

Comparison of Early Maladaptive Schemas in Neurotic Perfectionism and Non-Perfectionist Middle School Students

Alireza Aghayousefi,¹ Borzoo Amirpour*¹

1. Department of Psychology, Payam-e-Noor University, Tehran, Iran

Article information

Article history:

Received: 16 Nov 2011

Accepted: 19 Dec 2011

Available online: 17 Nov 2012

ZJRMS 2014; 16(5): 37-40

Keywords:

Early maladaptive schemas

Neurotic perfectionism

Students

*Corresponding author at:

Department of Psychology,

Payam-e-Noor University,

Tehran, Iran.

E-mail:

borzooamirpour@gmail.com

Abstract

Background: Perfectionism is an important psychological construct and it is highly relevant to education contexts because of the role that standards in general and perfectionism in particular play in the motivation, affect, cognitions, and performance of students. This study aimed at investigating the comparison of early maladaptive schemas in perfectionist and non-perfectionist middle school students of Kangavar city.

Materials and Methods This cross sectional study was performed on 500 middle-school girl's student of Kangavar city, who were selected using multistage randomized cluster sampling, completed the perfectionism questionnaire and schema inventory for children (SIC). The data were analyzed through descriptive (mean, SD, maximum, minimum, person product moment correlation, stepwise regression) and inferential static (*t*-test).

Results: The study demonstrated that perfectionist students gained significantly higher scores in the nine form eleven schemas, and results showed that there was a positive significant relationship among early maladaptive schemas and perfectionist, also unrelenting standards, subjugation, entitlement, enmeshment vulnerability, can predict perfectionist in students.

Conclusion: Early maladaptive schema have important role in vulnerable to the perfectionist and they are appropriate components for psychological analysis of perfectionism.

Copyright © 2014 Zahedan University of Medical Sciences. All rights reserved.

Introduction

Perfectionism is defined as a tendency to set very high standards for performance along with a tendency to absolutely critical evaluation of one's behavior [1], attempting to be flawlessness [2], and striving to be perfect and to avoid error [3]. Hamacheck first proposed the possibility of perfectionism types. He divided perfectionism into normal and neurotic perfectionism [3]. Cognitive malfunctions affect perfectionism; they are negative reference errors that happen automatically when a person considers him/herself and the world. These cognitive malfunctions may act as a mediator for the development of perfectionism [4]. Among cognitive theorists, Albert Ellis was the first who described perfectionism. He considered perfectionism as one of the twelve irrational beliefs leading to psychological distress [5]. Core negative beliefs or schemas refer to defective cognitive frameworks for looking at self and others. They are first formed in childhood in response to harmful events and then are developed throughout the life [6]. Young and Klosko defined early maladaptive schemas as self-damaging emotional and cognitive patterns that are formed in the early evolution and development of the mind and are repeated in the process of life, affecting the interpretation way of experiences and relations with others. They identified and introduced eighteen early maladaptive schemas in five areas as follows: 1-abandonment/instability 2- mistrust/abuse 3- emotional depriva-

tion 4- defectiveness/shame 5- social isolation/alienation 6- dependence/incompetence 7- vulnerability to harm or illness 8- enmeshment/undeveloped self 9- failure 10- entitlement/grandiosity 11- insufficient self-control/self-discipline 12- subjugation 13- self-sacrifice 14- approval seeking/recognition-seeking 15- over vigilance and inhibition 16- pessimism/worry 17- unrelenting standards/hyper criticalness and 17- self-punitivness [7]. The conducted studies on the effects of early maladaptive schemas on psychological variables in children were suffering from limitations, so this study examined and compared early maladaptive schemas in abnormal perfectionist and non-perfectionist students.

Materials and Methods

The present research is non-experimental in terms of variable control degree and is of comparative causal type, which was conducted in a cross-sectional form on 500 secondary school students studying in the academic year of 2011-2012 in Kangavar city. The participants were selected through random cluster sampling in multi stages. The data collection tool included: A) Perfectionism scale: this scale was normalized by Jamshidi et al. and has 8 subscales. It was scored with the 5 option Likert method from totally agree (5) to totally disagree (1). In their study, reliability coefficient for perfectionism scale with the Cronbach's alpha method was 90% and it was 85% in the present study [8].

B) Questionnaire of early maladaptive schemas for children: based on Young's questionnaire for measuring early dysfunctional schemas, Rijkeboer and Boo designed eleven schemas for measuring early maladaptive schemas in children by combining some of the 18 schemas. [9] In this study, the english version of early maladaptive schemas for 8-13 year-old children was translated, then reviewed by two masters of the english language and presently it is normalizing by the authors. This questionnaire consists of 40 multiple-choice questions that are scored from completely incorrect (1) to completely correct (4). Early maladaptive schemas measured in the questionnaire are as follows: loneliness, vulnerability, distrust-abuse, defectiveness, failure, subjugation, unrelenting standards, self-sacrifice, involvement, entitlement and insufficient self-control. Cronbach's

alpha was appropriate for eleven early maladaptive schemas in the study of Rijkeboer and Boo; in the present study, the reliability coefficient was 84% based on Cronbach's alpha. Data was analyzed through descriptive statistics (mean, standard deviation, maximum, minimum, Pearson's correlation coefficient and stepwise regression analysis) and inferential statistics (*t*-test) with the help of SPSS-18 software at the significance level of 0.95.

Results

Table 1 shows descriptive indices on the research variables. Table 1 clearly shows that the scores of perfectionist and non-perfectionist students have appropriate scattering.

Table 1. Descriptive statistics for the research variables

Variables	Min	Max	Mean±SD
Perfectionism(total)	99.00	285.00	223.56±28.26
Concern Over Mistakes	10.00	40.00	26.88±6.87
High Standards for Others	8.00	35.00	24.62±4.81
Need for Approval	10.00	40.00	29.77±5.57
Organization	12.00	40.00	32.97±5.34
Perceived parental pressure	9.00	40.00	30.48±5.51
Planfulness	8.00	35.00	26.89±5.54
Rumination	8.00	35.00	27.81±5.07
Striving for Excellence	12.00	35.00	24.11±3.77
Loneliness	5.00	20.00	9.51±3.65
Vulnerability	6.00	25.00	13.49±4.14
Mistrust/Abuse	3.00	12.00	7.09±2.33
Defectiveness	2.00	11.00	5.11±2.08
Failure	2.00	12.00	5.08±2.23
Submission	5.00	20.00	10.74±3.03
Unrelenting Standards	3.00	12.00	7.56±2.20
Self-Sacrifice	3.00	12.00	8.39±2.18
Enmeshment	3.00	12.00	8.08±2.26
Entitlement	3.00	12.00	6.49±2.31
Insufficient Self-Control	2.00	12.00	5.82±2.30

Table 2. Comparison of mean scores of perfectionist and non-perfectionist students based on early maladaptive schemas

Early maladaptive schemas	Mean scores of perfectionist students	Mean scores of ordinary students	Mean differences	<i>t</i> -score	<i>p</i> -Value
Loneliness	10.5862	9.0761	1.510	4.263	0.001
Vulnerability	14.8828	12.9211	1.961	4.916	0.001
Mistrust/Abuse	7.7931	6.8141	0.997	4.335	0.001
Defectiveness	5.6207	4.9042	0.716	3.524	0.001
Failure	5.4138	4.9521	0.461	2.105	0.001
Submission	11.6483	10.3803	1.127	4.306	0.036
Unrelenting Standards	8.3724	7.2366	1.135	5.379	0.001
Self-Sacrifice	9.0138	8.1465	0.887	4.086	0.001
Enmeshment	8.3448	7.9803	0.364	1.367	0.102
Entitlement	7.0621	6.2648	0.797	3.533	0.001
Insufficient Self-Control	6.0483	5.7352	0.313	1.397	0.168

Table 3. Summary of the stepwise regression model for early maladaptive schemas on perfectionism

Model	R	R ²	SE	Change statistic				
				R ² change	F change	Df ₁	Df ₂	Sig. F change
1	0.272	0.17	27.22	0.074	39.87	1	498	0.001
2	0.320	0.99	26.83	0.028	15.51	1	497	0.001
3	0.342	0.11	26.64	0.015	8.17	1	496	0.004
4	0.354	0.12	26.42	0.09	5.27	1	495	0.022
5	0.345	0.18	26.53	0.08	4.77	1	495	0.029

Table 2 shows the difference between mean scores of the two groups based on independent *t*-test. The *t*-test shows that the mean scores of perfectionist students are significantly higher than non-perfectionist students in the schemas of loneliness, vulnerability, distrust-abuse, defectiveness, failure, subjugation, unrelenting standards, self-sacrifice, Enmeshment, entitlement and insufficient self-control. To investigate the relationship between early maladaptive schemas and abnormal perfectionism, Pearson's correlation coefficient was used whose correlation matrix results were significant at the level of 0.01 and showed that there is a significant positive correlation between early maladaptive schemas and perfectionism (loneliness 0.224, entitlement 0.216, enmeshment 0.129, self-sacrifice 0.208, subjugation 0.252, failure 0.139, defectiveness 0.150, abuse 0.216, vulnerability 0.247, unrelenting standards 0.272, and insufficient self-control 0.118). For predicting perfectionism through early maladaptive schemas, the stepwise regression analysis was performed. Table 3 shows the analysis results. Early maladaptive schemas were entered into the stepwise regression, among which unrelenting standards, subjugation, entitlement, vulnerability and involvement had the ability to predict perfectionism so that 17, 99, 11, 12 and 18% of the variances related to perfectionism variables for female students were explained by the mentioned schema, respectively.

Discussion

The results of this study showed that there is a significant positive relation between early maladaptive schemas and perfection. This means that one can imagine the 11 schemas in individuals' recognition system and when interpreting various topics. As a result, the presence of these schemas may cause biases and errors in identifying these children. The results obtained from this study are consistent with the study of Alizadeh regarding the relationship between irrational beliefs and negative perfectionism. Table 2 shows the significance of mean scores for perfectionist and non-perfectionist students based on *t*-test.

Table 3 shows that among early maladaptive schemas, some schemas (unrelenting standards, subjugation, entitlement, vulnerability and involvement) can predict perfectionism. So, the role of early maladaptive schemas is considerable in creating and sustaining perfectionism. The lack of literature in the country and abroad has faced further comparisons with restrictions. Currently, an

increasing attention is paid to the nature and correlates of perfectionism in children and adolescents [10] and it seems that perfectionism plays an important role in many types of psychological disorders, especially fears of others, security, unrealistic expectations of self and severs self-criticism. [11] Perfectionism is associated with depression and learning problems [12], neuroticism [13, 14], severe inferiority complex and low scores in social self-efficacy [15], and stress and adaptation problems [16]. Given that many variables are correlated with perfectionism, it is suggested to examine the role of factors such as birth order, gender, and parenting style in perfectionism. Early maladaptive schemas among parents of perfectionist students can pave the ground for examining the similarity of these schemas in children and parents. Given the positive and negative aspects of perfectionism, it is suggested that future researchers compare and evaluate early maladaptive schemas in the positive and negative perfectionism students. Since early maladaptive schemas are involved in several psychological disorders, the examination of the relationship between mental health and perfectionism can be the focus of future research. A limitation of this study is the non-extensiveness of sample, despite its sufficiency. All subjects were selected from female students, so some studies can be done in other populations and among boys. In addition, co relational studies are always faced with the weakness of cause-and-effect inference, and this study is no exception of this rule. The lack of resources in early maladaptive schemas and the weakness of research literature made difficulties to compare the study results. The research tools can also be added to the limitations of this study. In the perfectionism questionnaire for children, the reliability coefficient was only achieved through internal consistency, and no information was provided by the test makers in the time constant area of findings.

Acknowledgements

Finally, we appreciate the entire participants in this study. This article was not excerpted from a thesis or research project supported by a specific organization or university.

Authors' Contributions

All authors had equal role in design, work, statistical analysis and manuscript writing.

Conflict of Interest

The authors declare no conflict of interest.

Funding/Support

Payam-e-Noor University, Kangavar.

References

1. Longbottom JL, Grove JR, Dimmock JA. An examination of perfectionism traits and physical activity motivation. *Psycho Sport Exercise* 2010; 11(6): 574-581.
2. Lee DG, Park HJ. Cross-cultural validity of the frost multidimensional perfectionism scale in Korea. *Counseling Psycho* 2011; 39(2): 320-345.
3. Powers TA, Koestner R, Zuroff DC, et al. The effects of self-criticism and self-oriented perfectionism on goal pursuit. *Pers Soc Psychol Bull* 2011; 37(7): 964-975.
4. Alizadeh-Sahraee O, Khosravi Z, Besharat MA. [Relationship between among irrational beliefs and positive and negative perfectionist in students of Nooshar city] Persian. *Psychol Stud* 2010; 17(5): 1-21.

5. Rice KG, Ashby AS, Slaney RB. Perfectionism and the five-factor model of personality. *Assessment* 2007; 14(4): 385-398.
6. Anderson K, Rieger E, Catersonb I. A comparison of maladaptive schemata in treatment-seeking obese adults and normal-weight control subjects. *J Psychosom Res* 2006; 60(3): 245-252.
7. Yousefi R, Abedin AR, Tirgeri A and Fathabadi J. [The effectiveness of training intervention based on "schemas model" on marital satisfaction enhancement] *Persian. J Clin Psychol* 2011; 2(3): 25-38.
8. Jamshidy B, Hosseinchari M, Haghighat SH and Razmi MR. [Validation of new measure of perfectionism] *Persian. J Behav Sci* 2009; 3(1):11-12.
9. Rijkeboer MM, Boo GM. Early maladaptive schemas in children: Development and validation of the schema inventory for children. *J Behav Ther Exp Psychiatry* 2010; 41(2): 102-109.
10. Sherry SB, Vriend JL, Hewitt PL, et al. Perfectionism dimensions, appearance schemas, and body image disturbance in community members and university students. *Body Image* 2009; 6(2): 83-89.
11. Flett GL, Blankstein KR, Hewitt PL. Perfectionism, performance, and state positive affect and negative affect after a classroom test. *Can J School Psychol* 2009; 24(1): 4-18.
12. Fry PS, Debats DL. Perfectionism and other related trait measures as predictors of mortality in diabetic older adults: A six-and-a-half-year longitudinal study. *J Health Psychol* 2011; 16(4): 1-13.
13. Thimm JC. Mediation of early maladaptive schemas between perceptions of parental rearing style and personality disorder symptoms. *J Behav Exp Ther Psychiatry* 2010; 41(1): 52-9.
14. Bergman AJ, Nyland JE, Burns RE. Correlates with perfectionism and the utility of a dual process model. *Pers Individ Dif* 2007; 43(2): 389-399.
15. Biran MW, Reese C. Parental influences on social anxiety: The sources of perfectionism. *J Am Psychoanal Assoc* 2007; 55(1): 282-285.
16. Lopez FG, Scheyd AF, King IB and McDermott RC. A latent class analysis of dyadic perfectionism in a college sample. *Measurement Eval Counsel Dev* 2011; 44(1): 32-51.

Please cite this article as: Aghyousefi A and Amirpour B. Comparison of early maladaptive schemas in neurotic perfectionism and non-perfectionist middle school students. *Zahedan J Res Med Sci (ZJRMS)* 2014; 16(5): 37-40.