**The relationship between early maladaptive schemas to borderline and antisocial disorders in prisoners with personality disorders**

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**Abstract**

The aim of this study is to investigate the relationship between early maladaptive schemas with personality clinical patterns in prisoners with personality disorder in Behshahr City. This is a descriptive - correlative study. The study sample includes 80 prisoners in Behshahr. The purposive sampling method is used. Study instruments included Minnesota Multiphase Personality Inventory II (MMPI-II), Millon Clinical Multiaxial Inventory III (MCMI-III) and Young Schema Questionnaire (YSQ-SF), Descriptive statistics (mean, standard deviation), and inferential statistics (Pearson correlative coefficient). Results have shown that there is a significant relationship between early maladaptive schemas of emotional inhibition with antisocial personality disorder as well as early maladaptive schemas of abandonment/instability with borderline personality disorder (P<0/05). Based on these results, there is an additional and serious necessity to further research, protective policies and mental health care as well as more considering early maladaptive schemas, due to the prevalence of these disorders in the understudied population.

**Keywords:** Early maladaptive schemas, Prisoners with personality disorders, Personality disorders.

**Introduction**

Our cognitive structure has schemas that enable us to categorize information and predict events. The schema is a memory stockpile which its theme shapes individual learning over time ([1](#_ENREF_1)). During schema expression, effective factors play an important role in life, including the individual experiences in the development process, family, culture, individual biology, dispositional attributions and important events (positive and negative) ([2](#_ENREF_2)). This memory stockpile acts like a huge complex filter against input information to memory as well as available information in the memory, making the new meanings in mind possible by selecting, sorting and organizing ([3](#_ENREF_3), [4](#_ENREF_4)). Early maladaptive schemas are self - harm emotional and cognitive patterns that are shaped in the beginning of development in the mind and are repeated in the course of life. The inefficient nature of schema appears when although patients’ initial impression is not correct, they act in their daily lives and in interactions with others in such a way that their scheme is confirmed ([5](#_ENREF_5), [6](#_ENREF_6)). Early maladaptive schema and inefficient manners through which patients learn to get on with others is often the chronic basis of diseases.Young (1990,1999) ([7](#_ENREF_7)) made this assumption that some of the schemes, in particular, schemas that have been formed during early life as a result of the unpleasant and undesirable experiences, may form the core or center of personality disorders, milder character problems and many durable first axis disorders ([7](#_ENREF_7)). Amani et al (2013) ([8](#_ENREF_8)) studied early maladaptive schemas and identity styles on 160 high school adolescents and concluded that there is a strong and significant relationship between these two variables of early maladaptive schemas and identity ([9](#_ENREF_9), [10](#_ENREF_10)). Agha yousefi & Amirpoor (2011) compare maladaptive schemas in neurotic perfectionist and non-perfectionist high school students and concluded that this scheme plays an important role in individual vulnerability against their high perfectionism. Bakhshi bojed & Nikmanesh (2013) ([11](#_ENREF_11)) in their study on the role of early maladaptive schemas on addiction potential in young students, studied 159 female and 101 male students and concluded that there is a high significant relationship between early maladaptive schemas of rejection and incompetence/inadequacy and vulnerability and potential substance use. Ahmadian et al (2013) ([12](#_ENREF_12)) applied schema therapy on forty patients suffered dysthymic disorder and concluded that such therapy has high positive effects on individuals with the dysthymic disorder ([13](#_ENREF_13), [14](#_ENREF_14)). The personality is so complex that cannot be described simply because human beings are very complex and variable in different situations and in relation to different individuals ([12](#_ENREF_12)). Personality disorders primarily are disorders related to traits. They are maladapted and persistent ways to recognize communicate and think about self and the world. Symptoms are often hidden in an individual with personality disorders. Although individuals with these disorders do not find themselves problematic, their behaviors often seem strange, unusual and abnormal to their friends and family members ([15](#_ENREF_15), [16](#_ENREF_16)). They inflexibly think about themselves and their environment, usually facing a variety of social and occupational problems ([17](#_ENREF_17)). Personality disorder as defined in the revised of the fourth edition booklet of the diagnostic and statistical manual (DSM-IV-TR) is mental and behavioral durable experiences that are not congruent with cultural evidence, have inflexible influence, derived from adolescence, do not change over time and cause unhappiness and disruption of individual functions. A personality disorder is a prevalent and chronic disorder. Its prevalence is estimated to be 10 to 20 percent in public. Its symptoms may appear within a few decades. About half of all psychiatric patients suffer from personality disorders that are often associated with Axis I disorders ([18](#_ENREF_18)). Furthermore, individuals often have more than one personality disorder criteria within the development ([19](#_ENREF_19)). It is estimated that 50% of individuals having the symptom of a certain kind of personality disorder, will also have another personality disorder criteria ([20](#_ENREF_20)). Holmes et al (2002) concluded that about 19 to 49 percent of patients suffer personality disorders. Alex et al ([21](#_ENREF_21)) examine the efficiency of cognitive – behavioral therapy for individuals with personality disorder. They support CBT effectiveness in reducing symptoms and improving functions on individuals suffering different personality disorders ([22](#_ENREF_22)).

 Powers & Altman (2012) ([23](#_ENREF_23)) investigate the relationship between the characteristics of personality disorder, aspects of physical functioning, health concepts, health care and medicine use in middle-aged men. According to their studies, characteristics of personality disorders predict further functions (e.g., physical functioning, role limitations, fatigue, and pain). The relationship between personality pathology and physical functions is strong for pain and fatigue, something important for caregivers. Sjastad et al (2012) ([24](#_ENREF_24)) examine affect disorders among patients with borderline personality disorder and concluded emotional deficits, called disorder, in turn, are prevalence in with borderline personality disorder (likely dysthymic %66, bipolar %70). Lori et al (2009) ([25](#_ENREF_25)) reviewed adult attachment, personality traits, and borderline personality disorder features in young adults and concluded that personality is affected by the relationship between the pattern of attachment anxiety in adulthood and a form of borderline personality disorder with a perfect model of negative traits. The results indicate that self-reporting and daily E – records are important predictors for social functions and distress. Hossaini et al (2007) reviewed the patterns of temperament and character in individuals with antisocial personality disorder. They concluded low scores in character dimensions indicate weaker character evolution and emphasize on personality disorder. The high score of novel seeking and a low score of perseverance (temperament dimensions) are indicative of B cluster personality disorders. Human behavior is affected by their schemas and their schemes are needed to be known to change individuals. Schema therapy is gaining benefit around the world as a treatment for personality disorders and yet its effect is unknown to many personality disorders. We hope researchers to provide unique opportunities to fill this knowledge gap by combining clinical effectiveness within the large group of patients with personality disorders.

**Method**

**Population, sample and sampling method:**

The present study is based on the correlation. The studied population includes all male prisoners in Behshahr city on 1392. The sample is selected by random sampling method. Individuals with personality disorders are screened using MMPI inventory. A total of 80 prisoners is selected and investigated as study sample.

**Data collection Methods**

1. **Minnesota multiphase personality inventory II (MMPI-II):**

It is a standard inventory for evocating a wide range of self - description features and scoring them. Top of Form

It reflects a quantitative index of individual emotional adjustment and his attitude toward participating in the test. This test is one of the most widely used clinical personality inventory since MMPI development by Hathaway and Mackinley in 1940. More than 10,000 study references have been published on this test. The test booklet contains 567 materials, while its arrangement has been changed as following: traditional scales (3 validity scales and 10 clinical scales) can be extracted from 370 first materials. The 197 remaining materials (No. 371 to 567) provide various complementary, content and research indexes (Marnat, 2003). Studies on MMPI validity indicate that the test has the average level of short-term stability and internal consistency. The middle range of validity coefficient for patients with mental disorder and normal people are about %80 and %70 respectively. Reliability coefficient of split - half test is also moderate. The range of variations is from %50 to %96 with a median above %70 (Hansli, 1988).

**B: Millon clinical multiaxial inventory III (MCMI-III):**

 It is a standardized self – estimated inventory that gauges a wide range of information about the character, emotional adaptation, and attitudes of respondents toward the test. More than 600 articles have been published about it or its application since the original form of the inventory was developed. It is the most widely used test in clinical practice. MCMI is one of the unique tests in which the personality disorders and symptoms which are often associated with these disorders are emphasized. The current form, MCMI-III, consists of 175 articles. They are scored based on 28 separate scales and the following categories: changeability indices clinical personality patterns, higher level personality pathology, clinical symptoms and higher level symptoms. To measure the validity of the inventory the internal consistency method is applied. The assessment conducted by the Millon et al shows the Validity of 0.78.

**3. The short form of the Young Schema Questionnaire (YSQ-SF):**

 It includes 75 items that assess the 15 early maladaptive schemas; these 15 schemes are in five areas including disconnection/rejection, autonomy and impaired performance, impaired limits, other-directedness and over-vigilance / inhibition ([26](#_ENREF_26)). The first comprehensive study on the psychometric properties of this schema is developed by Smith, Jones & Yungoothlech (1995, quoted by Lotfi, 1385). The researchers showed, Young Schema Questionnaire is highly correlated to psychological distress measures and personality disorders, so the reliability is desirable. Ahi far (1385) translated this questionnaire and applied it in Iran. Its internal consistency by Cronbach alpha is reported 0.97 and 0.98 in males and females respectively ([27](#_ENREF_27)).

**Findings**

 Results have shown that 52.2% of prisoners were single, 45% were between 30-23 years, 62.5% were the first child to third, 70% were under diploma, and 80% were self- employed.

 Table 1.1. The relationship between early maladaptive schemas of emotional inhibition with antisocial personality disorder

|  |  |
| --- | --- |
| variable | antisocial personality disorder |
| earlymaladaptive schemas of emotional inhibition  | correlation coefficient | 0. 443 |
| level significant | 0.000 |
| number | 80 |

The study hypothesis is confirmed since the significance level is less than 0.05. Therefore, it is concluded: there is a significant relation between early maladaptive schemas of emotional inhibition and antisocial personality disorder.

Table 1.2. The relationship between early maladaptive schemas of abandonment with borderline personality disorder

|  |  |
| --- | --- |
| variable | borderline personality disorder |
| earlymaladaptive schemas of abandonment | correlation coefficient | 0. 301 |
| level significant | 0.007 |
| number | 80 |

The study hypothesis is confirmed since the significance level is less than 0.05. Therefore, it is concluded: there is a significant relation between early maladaptive schemas of abandonment/instability with borderline personality disorder.

**Discussion and Results**

This study examined the relationship between early maladaptive schemas and clinical patterns**.** The data indicate that there is a significant relationship between early maladaptive schemas of emotional inhibition with antisocial personality disorder as well as early maladaptive schemas of abandonment/instability with borderline personality disorder.

This research is congruent with Torres studies (2002) who concluded antisocial personality disorder is associated with schemas of entitlement, punitiveness, abuse, uncertainty, emotional inhibition, emotion seeking, enmeshment, insufficient self-discipline. Kiamarsy, Arya puran, Nagravi (2011) which concluded that there is a positive relationship between antisocial, dramatic, borderline personality disorders with psychological symptoms supported the results obtained in this study. Our results are supported by Aspecht, Chepen and Klusi (2009) results on the relation between schemas of emotional deprivation, abandonment, mistrust/abuse, defectiveness/shame, dependence/incompetence, vulnerability to harm with borderline personality disorder. This study is also consistency with Lawrence et al (2010) ([28](#_ENREF_28)) who concluded that maladaptive schemas play an important role in improving and maintaining the independence of borderline personality. Our results are supported by Mohammadzadeh & Borjali (2008) who concluded that components of borderline personality disorder, instability and impulsivity are correlated with schizotypal characteristics. Mahmoud Aliloo et al (2012) concluded since borderline personality traits are associated with impulsivity, hopelessness, emotional instability , our findings are consistent with Sharp et al (2011), Gardner & Koualter (2009), Stein et al (2007), Kounkline et al (2006), libels & Snell (2004). These findings confirm failure and inefficiency in recognizing and regulating emotion in borderline personality disorder.

This can be said that the abandonment/instability schema in who are in heartless, cold, isolated and harsh families are unpredictable or misbehavior and their needs of security, stability, sympathy and acceptance will not be satisfied. They will be unstable toward receiving love and communicating with others since they are emotionally unstable, unpredictable and unreliable. Emotional inhibition schema is formed in childhood. Extreme inhibition of spontaneous actions, feelings, and communication to avoid rejecting others, feeling of shame and loss of control to personal impulses are common features of this scheme. These properties cause these people to show considerable indifference toward their own safety or others’. Due to the high prevalence of personality disorders among prisoners, we recommend employing a schema-based training, an effective and efficient intervention in working with people with personality disorder. It is necessary to recruit proficient and efficient people in prisons to diagonalize, seek psychotherapy actions among prisoners, plan and improve interventions in order to prevent personality disorders and consider core ideas and beliefs playing major roles in personality disorders etiology.

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