that there is a significant difference between two clinical and nonclinical groups in terms of schemas except devotion and strict criteria. Another part of the results revealed that there is a significant difference between two clinical groups in terms of insufficient restraint/self-discipline, fault/shame, vulnerability toward damage and illness, and captive. Also a significant relationship has been observed between unsafe attachment (avoidance) styles and potential suicide of the depressed people.

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Introduction

Suicide is an unnatural death that is occurred consciously or unconsciously. It not only is not simple or meaningless, but also has relationship with unsatisfied needs or frustration and disappointment in the life. Based on the predations of world health organization (2002), about 8150000 individuals suicide themselves around the world in 2000. It can be predicted based on this report that about 1530000 individuals will suicide themselves in 2020. This means that one death of every 20 deaths will be suicide in 2020. The reports reveal that about 11 individuals suicide themselves in Iran every day. Several theories have been presented in terms of suicide reasons. These theories indicate that the reason of 90% of suicides is mental disorders. Mood disorder is the main reason of suicide in terms of psychological disorders (Harris, 1998); (Ostamo et al., 2001). One of the most important theories that have been presented in terms of explaining and analyzing depression is cognitive approach. It is considered as one of the main defaults of cognitive approach that thinking style, believes, attributes, goals, and aspirations influence individuals' behavior and feeling. The schema is one of the most important cognitive components that play a critical role in psychological disorders. Early maladaptive schema is the main comprehensive style about self and others that is inefficient seriously. Such schemas consist of memories, emotions, cognitions and physical feelings. Schemas are formed during childhood and are made more complex during life period. It also influences future experiences of life so much that any

experience cannot be formed without their involvement (Yang, 1990). He believes that lack of concentration on the deep constructs is one of the effective factors on treating depression and suicide.

Balbi explains the reacting relations between mother and child based on the attachment theory. It was seemed based on done researches that attachment style influences individuals' stress conditions and ability to communicate desirable relations. Additionally, type of relationship and the primary image that every sick has from patients' parent leads to create schemas in their mind that is fixed and influences future relations (Besharat, 2007). With regard to these factors, the purpose of this study was to examine the relationship between early maladaptive style between two clinical and nonclinical groups. The clinical group includes two groups. The first includes was patients that had suicide intention and the second was patients that had not any suicide intention.

Research methodology

Statistical population and sample: the statistical population of this study includes all of the depressed patients that had suicide intention and the patients who had not any suicide intention in the city of Kerman. Also the normal educated individuals who had not any mental disorder that their health score was more than 23. In order to select the sample members, a convenience sampling method has been used and then 30 members were selected from every group.

The statistical sample of this study includes clinical groups (depressed patients who had suicide intention and depressed patients had not any suicide intention) and nonclinical groups. The clinical group has been selected from depressed patients who had suicide intention and are under treat in Shahid Beheshti Hospital of Kerman city. Several criteria have been used for selecting sample members. These include having depression (DSM-Iv), having the least writingliterature, having 30 to 55 years old, having two months of treatment in hospital, and other criteria.

The second group includes depressed patients who had not any suicide intention and are under treatment in this hospital. The first criterion of selecting this part of sample members is depression (DSM-Iv) experiences.

The third group (nonclinical group) members were selected from patients' relatives and the hospital employees that their score was less than 25.

Data-collection and measurement instrument: in order to collect the research data, the questionnaire of adult attachment and the questionnaire of Young schemas and mental health have been used. These questionnaires have been described in the following section.

Young schemas questionnaire

Young schema questionnaire has been developed by Young and Brown in 1990 for the first time for evaluating early maladaptive schemas. This questionnaire was reviewed in 1994. It includes 18 early maladaptive questionnaires that are developed in five-point Likert scale.

This questionnaire has 75 items that is developed for measuring early cognitive schema. Emotional exclusion, abandonment, distrust/misbehavior, social exclusion, fault/shame, dependence/insufficiency, vulnerability toward damage, captive, obedience, dedication, effective inhibition, unrelated criteria, merit, insufficient self-control, and failure (Welborn et al., 2002). This questionnaire was developed in five-point Likert scale (Fatehizade and Abbasian, 2003). In order to calculate score of every person in the schema, sum of five questions of that schema should be calculated that its range is from 5 to 25. The higher scores refer to the inefficient schema. As indicated, this questionnaire is developed by Young and Brown (1994). The first version of this questionnaire had 205 items. In order to make the questionnaire shorter, the authors attempted to summarize in 1998 (Welborn et al., 2002).

In the study that has been done by Coristine et al. (2002), the authors showed that all of 15 sub-criteria had good internal homogeneity. Cronbach'Alpha coefficient of the schemas is between 76% to 93%. Nali (1978) indicated that if Cronbach'Alpha coefficient is more than 0.70, it can be said that its reliability is desirable.

Fatehizade and Abbasian (2003) study the reliability of cognitive schemas questionnaire among students of university of Isfahan. They calculated reliability of this questionnaire through Cronbach'Alpha coefficient. This coefficient was 0.94 for this questionnaire. Also reliability of this questionnaire was 0.64 through retest method. Also the results of t-test show indifference between two groups' score.

Ahi (2006) examine reliability of psychometric characteristics of this questionnaire among a sample of 387 students in the University of Tehran. He evaluated factor construct and convergent reliability through SCL (90). 11 factors were extracted in this study through factor analysis. he found that this questionnaire has good construct reliability.

General health questionnaire

This questionnaire is a primary filtering instrument in terms of mental disorder among adults population. It was developed by Goldberg in 1969 and then was normalized by Yaghobi et al. in Iran in 1995. The results of this study revealed that total reliability of the questionnaire is 0.88 and also reliability coefficient of tests is 0.77, 0.81, 0.50, and 0.58.

Adults attachment questionnaire

The attachment style was measured through adults attachment questionnaire. This questionnaire has been developed by Hazn and Shior in 1987. This consists of two parts. The first part includes three attachment styles. These include safety attachment, avoidance attachment, and two-way attachment. This part determines the highest score on person's attachment. The attachment is measured in comparison to especial relatives such as mother, father, friend, and spouse. The respondents are asked to select one of safety, avoidance, and two-way attachment styles for especial persons (Azizi, 2003). Reliability of Hazn questionnaire is examined and evaluated in different studies. For example, reliability of the first part was reported 0.60 and second part was 0.40 (Fini et al., 1990).

Besharat (2001) reported that Cronbach 'Alpha coefficient of safety, avoidance, and two-way attachment questionnaire is 0.72, 0.72, and 0.74 relatively in a study that its sample members were 420 students. He also reported that total Cronbach 'Alpha coefficient was 0.73, 0.71, and 0.72 for male respondents, and 0.74, 0.71, and 0.69 for females that show its convergence relatively. Also the correlation coefficient of the respondents was 0.92 that it was 0.93 for male students and 0.90 for females. This refers that reliability of the questionnaire was desirable.

This study is a casual-analytical research that its time-orientation is past-oriented. The statistical sample of this study includes 90 patients of clinical groups (including depressed patients with previous suicide intention and depressed patients without previous suicide intention) and normal individuals. In order to select the sample members, convenience sampling method has been employed. In order to collect the research data, the short questionnaire of Young and the questionnaire of adult attachment styles have been used. Multi-variable variance analysis and Tukey method have been employed in the SPSS.

The findings

The findings of this study have been presented in two sections including descriptive and inferential findings.

First hypothesis: there is a significant relationship between early maladaptive schemas of depressed patients with previous suicide intention and other depressed patients without any previous suicide intention.

As the results of table 2 indicated in comparison of 15 schemas, there is a significant difference between all of the schemas except devotion and strict criteria. With regard to these results, Tukey test has been done for comprising groups.

Based on the results of table 3, it can be said that there are three distinctive groups including vulnerability toward damage and illness, continence/self-discipline, fault/shame, and captive that refer to the role of these schemas in depressed patients' previous suicide intention.

On the other hand, the results of table 4 show that exclusion abandonment, distrust, social isolation, fault/shame, failure, insufficiency/belonging, vulnerability, captive, devotion, inhibition, strict criteria, merit, continence, and obedience. Also the results revealed that strict criteria and devotion are not significant in influencing patients' previous suicide intention.

Table 1: The average and standard deviation of research variables

Dimensions	Depressed patients with previous suicide intention			Depressed patients without any previous suicide intention			Normal population		
	Average	Standard deviation	Sample size	Average	Standard deviation	Sample size	Average	Standard deviation	Sample size
Exclusion	19.83	5.26	30	17.37	3.95	30	11.37	6.53	30
Abandonment	18.66	6.18	30	18.70	5.54	30	10.83	6.34	30
Distrust	20.00	5.96	30	17.03	5.24	30	10.63	4.19	30
Social isolation	21.40	4.00	30	18.20	3.88	30	6.76	1.92	30
Fault/shame	20.36	6.64	30	15.00	6.92	30	6.53	2.12	30
Failure	19.56	6.80	30	16.06	6.24	30	9.20	5.08	30
Insufficiency /belonging	20.76	4.62	30	17.13	6.57	30	7.56	4.05	30
Vulnerability	20.60	4.02	30	14.03	5.30	30	8.03	3.67	30
Captive	17.86	6.21	30	13.63	5.41	30	11.50	6.42	30
Devotion	21.13	4.67	30	20.90	5.50	30	12.43	4.71	30
Inhibition	21.53	5.59	30	20.90	4.67	30	18.50	6.51	30
Strict criteria	21.03	5.08	30	20.46	5.43	30	17.96	6.09	30
Merit	21.46	3.80	30	19.23	4.57	30	16.46	4.92	30
Continence	21.06	4.34	30	17.10	5.52	30	10.26	5.41	30
Obedience	20.06	6.74	30	14.93	6.21	30	10.60	4.44	30

Table 2: The results of comprising groups in early maladaptive schemas

Variables	Sum square	df	Mean square	F	Sig	Eta	Statistical power
Exclusion	1137.68	2	568.84	19.82	0.0001	0.322	1
Abandonment	1232.46	2	612.23	16.91	0.0001	0.276	1
Distrust	1374.95	2	187.74	25.53	0.0001	0.370	1
Social isolation	3550.95	2	177.47	153.03	0.0001	0.794	1
Fault/shame	2918.46	2	1459.23	45.30	0.0001	0.503	1
Failure	1668.68	2	834.34	22.51	0.0001	0.333	1
Insufficiency /belonging	2789.62	2	1394.81	51.58	0.0001	0.541	1
Vulnerability	2370.42	2	1185.21	61.55	0.0001	0.583	1
Captive	630.06	2	315.03	8.66	0.0001	0.179	1
Devotion	153.62	2	76.81	2.21	0.0001	0.046	1
Inhibition	1198.95	2	599.47	22.53	0.0001	0.344	1
Strict criteria	159.75	2	79.87	2.58	0.0001	0.056	1
Merit	376.42	2	188.21	9.46	0.0001	0.200	1
Continence	1790.68	2	895.34	34.0934.09	0.0001	0.432	1
Obedience	309.60	2	154.80	4.454.45	0.0001	0.308	1

Table 3: The results of Tukey test

Difference of groups in the schemas I-J						
Group I	Group J	Abandonment	Exclusion	Distrust	Isolation	Fault/shame
Normal population	Patients with previous suicide intention	-8.46	-7.83	-9.36	-14.63	-13.83
Normal population	Patients with previous suicide intention	-6.00	-7.81	-6.40	-11.42	-8.43
Patients with previous suicide intention	Patients without previous suicide intention	2.46	0.033	2.96	3.20	5.36
Group I	Group J	Failure	Insufficiency	Vulnerability	Captive	Devotion
Normal population	Patients with previous suicide intention	-10.36	-13.20	-12.56	-6.36	-3.03
Normal population	Patients with previous suicide intention	-6.86	-9.56	-6.00	-2.13	-2.40
Patients with previous suicide intention	Patients without previous suicide intention	3.50	3.63	6.56	4.23	0.63
Group I	Group J	Inhibition	Strict criteria	Merit	Continence	Obedience
Normal population	Patients with previous suicide intention	-8.70	-3.06	-5.29	-10.80	-4.20
Normal population	Patients without previous suicide intention	-6.13	-2.50	-2.76	-6.83	-3.60
Patients with previous suicide intention	Patients without previous suicide intention	2.56	0.57	2.23	3.96	0.600

Table 4: The average and standard deviation of respondents in the attachment style

Dimensions	Depressed patients with previous suicide intention			Depressed patients without any previous suicide intention			Normal population		
	Average	Standard deviation	Sample size	Average	Standard deviation	Sample size	Average	Standard deviation	Sample size
Safety	13.06	4.11	30	13.33	4.50	30	19.20	1.71	30
Two-way	18.16	5.05	30	12.20	4.86	30	7.90	4.07	30
Avoidance	19.80	6.39	30	16.76	6.43	30	7.86	3.94	30

Table 5: The results of multi-variable variance analysis

Variables	Sum square	df	Mean square	F	Sig	Eta	Statistical power
Safety	721.06	2	360.53	26.91	0.0001	0.182	1
Two-way	1586.06	2	793.03	33.16	0.0001	0.455	1
Avoidance	2308.16	2	1154.08	35.35	0.0001	0.448	1

Table 6: the results of comprising groups through Tukey test

Difference of average between groups I and J				
Group I	Group J	Safety style	Two-way style	Avoidance style
Normal population	Depressed patients with previous suicide intention	6.13	-10.26	-11.93
Normal population	Depressed patients without previous suicide intention	3.43	-5.63	-8.90
Depressed patients with previous suicide intention	Depressed patients without previous suicide intention	0.266	4.63	3.03

Second hypothesis: there is a significant difference between attachment styles of the depressed patients who had previous suicide intention and other depressed patients who had not any previous suicide intention.

As the results of table 5 revealed, the comparison of different groups is significant in all of the groups. With respect to these results of comprising groups, Tukey test has been done that its results have been presented in table 6.

As the results of table 6 revealed, there is a significant difference between clinical and nonclinical groups in terms of three attachment style. On the other hand, the results show that there is not any significant difference between these groups in terms of avoidance style. But difference between these two groups is significant in terms of two-way attachment style.

Discussion and conclusion

The results of the present study revealed that depression disorder is effective on activating three schemas. Also the results indicated that there is a significant difference between score of three groups in terms of several schemas. This result is in consistency with findings of Young (1990) and Smith et al. (1995). Smith et al. (1995) found that a large part of the EMSs can differentiates clinical group from nonclinical group. From Young (2003) perspective, the signs of mental disorders and degree of schemas are significant. As Young (2003) indicates, schemas are basic cognitive constructs that exist in everybody with different degrees and forms. When such schemas will be destructive those are activated in different conditions. Such a condition leads to mental disorders. This is why that patients' score of early maladaptive schema can differentiate them from nonclinical group.

The results of our study also revealed when depression disorders may results in suicide that the early schemas are activated toward lower level of interpersonal relations or higher level of interpersonal relations. This result is in consistency with findings of Young (2003). He pointed out that these schemas not only are potential predictors of depression signs, but also they

are factors that lead to depression and suicide intention (Yang, 1992).

On the other hand, the results of our study are supported by literature of suicide intention. These include anxiety and insufficiency feeling.

The strict criteria and devotion are the schemas that their difference is not significant between three groups. It can be said for explaining this data that the questions of devotion schema are translated to Persian positively. For example, consider this question "I am good human and attempt to help others". The response of such a question is positive and it is the main reason of indifference between three groups. The results of previous studies revealed that depressed patients show high levels of inconsistency in their actual self and ideal self. Therefore, we can say that perfectionism is an important factor in explaining depression (Caeliam et al., 2006). The role of perfectionism and strict criteria was not supported in our study. With regard to the results of this study it can be said that although perfectionism factors are effective in depression disorders, but their role is not significant. The reason is high level of sample members' age group. The results of this study in this area are in consistency with findings of Beck (1995), Lasoras et al. (1989), Pakorni (1983), and Rinke (2006). Finally, it is should be remembered that such studies have to done in this area.

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