A Comparison between Maladaptive Schemas, Personality Disorders, and Social Intimacy in Delinquent Adolescents and Normal Adolescents of Golestan Province

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Abstract

The current research is conducted with the aim of comparing the personality disorders, maladaptive schemas and social intimacy in delinquent adolescents and normal adolescents. In this casual-comparative study, 60 adolescents (30 delinquent and 30 normal adolescents) from Rehabilitation and Training Center of Golestan Province and from normal adolescents were chosen by convenience sampling, and they answered Millon personality disorder questionnaire (PDQ), Miller social intimacy scale (MSIS), and Young maladaptive schema questionnaire (YMSQ). Data were analyzed by the use of t-test and regression. Findings: Results showed that mean scores of maladaptive schemas in delinquent adolescents are higher than normal adolescents. Among the personality disorders the only significant difference is between the mean scores of narcissistic personality disorder in two groups of normal and delinquent adolescents. Social intimacy in delinquent adolescents is higher than normal adolescents. Overall, it could be concluded that delinquency in adolescents can affect the maladaptive schemas, personality disorders and social intimacy.

Keywords: Maladaptive Schemas, Personality Disorders, Social Intimacy.

Introduction

Since a long time ago, delinquency issues and juvenile diversions in human society have always attracted the attention of thinkers. Simultaneously with the development of the Industrial Revolution and extension of range of needs, shortages resulted from lack of meeting needs and demands which resulted in intense wide range of corruption, rebellion, criminality, confusion, and theft among juveniles (Zare’ei Kheyribad, 2011). Nowadays such kinds of issues have exposed our country as well, and their disastrous impacts are visible in the society. Juveniles are the community assets and their physical and mental health guarantees the future health of the community. Thus their issues need careful attention. Studies in western countries indicate that experiences of delinquent behavior among adolescents are quite common. Some even claimed that 90% of the adolescents have committed crimes that if they have been caught by the police that would have resulted them to be arrested. These surveys reached this conclusion that prevalence of delinquent behaviors in adolescents is more than what is expected (Zare’ei Kheyrabad, 2011). In order to understand the adolescents’ behaviors such as normal and abnormal behavior it is vital to know their type of personality, manners and origin of those actions. As the cognitive infrastructure, maladaptive schemas result in formation of irrational beliefs; maladaptive schemas do not directly cause any personality disorder, but they increase the individual’s vulnerability toward these disorders (Torres, 2002).

Raskin et al (2001) believe that schemas are assumptions or underlying rules controlling the individual’s thoughts and behaviors, and they are transformed during years of life. The content of schemas includes all aspects of individual’s life, including consciously or unconsciously. Schemas create the meaning and structure of an individual’s being born, while schemas’ transformation is under the influence of culture, family, religion and factors related to gender, age or personality. Schemas are considered as the basic inefficient beliefs activated by an attack. In fact, schemas are stored until they activate in certain circumstances (Muris, 2006). Personality is defined as the particular thinking style and behavior of an individual. In other words, the way an individual thinks or behaves shows their personality. Thus, if we know the individuals’ personality or their normal patterns of reactions toward situations we can predict their behavior in serious circumstances (Parks, 1999). Majority of people have some predictable and unique reactions toward different phenomena, but also they have a kind of adaptive and unique flexibility, a thing that most of individuals suffering from personality disorder cannot cope with. Personality disorder is a pervasive, permanent and inflexible pattern of internal experiences and external behavior and based on the individual’s cultural expectations they are different
and they result in failure or disorder (Fatehzadeh et al., 2007). In a research, Ball and Cecero (2001) surveyed the relation between personality disorders, early maladaptive schemas and psychological problems.

The research sample included individuals suffering from dependent personality disorder, antisocial personality disorder, borderline personality disorder or dysthymic. Results showed that there is a significant relation between severity of personality disorder and maladaptive schemas. One of the important factors affecting maladaptive schemas and personality disorders in adolescents is their level of social intimacy. Intimacy is one of the important features in interpersonal relationships in early adulthood. Ericson considered the intimacy assignments in transition from adolescence to adulthood as key factors (Kazemi et al., 2012). Intimacy is a capacity for mutual openness, participation in relationships with others and mutual trust (Raskin, 2001). The ability to establish intimate relationships with others is one of the key factors for individuals’ mental welfare and especially for adolescents.

One of the signs of ability of intimacy is tendency toward participating in close, communicational and committed interactions that have a major role in successful life of an individual (Kazemi et al., 2012).

About the intimacy growth, Adams and Archer (1994) state that for gaining preparedness in establishing intimate relationships individuals pass these stages: Early relationships with the caregiver/s during childhood, relationships with peers during adolescence and ultimately entering the adulthood that in the optimal state the individual gains the ability to establish long-term intimate relationships along with mutual trust (Kazemi et al., 2012). In the research by Kazemi et al (2012) they surveyed the effect of transactional analysis on social intimacy of runaway girls. Results of inter-position and intra-position analysis of chart of data indicate a significant difference between the intervention status and baseline of all three examinees. Also in the follow-up the performance of all three examinees was preserved. Thus the transactional analysis training can improve the communicational skills and thus it can increase the social intimacy. Based on the importance of adolescence and role and importance of maladaptive schemas and level of adolescents’ social intimacy in prevalence of personality disorders and based on the fact that there is no research conducted about the relation between these three variables in adolescents up to now, thus the current research compares the maladaptive schemas, personality disorders and social intimacy in delinquent and normal adolescents of Golestan Province.

Methodology

The current research method is descriptive (casual-comparative). The population includes all adolescents of Rehabilitation and Training Center of Golestan Province and also normal adolescents of Golestan Province. Because the number of delinquent adolescents in the population was low, all the population members were chosen as the research sample. For the group of normal adolescents, 30 individuals were randomly chosen from different cities of Azadshahr, Gonbad, Gorgan, and Minudasht. Research variables of maladaptive schemas, personality disorders and social intimacy were measured by the use of questionnaires.

Measuring tools

Millon’s Clinical Multiaxial Test: The original version of this test was provided by Theodore Millon (1977), and it has been revised twice since then. This test is a self-evaluation scale and it is used for clinical decision making and diagnosis of a special disorder or presence of specific psychological characteristics in the examinee. This test has 175 yes/no items; it measures the clinical pattern of personality and clinical syndromes and it is used for above 18 adults. The clinical patterns of personality in Millon’s clinical multiaxial test include 11 sub-scales: Schizoid, avoidant, depressive, dependent, histrionic, narcissist, antisocial, sadistic, compulsive, negativistic, and masochistic. This test has been revised twice since its publication in 1969. This test is one of the most common and most applicable psychological tests and it has been used in different inter-cultural researches. This test has been normalized in Iran (Sharifi, 2002). The convergent and divergent validity of scales are at desirable levels. For example, the correlation between the scales of dysthymic and depression is respectively 0.68 and 0.71. The reliability for the scales of personality disorder was achieved to be average correlations of 0.58 to 0.93 with average of 0.78. For personality disorder scales the correlations were 0.58 to 0.93 and for the scale of depression it was 0.78 (Sharifi, 2002).

For the clinic syndrome scales the average correlations were from 0.44 (Post Traumatic Stress Disorder) to 0.95 (Major Depression) with average of 0.80 (Craig, 1999). Schema Questionnaire-Short Form (SQ-SF): This 75-item questionnaire was created by Young (1998) for evaluating 15 early maladaptive schemas. These schemas are: Abandonment/instability, mistrust/abuse, social isolation/alienation, defectiveness/shame, emotional deprivation, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, failure to achieve, entitlement/grandiosity, insufficient self-control/self-discipline, subjugation, self-sacrifice, emotional inhibition, unrelenting standards/hyper-criticalness. Each question is graded based on a 6-degree scale. The validity of scale was measured by Cronbach’s alpha and for the whole test it was reported to be 0.964 and it was reported to be desirable for all sub-scales (Waller et al., 2001).

The alpha coefficient for each of the maladaptive schemas was from 0.83 for the severe dependence schema to 0.96 for the defectiveness/shame schema and test coefficients in a non-clinical population were achieved to be between 0.50 and 0.82. This questionnaire has a good discriminant validity and convergence (Young et al., 2003). Normalization of this questionnaire in Iran was conducted by Ahi (2005). The internal consistency by the use of Cronbach’s alpha in female population was 0.97 and in male population was 0.98. The calculated Cronbach’s alpha coefficient in this research was 0.94. Miller Social Intimacy Scale (MSIS): This scale was designed by Miller and Lefcort (1982) in order to evaluate the received intimacy from different relationships. This scale includes two groups of questions, 6 questions for describing the frequency of intimacy and 11 questions for the severity of experienced intimacy in the current time. All the questions are answered by the use of 10-degree Likert scale, the answers are from very rarely or low (1), to almost always or high (10). During different implementations, Miller and Lefcort (1982) reported that the
Cronbach’s alpha coefficient for this questionnaire was from 0.86 to 0.91. They also reported that the reliability coefficient by the use of retest method with time interval of more than two months was 0.84 and with time interval of more than one month was 0.96.

This questionnaire has been translated to Persian by Daneshvarpour (2006), and after that a few faculty members confirmed the content validity and cultural adaptation of this questionnaire. Then in a preliminary study conducted on a 330-individual sample (166 males and 164 females) its Cronbach’s alpha was achieved to be 0.79 (Kazemi et al., 2012). T-test and multivariate regression were used for analyzing data. Data analysis was conducted by the use of SPSS16 software and the significance level was considered ps<0.05.

Results

T-test and regression were used for analyzing data. In the first step, the social intimacy was predicted according to the maladaptive schemas and personality disorders. Table1 shows the test results of multiple regression analysis. It could be perceived that 18.9% of variance changes of scores of social intimacy in normal adolescents could be explained through the scores of their maladaptive schemas and personality disorders, while, the scores of maladaptive schemas and personality disorders in delinquent adolescents cannot predict their social intimacy changes. Also 7.1% of variance changes of scores of social intimacy in all adolescents could be explained through the scores of their maladaptive schemas and personality disorders. Overall, it could be said that scores of maladaptive schemas and personality disorders in normal and delinquent adolescents could at some levels predict their social intimacy scores.

Table1. Test results of multiple regression analysis in order to survey the predictive power of social intimacy through scores of maladaptive schemas and personality disorders.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Criterion Variable</th>
<th>Predictor Variables</th>
<th>R</th>
<th>R2</th>
<th>F</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal adolescents</td>
<td>Social intimacy</td>
<td>Maladaptive schemas&amp;Personality disorders</td>
<td>0.435</td>
<td>0.189</td>
<td>3.155</td>
<td>2.417</td>
<td>0.023</td>
</tr>
<tr>
<td>Delinquent adolescents</td>
<td>Social intimacy</td>
<td>Maladaptive schemas&amp;Personality disorders</td>
<td>0.165</td>
<td>0.027</td>
<td>0.376</td>
<td>1.762</td>
<td>0.089</td>
</tr>
<tr>
<td>Total</td>
<td>Social intimacy</td>
<td>Maladaptive schemas&amp;Personality disorders</td>
<td>0.267</td>
<td>0.071</td>
<td>2.184</td>
<td>2.134</td>
<td>0.037</td>
</tr>
</tbody>
</table>

Comparing the maladaptive schemas between delinquent and normal adolescents showed that there is a significant difference in the mean scores of schemas of defectiveness/shame (ps<0.05, t=-3.024), vulnerability to harm or illness (ps<0.05, t=-2.402), subjugation (ps<0.05, t=-2.934) and emotional inhibition (ps<0.05, t=-2.540) between two groups of normal and delinquent adolescents. While the difference in scores of schemas of defectiveness/shame, vulnerability to harm or illness, subjugation and emotional inhibition was not significant (ps<0.05). Personality disorders in two groups were compared through t-test. The only significant difference between the two groups of normal and delinquent adolescents was in the mean scores of narcissist personality disorder (ps<0.05, t=-2.025). Other differences in the sub-scales of personality disorders between two groups were insignificant. Results about the comparison of social intimacy between the delinquent and normal adolescents showed that there is a significant difference in the mean scores of social intimacy between these two groups (ps<0.05, t=-2.079), and mean scores of social intimacy in delinquent adolescents is higher than normal adolescents.

Discussion and Conclusion

The current research aim was comparing the maladaptive schemas, personality disorders and social intimacy in delinquent and normal adolescents of Golestan Province. Results showed that maladaptive schemas and personality disorders of normal adolescents can predict 18.9% of changes in their social intimacy; while maladaptive schemas and personality disorders of delinquent adolescents cannot predict their social intimacy. Also in total delinquent and normal adolescents, the maladaptive schemas and personality disorders can predict 7.1% of changes in their social intimacy. In other words, among these adolescents, the maladaptive schemas and personality disorders can predict the social intimacy of these studied adolescents at low levels. This result is inconsistent with the previous research results of Muris (2006), Saaki et al (2009), Nourmohammadi (2010), and Kazemi et al (2012).

Other results showed that there is a significant difference in the mean scores of schemas of defectiveness/shame, vulnerability to harm or illness, subjugation and emotional inhibition between two groups of normal and delinquent adolescents. Mean scores of schemas of defectiveness/shame, vulnerability to harm or illness, subjugation and emotional inhibition in delinquent adolescents is higher than normal adolescents. In order to explain this result, it could be said that this result is consistent with previous research results of Muris (2006), Yousefi (2010). Other results indicate that among the personality disorders the only significant difference was in the mean scores of narcissist personality disorder between two groups of delinquent and normal adolescents, and based on the comparison of means it could be said that mean scores of narcissist personality disorder in delinquent adolescents is higher than normal adolescents. This result is consistent with previous research results of Sotoude (2001), Saaki et al (2009) and Nourmohammadi (2010). Results showed that there is a significant difference in mean scores of social intimacy between two groups.
of delinquent and normal adolescents. Given the comparison of mean scores of two groups it could be said that social intimacy scores in delinquent adolescents are higher than normal adolescents. In order to explain the results of this hypothesis it could be said that this result is consistent with the results of Kazemi et al (2012). Conducting the above mentioned research was faced with a few limitations such as lack of control on many effective variables (such as intelligence, social and economic class, time conditions) and also limited generalization because this research was conducted in a specific region with low population. It is suggested for the future researches to choose a wider population with a bigger sample and to survey other factors affecting the delinquency of adolescents.

References