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Early maladaptive schemas, parental attitudes and temperament, and the evolution of borderline and avoidant personality features – the search for interdependencies

Wczesne nieadaptacyjne schematy, postawy rodzicielskie i temperament a kształtowanie cech osobowości borderline i unikającej – poszukiwanie współzależności

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Abstract

Aim: The aim of the presented study was the preliminary verification of the Jeffrey Young's theory of early maladaptive schemas and their role in the genesis of personality disorders. According to Young, negative parental attitudes towards the child and the moderating influence of the child's temperament can develop the schemas. Coping with schemas shapes the traits of a personality disorder. **Methods:** Four hundred and thirty-five subjects from a non-clinical group were tested. They completed the Young Schema Questionnaire – Short Form (YSQ-S3), Structured Clinical Interview for DSM-IV Axis II Personality Disorders – Personality Questionnaire part (SCID-II), Questionnaire of Retrospective Assessment of Parental Attitudes (KPR-Roc) and Questionnaire of the Formal Characteristics of Behaviour–Temperament Inventory (FCB-TI). The SCID-II was used to determine specific features of behaviour. For the presented study borderline and avoidant personality patterns were chosen. **Results:** Explanatory models were created using regression analysis. The models were composed of: 1) schemas, 2) schemas, temperament, 3) schemas, parental attitudes, 4) all variables. In the case of borderline features, the models explain 26%, 30%, 35% and 36% of the variance of personality traits, respectively. The most appropriate model 3 includes the following schemas: Abandonment, Defectiveness, Self-Sacrifice, Pessimism and parental attitudes: Overdemandingness, Autonomy, Overprotection of the father and Autonomy and Inconsistency of the mother. In the case of avoidant traits, models explain 40%, 47%, 41% and 49% of the variance, respectively. For avoidant traits temperament is more important than parental attitudes – significant factors are: Social Isolation, Vulnerability to Harm, Subjugation, Self-Sacrifice, Emotional Inhibition, Pessimism and temperamental traits: Emotional Reactivity and Activity. **Conclusion:** The presented preliminary analysis confirms Young's theory of the schemas and their influence on the development of personality disorders.

Keywords: early maladaptive schemas, temperament, parental attitudes, personality disorders

Streszczenie

Cel: Celem prezentowanych badań była wstępna weryfikacja teorii wczesnych nieadaptacyjnych schematów Jeffreya Younga i ich roli w genezie zaburzeń osobowości. Według Younga negatywne postawy rodzicielskie w stosunku do dziecka przy moderującej roli jego temperamentu wpływają na tworzenie schematów. Z kolei radzenie sobie ze schematami rozwija cechy nieprawidłowej osobowości. **Metoda:** Przebadano 435 osób z grupy nieklinicznej. Zastosowano Kwestionariusz Schematów Younga w wersji skróconej (YSQ-S3), Ustrukturalizowany Wywiad Kliniczny do Badania Zaburzeń Osobowości z Osi II DSM-IV – część: Kwestionariusz Osobowości (SCID-II), Kwestionariusz Retrospektywnej Oceny Postaw Rodziców (KPR-Roc), Formalną Charakterystykę Zachowania – Kwestionariusz Temperamentu (FCZ-KT). SCID-II został użyty do oceny wyłącznie specyficznych cech zachowania, nie do ustalania rozpoznań. Do celów prezentowanego badania wybrano cechy charakterystyczne dla osobowości borderline i unikowej. **Wyniki:** Stworzono modele w oparciu o analizę regresji. Modele tworzono ze: 1) schematów, 2) schematów i temperamentu, 3) schematów i postaw rodzicielskich, 4) wszystkich zmiennych. W przypadku cech borderline modele wyjaśniały odpowiednio 26%, 30%, 35% i 36% zmienności cech osobowych. Najbardziej adekwatny model 3. składał się ze schematów: Porzucenia, Defektu, Samopoświęcenia i Pesymizmu oraz postaw rodzicielskich: Nadmiernych wymagań, Autonomii i Nadmiernej ochrony ojca oraz Autonomii

i Niekonsekwencji matki. W przypadku cech osobowości unikowej modele wyjaśniały odpowiednio 40%, 47%, 41% i 49% zmienności. Dla cech unikowych temperament jest istotniejszy niż postawy rodzicielskie – istotne współczynniki to: Izolacja Społeczna, Podatność na Zranienia, Podporządkowanie, Samopoświęcenie, Zahamowanie Emocjonalne i Pesymizm oraz temperament: Reaktywność Emocjonalna oraz Aktywność. **Wnioski:** Prezentowane badania wstępnie potwierdzają teorię Younga dotyczącą rozwoju schematów i ich wpływu na rozwój cech zaburzonej osobowości.

Słowa kluczowe: wczesne nieadaptacyjne schematy, postawy rodzicielskie, zaburzenia osobowości

INTRODUCTION

Personality disorders are difficult to diagnose as evidenced in the discrepancy in the epidemiological data. The data indicate a spread ranging from 2% up to 18% of the general population (Niezgoda, 2015). Some people present the characteristics of only part of a particular type of personality disorder, not meeting all its diagnostic criteria. At the therapist's office they indicate difficulties in relationships and in the performance of roles. Therefore, there are many theories explaining the genesis of personality disorders.

On a therapeutic basis, the theory of early maladaptive schemas (EMS) by Jeffrey Young is becoming increasingly popular (Young et al., 2014). According to this theory, the development of a personality, either abnormal or with abnormal features, is based on schemas formed during childhood relationships with people, most frequently with parents. These schemas are a cognitive-emotional representation of the knowledge about ourselves and the world. They acquire a negative connotation in a dysfunctional educational environment. Most people develop such negative schemas, however, they are of a weak intensity. The more the environment deprives a child of its needs, the stronger the schemas become. Over time, the behavioural patterns become more and more maladaptive, creating the foundations of abnormal personality traits, in which the main role is played by negative beliefs about oneself (Beck et al., 2005; Mącik, 2016; Young et al., 2014). However, Young himself states that a moderating aspect between the person and the environment is the person's temperament, which can be a protective feature (stable temperament) or a risky feature (labile temperament) (Arntz and van Genderen, 2016; Young et al., 2014).

Arntz and van Genderen (2016) present a model according to which mutual influences of temperament, parental attitudes and traumatic experiences/deprived needs lead to forming negative schemas and the associated dysfunctional coping strategies, responsible for the emergence of ailments and problems, including personality traits/disorders. For the purpose of this paper, a slightly modified version of the model was adopted. Agreeing with the general assumption, it was recognised that both temperament and parental attitudes are influential not only during childhood but throughout life (the relationship with parents for adults with a disturbed personality is often difficult). Therefore, they can continue to play a role in reinforcing schemas or coping strategies.

The immediate objective of the analysis was to determine whether specific personality features, characteristic for different personality disorders, can be explained by other variables beyond schemas. For the analysis, two types of personality disorders were selected that were associated with the temperament described as weak (Young et al., 2014; Zawadzki et al., 2012): borderline personality disorder (BPD), representing the B cluster and avoidant personality disorder (AvPD), representing the C cluster. These personalities were understood only as preferred behaviours and specific features, not as diagnosed disorders. It is widely known that strong schemas, weak temperament and negative parental attitudes are connected with personality disorders. This study was to verify if similar connections are present in a non-clinical sample, i.e. if there is a continuum from normal behaviour, through traits of disordered personality to full disorder diagnosis. The main reason for the selection of BPD and AvPD personalities was the cognitive understanding of core beliefs. According to Beck et al. (2005), borderline personality is characterised by anxious beliefs: *I'm vulnerable to harm*, *The world is unsafe and unfriendly*, *I'm not acceptable*, which lead to anxiety. In the Young's model, BPD is conceptualised as an insecure, fearful child desirous of help, but afraid of abandonment (Beck et al., 2005). Avoidant personality has similar beliefs: *I'm vulnerable to harm*, *I'm different*, *I'm unliked*, which also lead to anxiety. Thus, both personalities have a high level of fear and anxiety, need others to feel secure and both are afraid of rejection, but for a different reason: BPD due to the fear of being wronged and AvPD due to unacceptable *self*. Also, the family environment is similar: critical, rejecting and often with abuse. Therefore, the question is whether the explaining variables (parental attitudes, temperament and beliefs-schemas) differ in both personalities.

A research question was formulated: what is involved in explaining disordered personality features in both types of personality: schemas, temperament or parental attitudes? It was assumed that different variables will be important in both cases, which will allow to explain the diversity in personality traits.

MATERIAL AND METHODS

The study was conducted in south-eastern Poland. The sample was gathered using purposive sampling taking into account the gender and age of participants. The study involved only adult persons. The minimum age was 18, without the

upper age limit specified. As the main goal of the study was to investigate a non-clinical group, there were no specific inclusion criteria. However, in order to complete a fully non-clinical group, a short screening interview was carried out at the first stage of the research. People who met one of the following criteria during the interview were excluded from the further study: any existing cognitive difficulties observed during the interview; current neurological treatment; current significant illnesses of the subject or within close family or a history of illness within the last three years; chronic diseases; important events, such as mourning or divorce within the last three years; psychiatric diagnosis or treatment as well as using any form of psychological help/psychotherapy during the lifetime.

Four hundred and thirty-five people were involved in the study, for 411 of whom valid observations were made that were used for analysis. The age of the respondents was 18–77, with a mean age of 33 years; 53% were women. Approximately 30% live in rural areas, another 30% in large cities and the rest in medium and small towns. Almost 70% of the respondents are currently in either formal or informal partnerships, 30% are single. In light of the absence of psychiatric or behavioural disorders or other psychological problems, the use of the following terminology in the paper: a disordered personality, personality features/traits should only be understood as the presence of the features/behaviour that occur in the criteria for a particular disorder, but are of a weak intensity. Therefore, they should not be understood as a diagnosis. The research was carried out in accordance with the principles of the Declaration of Helsinki. All respondents were informed about the purpose of the research and their rights, and expressed their informed written consent to participate. The research project gained the acceptance of the Scientific Research Ethics Committee at the Institute of Psychology at the John Paul II Catholic University of Lublin.

The respondents completed four questionnaires:

1. Young Schema Questionnaire – Short Form (YSQ-S3). This questionnaire examines 18 schemas highlighted by Young (Young et al., 2014). Reliability indicators were diverse: 0.536 for Entitlement, 0.555 for Unrelenting Standards, 0.660 for Self-Sacrifice and Insufficient Self-Control; for other schemas the indicators ranged from 0.703 to 0.822.

2. Questionnaire of Retrospective Assessment of Parental Attitudes by Plopa (KPR-Roc). This questionnaire examines the perception of parental attitudes during childhood by adult children. It identifies five attitudes: Acceptance/Rejection, Overdemandingness, Autonomy, Inconsistency and Overprotection (Plopa, 2008). The reliability indicators in the presented study ranged from 0.803 (father's Overprotection) to 0.935 (father's Acceptance).

3. Questionnaire of the Formal Characteristics of Behaviour–Temperament Inventory by Zawadzki and Strelau (FCB-TI). The scale recognises six physiologically determined dimensions: Briskness, Perseverance, Sensory Sensitivity, Emotional Reactivity, Endurance and Activity (Zawadzki and Strelau, 1997). Reliability indicators range from 0.72 to 0.90 (Zawadzki and Strelau, 1997).

4. Structured Clinical Interview for DSM-IV Axis II Personality Disorders – Personality Questionnaire part (SCID-II), examining the characteristics of a disturbed personality based on the DSM-IV classification (First et al., 2010). The Personality Questionnaire part was used in order for the subjects to self-describe the features of their behaviour. No diagnosis of personality disorders was made due to the aim mentioned above. The scores were the means of the sums of the *Yes* answers for each personality disorder. Thus, every subscale can be interpreted as the intensity of beliefs and behaviours which are typical for specific disorders. A higher score indicates more fulfilled criteria of a disorder, while a lower score only characteristic traits which do not determine the direction of diagnosis. For avoidant features the mean was 2.77 (0–7), $SD = 2.28$; the borderline features' mean was 4.72 (0–15), $SD = 3.96$. About 36% of the subjects answered *Yes* to four or more statements of avoidant features and about 37% to five or more statements of borderline ones, but – in line with the idea of the study – it was not verified how many of *Yes* answers fulfilled the disorder criteria (rates 3 in the Interview). The reliability for the BPD scale in the current sample was 0.865 and for the AvPD scale it was 0.806.

IBM SPSS Statistics were used to formulate the statistic results. Reliability indicators for the questionnaires' scales in this study were all acceptable for further analysis.

RESULTS

Based on the questionnaires mentioned above, the models explaining features of a personality type were created with the help of a linear regression analysis by the backward elimination method. The basic model regarded as the reference model (1 – S) comprised the EMS only. In the subsequent models, temperament was added (model 2 – ST) or parental attitudes (model 3 – SP) and model 4 included all three groups of variables. The models were created separately for borderline personality features (BPD) and avoidant ones (AvPD). The statistics for the models and the values of the ratios are presented in the tables below (Tabs. 1, 2).

DISCUSSION

The features of behaviour characteristic for borderline personality (representing the B cluster in research) are associated with a tendency towards a certain theatricality, soliciting attention from others, excessive displays of emotions that are often labile and shallow and the resulting interpersonal problems. The schemas explain only approximately 26% of the variability of the characteristics of borderline personality and schemas in conjunction with parental

Model	R	R^2	Adj. R^2	Statistics of change					Durbin–Watson
				R^2 change	F	df1	df2	p	
1 (S)	.520	.271	.264	.271	38.348	4	413	.000	1.992
2 (ST)	.558	.312	.301	.041	12.146	2	411	.000	1.975
3 (SP)	.612	.374	.356	.103	20.396	5	353	.000	1.893
4 (STP)	.612	.374	.358	.103	20.446	5	354	.000	1.949

		1 (S)			2 (ST)			3 (SP)			4 (STP)		
		Beta	t	p	Beta	t	p	Beta	t	p	Beta	t	p
Schemas	Abandonment				.114	2.01	.044	.196	3.39	.001	.212	3.84	.000
	Defectiveness				.153	3.00	.003	.196	3.52	.000			
	Self-Sacrifice	−.116	−2.55	.011	−.096	−2.21	.027	−.085	−1.89	.058	−.078	−1.73	.083
	Insufficient Self-Control	.165	3.36	.001	.108	2.19	.029				.176	3.53	.000
	Pessimism	.361	6.59	.000	.182	2.62	.009	.295	5.03	.000	.239	3.97	.000
	Punitiveness	.126	2.46	.014									
	Vulnerability to Harm				.163	2.48	.013						
Parental attitudes	F – Overdemandingness							−.137	−2.22	.027	−.157	−2.55	.011
	F – Autonomy							−.195	−3.19	.002	−.212	−3.48	.001
	F – Overprotection							.111	2.24	.026	.138	2.78	.006
	M – Autonomy							.100	1.69	.091	.118	1.99	.047
	M – Inconsistency							.253	4.26	.000	.284	4.82	.000

Models created from: **1 (S)** – schemas; **2 (ST)** – schemas and temperament; **3 (SP)** – schemas and parental attitudes; **4 (STP)** – schemas, temperament and parental attitudes. **F** – Father's attitude, **M** – Mother's attitude. R^2 change calculated in reference to model 1 (S).

Tab. 1. Estimated models for borderline personality features (dependent variable)

Model	R	R^2	Adj. R^2	Statistics of change					Durbin–Watson
				R^2 change	F	df1	df2	p	
1 (S)	.647	.418	.408	.418	43.194	7	421	.000	1.903
2 (ST)	.695	.483	.472	.065	94.727	1	381	.000	1.870
3 (SP)	.655	.428	.416	.010	46.642	1	369	.000	1.932
4 (STP)	.710	.505	.490	.087	30.972	4	364	.000	1.861

		1 (S)			2 (ST)			3 (SP)			4 (STP)		
		Beta	t	p	Beta	t	p	Beta	t	p	Beta	t	p
Schemas	Social Isolation	.288	5.29	.000	.225	4.38	.000	.279	4.79	.000	.241	4.48	.000
	Defectiveness	−.139	−2.61	.009				−.164	−2.95	.003	−.101	−1.87	.062
	Vulnerability to Harm	−.102	−1.65	.099	−.156	−2.60	.009				−.123	−2.04	.042
	Subjugation	.166	2.95	.003	.115	2.12	.034	.133	2.32	.021	.171	3.00	.003
	Self-Sacrifice	−.126	−3.16	.002	−.084	−2.14	.033	−.104	−2.47	.014	−.079	−2.00	.045
	Emotional Inhibition	.283	5.49	.000	.191	3.85	.000	.265	4.84	.000	.188	3.61	.000
	Pessimism	.273	4.50	.000	.187	3.10	.002	.230	4.33	.000	.190	3.15	.002
Temperament	Emotional Reactivity				.216	4.78	.000				.198	4.33	.000
	Activity				−.193	−4.51	.000				−.201	−4.65	.000
Parental attitudes	F – Overdemandingness							−.148	−2.39	.017			
	F – Inconsistency							.190	3.04	.002			
	M – Acceptance/rejection										−.141	−2.33	.020
	M – Autonomy										.114	1.87	.061

Models created from: **1 (S)** – schemas; **2 (ST)** – schemas and temperament; **3 (SP)** – schemas and parental attitudes; **4 (STP)** – schemas, temperament and parental attitudes. **F** – Father's attitude, **M** – Mother's attitude. R^2 change calculated in reference to model 1 (S).

Tab. 2. Estimated models for avoidant personality features (dependent variable)

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attitudes approximately 36% (model 3). Adding temperament as an explanatory variable does not change the R^2 index significantly; however, it affects schemas (see model 2, Tab. 1). The role of temperament in the case of BPD is not explicit (Nilsson et al., 2010; Joyce et al., 2003). The schemas that appear in at least three models are Abandonment, Self-Sacrifice, Insufficient Self-Control and Pessimism, and in two models Defectiveness appears. According to Young patients with BPD have all the schemas developed and the ones mentioned above are the most developed, excluding Self-Sacrifice (Young et al., 2014, p. 342). Field et al. (2015) indicate the predicting role of schemas (mainly from the Disconnection domain) for BPD symptomatology. The Abandonment schema is associated with the concern about relationship instability and the fear of being abandoned, strengthened by the belief of being worse and not deserving attention (Defectiveness), which further leads to the conclusion that everything is going to be wrong (Pessimism). Simultaneously, problems with controlling one's own impulses resulting from a lack of resistance to frustration (Insufficient Self-Control) lead to avoiding situations that can provoke unpleasant feelings or seeking such that reduce pain. Self-harm is frequently involved in the case of BPD and only when traits (features) of the personality are present is it possible that Self-Sacrifice is involved. When sacrificing for others, a person fills the emptiness and reduces the sense of being worse in an attempt to give meaning to their existence and perhaps also to avoid rejection. The cognitive conceptualisation of BPD presented for example by Beck (Beck et al., 2005) is compatible with the results; Jovev and Jackson (2004) point to similar important schemas. The role of emotionality is also emphasised by Gill and Warburton (2014). Adding parental attitudes to the above model (Beck et al., 2005, p. 347–348) actually completes the understanding of the origin of personality traits. Thimm (2010) also indicates that parental attitudes and schemas play a significant role in the development of personality disorders and schemas are mediators between parental rearing and disorder symptoms. Monirpoor et al. (2012) point that fathers can affect their child's psychopathology by parenting styles as well as by their own psychopathology. Meyer et al. (2005) indicate that BPD features are connected with insecure attachment to the parents. In the presented study, the biggest influence on shaping personality traits is attributed to the mother's inconsistent attitude (expressed in the fluctuation of emotions from accepting to criticising, which provokes family members to seek isolation and withdrawal as a defence mechanism) and overly protective attitude of the father (expressed by the interference into the child's life, which consequently leads to conflicts and the child's emotional retreat). A characteristic feature is a partially protective effect of the father's Overly Demanding and Autonomous attitude. The more sense of freedom appropriate for the child's age is given by the father along with supportive conversation, the less the features of BPD are developed. On the other hand,

being Overly Demanding manifested by a rigid definition of rules and not allowing to break them can be a counterweight to the inconsistent mother and can give some sense of stability and support, especially because such attitude is usually assessed by adult children as cold but understandable (Plopa, 2008). These attitudes, present not only during childhood, but also during growing up, strengthened the schemas (e.g. Overly Demanding – Defectiveness or Pessimism, Inconsistency – Abandonment) (see also: Muris, 2006) leading to the formation of borderline personality. Altogether they explain almost 36% of the variability of these characteristics, which, taking into account the fact that the studied group was a non-clinical group, is a high value. These conclusions are also consistent with the theoretical description of these correlations (Beck et al., 2005; Greenberg and Beck, 1990; Young et al., 2014, p. 348). The second analysed personality type is avoidant personality. It belongs to the C cluster, with people with anxiety, tenseness and an extensive self-control. The schemas explain only approximately 41% of the variability, schemas in conjunction with temperament 47%, schemas in conjunction with parental attitudes also about 41% and all the variables together approximately 49%, which is almost half of all variables of behaviour. The result is remarkable, especially when describing people belonging to the norm. Schemas explaining the forming of avoidant features are primarily Social Isolation, Emotional Inhibition and Pessimism. It is consistent with Reeves and Tylor (2007), but not with Carr and Francis (2010a). However, in another investigation Carr and Francis (2010b) find the predictive role of Subjugation and Emotional Inhibition. These schemas show the beliefs associated with the need to suppress one's emotions and impulses for fear of shame and loss of self-esteem; simultaneously, such a person is constantly vigilant and worried, focusing on the negative aspects of a situation. Therefore, they have a sense of being different and not belonging to other, feistier people. This in return increases the beliefs associated with the sense of them being worse and the related sensitivity to opinions and evaluations of others; the person focuses on their own mistakes and imperfections (Defectiveness). They are convinced that the most likely scenario is that something goes wrong, therefore, they often take actions to avoid potential risks (Pessimism, Vulnerability to Harm). Consequently, they are more focused on others – they suppress their own feelings and needs, convinced that they and their needs have no significance to others (Subjugation). Satisfying their own needs is also associated with a sense of guilt, so in order to avoid it, they focus on meeting the needs of others (Self-Sacrifice). The same schemas explain avoidant features in all models (see Tab. 2). They are also consistent with the description of the avoidant personality (Arntz and van Genderen, 2016; Jovev and Jackson, 2004; Morrison, 2016). Also Meyer et al. (2005) points that AvPD features are linked to pessimistic cognitive-affective responses to situations related to perceived rejection.

Model 2 enriched with temperamental traits explains about 7% more of the variations. There are two crucial traits: emotional reactivity and low activity. Reactivity is responsible for low emotional resistance, susceptibility to tensions and stiffness in behaviour, and easy and strong emotional reactions, even to trivial events, which makes people with such a trait easily offended. In turn, low activity is primarily associated with high internal stimulation, which favours withdrawal and reducing the flow of stimulus from the outside and, at the same time, strong processing of one's own emotional states. Therefore, it seems that such temperamental traits can, on the one hand, determine the choice of specific behavioural strategies (avoidant and retreating, rather than seeking external stimulation as in traits from the B cluster), on the other hand, however, they strengthen the schemas mentioned earlier (e.g. Vulnerability to Harm or Emotional Inhibition). It is consistent with Joyce, who found that such temperamental trait as harm avoidance is the predictor of AvPD (Joyce et al., 2003), similarly to Marteinsdottir et al. (2003). Meyer et al. (2005) indicates that AvPD is connected with sensitivity temperament, but also with control and avoidance of aversive situations. This confirms the role of temperament in shaping both schemas (Young et al., 2014) and personality disorders (Arntz and van Genderen, 2016; Beck et al., 2005; Joyce et al., 2003).

Parental attitudes do not explain much more in the case of this personality: in relation to model 1 they explain 1% more variabilities and in relation to model 2 less than 2% (see Tab. 2). Comparing the BPD and AvPD features Meyer et al. (2005) indicated that parental attitudes are more strongly linked with BPD, while for avoidant personality cognitive representations are more important. The attitudes that strengthen the schemas are father's Inconsistency and mother's Rejection. Similarly to borderline features, father's demands seem to somehow organise the environment, because the lack of demands affects the development of avoidant features. In conjunction with Inconsistency, or even Rejection, it can be perceived by a child as a situation in which a parent is indifferent towards them and does not care about them, which consequently strengthens such schemas as, for example, Emotional Inhibition or Defectiveness.

In summary, the results seem to be interesting from the point of view of the search for the origins of personality traits (and probably) personality disorders. Borderline personality traits, representing the B cluster, are explained most fully by schemas and parental attitudes, temperament being in this case of lesser importance. It is significant (the change of R^2: $p < 0.000$), but its influence is not direct, it is revealed through schemas, which are probably strengthened by it (model 2 of borderline). It can be assumed that parental attitudes generate personal traits by creating and strengthening schemas, e.g. by the behaviour of incompetent parents who cannot deal with the child's behaviour.

Avoidant personality traits, however, which represent the C cluster are explained primarily by schemas and temperament, which predisposes one to stronger emotional experiencing and avoiding situations that are excessively stimulant and, consequently, suppressing of emotions and withdrawing. Parental attitudes are less important, perhaps because a child/teenager who is calm and withdrawn gives an impression of being a well-behaved, hassle-free child; the level of interaction will be less intense than in the B cluster personalities which are more temperamentally unstable and expressive (Young et al., 2014). The percentage of the discussed variabilities is high, especially that the respondents had no disorders, which indicates that the findings may be useful both in the therapy of personality disorders and in relationship problems, which are usually generated by specific personality features.

There are some limitations of the presented study. First, the study was conducted on a non-clinical sample, with no personality disorder diagnosis. Although, according to Young, schemas are present in all people, their low intensity may not play any role in the growth of disordered personality. Therefore, in clinical samples with the diagnosis of BPD or AvPD, the relationship with schemas and other variables can differ from those presented above. The second limitation was using the SCID-II – Personality Questionnaire without the whole interview to check the presence and intensity of behaviours characteristic for different personality disorders. This investigation had only a preliminary character, however, for the next study a method for precise diagnosis of disorders or only their features as well as their intensity should be used.

CONCLUSIONS

The presented preliminary analysis confirm Young's theory of the development of schemas and traits of personality disorders. Different EMS are important for different personality features, which is consistent with the theory. The role of parental attitudes and temperament is important in different ways for the analysed personality types. Positive verification of this theory has a strong impact for psychotherapy, mainly cognitive behavioural therapy and schema therapy, because of the confirmation of its significance. It can be useful information for a therapist that parental attitudes are important (and worth working on) for borderline behaviours/beliefs, but not for avoidant ones. In this case working on schemas is the principal aim due to the lack of possibility to change the biological temperament. It is also important knowledge for working with parents (especially those with a problematic child) with a view to changing their disruptive parenting patterns.

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References

Arntz A, van Genderen H: Terapia schematów w zaburzeniu osobowości typu borderline. Gdańskie Wydawnictwo Psychologiczne, Sopot 2016.

Beck AT, Freeman A, Davis DD et al.: Terapia poznawcza zaburzeń osobowości. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2005.

Carr SN, Francis AJP: Do early maladaptive schemas mediate the relationship between childhood experiences and avoidant personality disorder features? A preliminary investigation in a non-clinical sample. Cognit Ther Res 2010a; 34: 343–358.

Carr SN, Francis AJP: Early maladaptive schemas and personality disorder symptoms: an examination in a non-clinical sample. Psychol Psychother 2010b; 83: 333–349.

Field AM, Francis AJP, Carr SN: Borderline personality and depressive symptomatology: common psychosocial predictors and comorbidity. Aust J Psychol 2015; 67: 197–206.

First MB, Gibbon M, Spitzer RL et al: SCID-II: Ustrukturalizowany Wywiad Kliniczny do Badania Zaburzeń Osobowości z Osi II DSM-IV. Podręcznik klinicysty. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, Warszawa 2010.

Gill D, Warburton W: An Investigation of the Biosocial Model of Borderline Personality Disorder. J Clin Psychol 2014; 70: 866–873.

Greenberg MS, Beck AT: Cognitive approaches to psychotherapy: theory and therapy. In: Plutchik R, Kellerman H (eds.): Emotion: Theory, Research, and Experience. Volume 5: Emotion, Psychopathology, and Psychotherapy. Academic Press, San Diego, CA 1990: 177–194.

Jovev M, Jackson HJ: Early maladaptive schemas in personality disordered individuals. J Pers Disord 2004; 18: 467–478.

Joyce PR, McKenzie JM, Luty SE et al.: Temperament, childhood environment and psychopathology as risk factors for avoidant and borderline personality disorders. Aust N Z J Psychiatry 2003; 37: 756–764.

Marteinsdottir I, Tillfors M, Furmark T et al.: Personality dimensions measured by the Temperament and Character Inventory (TCI) in subjects with social phobia. Nord J Psychiatry 2003; 57: 29–35.

Mącik D: Wczesne nieadaptacyjne schematy Younga i ich związki z rysami zaburzeń osobowości w populacji nieklinicznej – badania wstępne. Psychiatr Psychoter 2016; 12: 3–24.

Meyer B, Ajchenbrenner M, Bowles DP: Sensory sensitivity, attachment experiences, and rejection responses among adults with borderline and avoidant features. J Pers Disord 2005; 19: 641–658.

Monirpoor N, Gholamyzarch M, Tamaddonfard M et al.: Role of father–child relational quality in early maladaptive schemas. Int J High Risk Behav Addict 2012; 1: 50–54.

Morrison J: DSM-5® bez tajemnic. Praktyczny przewodnik dla klinicystów. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016.

Muris P: Maladaptive schemas in non-clinical adolescents: relations to perceived parental rearing behaviours, Big Five personality factors and psychopathological symptoms. Clin Psychol Psychother 2006; 13: 405–413.

Niezgoda E: Innowacyjny program pomocy osobom z zaburzeniami osobowości. Psychiatr Pol 2015; 49: 1379–1384.

Nilsson AKK, Jørgensen CR, Straarup KN et al.: Severity of affective temperament and maladaptive self-schemas differentiate borderline patients, bipolar patients, and controls. Compr Psychiatry 2010; 51: 486–491.

Plopa M: Więzi w małżeństwie i rodzinie: metody badań. Impuls, Kraków 2008.

Reeves M, Taylor J: Specific relationships between core beliefs and personality disorder symptoms in a non-clinical sample. Clin Psychol Psychother 2007; 14: 96–104.

Thimm JC: Mediation of early maladaptive schemas between perceptions of parental rearing style and personality disorder symptoms. J Behav Ther Exp Psychiatry 2010; 41: 52–59.

Young JE, Klosko JS, Weishaar ME: Terapia schematów. Przewodnik praktyka. Gdańskie Wydawnictwo Psychologiczne, Sopot 2014.

Zawadzki B, Strelau J: Formalna Charakterystyka Zachowania – Kwestionariusz Temperamentu FCZ-KT. Podręcznik. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego, Warszawa 1997.

Zawadzki B, Rozmysłowska J, Nowocin D et al.: Temperamentalna charakterystyka zaburzeń osobowości. Psychol Etol Genet 2012; 25: 7–23.

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