The Early Maladaptive Schemas and their Correlations with the Psychiatric Symptoms and the Personality Accentuations for Palestinian Students

Dissertation

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Preface

Some thoughts concerning the societal background:
“Living conditions have rarely been worse for Palestinian children” (UNICEF). Palestinian people live since more than 40 years under military occupation. 60% of the Palestinian people are under 19 years old. 33% of the Palestinian males between 15 and 19 years are day laborers, 20% are often unpaid (UNICEF).

More than 6700 Palestinian children were detained in the occupation prisons in the period between 2000 and 2008 (Ministry of Detainees and Ex Detainees Affairs). Children between 12 and 14 years can be detained for a period of up to 6 months. Moreover, there is no difference in treatment between Palestinian children over 14 and Palestinian adults in the occupied prisons (UN Convention on the Rights of the Child & Addameer Prisoner Support and Human Rights Association).

Negative childhood experiences in Palestine are much more than neglect or deprivation. Children in Palestine are suffering from the hardships of living under occupation, siege and poverty, in addition to the problems caused by negative experiences with parents and peers.
Such circumstances will surely lead to the development of psychological illnesses. In this study, at times references will be made to some of the above mentioned aspects in Palestinian society.

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Abstract

The present dissertation is a Contribution to Schema Therapy which was invented and developed by Dr. Jeffry Young in New York.

The aim of the present study was to investigate the correlation between the Early Maladaptive Schemas with their Schema Coping Styles and the memories of parenting, as well as, the psychiatric symptoms and also personality accentuations in Palestinian university students.

The Young Schema Questionnaire Short Form Version Three YSQ-S3 (Schema Surrender), 2003, the Young Parenting Inventory YPI, 2003, the Young (Schema) Compensation Inventory YCI, 2003, the Young Rygh (Schema) Avoidance Inventory YRAI, 2003, the Symptom checklist Revised SCL-90-R Doregatis (1983) and the Personality Accentuation Inventory IKP Andresen (1998) were distributed to students from Hebron University in Palestine n = 200, 103 males and 97females.

The Reliability Analyses were made for all of the questionnaires in this study. The Factor Analysis for YSQ-S3 showed seventeen Early Maladaptive Schemas. The factor structure of the Arabic version differs at times in various degrees from the theoretical structure proposed by Young: The Abandonment, the Emotional Deprivation Schemas and one item from the Social Isolation Schema were combined into a single factor. Moreover, one item from the Dependence Incompetence Schema was combined with the Enmeshment Schema. Similarly, one item from the Punitiveness Schema was combined with the Emotional Inhibition Schema. Lastly, one item from the Entitlement Schema was considered as a factor for itself.

Moreover, the results of this study showed that the Early Maladaptive Schemas correlate significantly with their schema coping styles and with parenting. For some schema the role of the parents was more important for the male group and with other schemas the role was more important for the female group. The role of parents in the development of the schemas of the male group was more visible than the development of schemas of the female group in several cases and vice versa. Several circumstances, such as the cultural as well as the military occupation, could very well have played

more important role than the parents. For example contrary with the female group the correlation between the Mistrust Abuse schema and Parenting was ≤ .50 for the male group.

Finally, the results indicate certain correlations between Schema Surrender, Compensation and the Avoidance Coping Styles, as well as, the Psychiatric Symptoms and the Personality Accentuations. For example the Depression Symptom correlates with the Negativity/Pessimism, the Insufficient Self-Control and the Emotional Deprivation Schemas. The Anxiety Symptom correlates with the Emotional Inhibition, the Negativity/ Pessimism, the Insufficient Self-Control and the Punitiveness Schemas. The Hostility Symptom correlates with the Entitlement Schema and with the Negativity/ Pessimism Schema. Lastly, the Paranoid Ideation Symptom correlates with the "Negativity/ Pessimism, Punitiveness, the Enmeshment, the Mistrust abuse, the Emotional Inhibitions and the Vulnerability to Harm or Illness.

1.0 Introduction

All individuals are known to rely on rules or scripts in their behaviors and experiences. People organize current knowledge, explain events, provide a framework for future understanding and predict situations occurring in their environment depending on these rules. These rules are called schemas (Widmayer, 2007).

The concept of schema may deal with personal relationships, or impersonal categories (e.g., inanimate objects). These objects may be concrete (a table) or abstract (my country). Schemas can also be described according to their structural qualities, such as breadth (narrow or broad), flexibility or rigidity (capacity for modification), density (their relative prominence in the cognitive organization) and the degree of activation – that is ranging from latent to extremely activated. When schemas are latent, they have no role in information processing. When activated, they channel cognitive processing from the first to the last stages (Beck et al., 2004). Schemas are not always positive and adaptive: They may also be negative and maladaptive (Young et al 2003).

Social and perceptual experiences cause the development of schemas early in life - even though they may develop later. People filter rules and regularities and merge them into schemas. A problematic schema is based on the negative experiences. For example, if a child frequently experiences an undermining of achievement or confidence, a schema such as "failure" will be developed. New information is processed according to how it fits into the schema – disregardless if comprehended correctly or not. Later in life when this person with failure schema is confronted with an examination, the latent schema "I am stupid, I will not succeed" will be activated. He will recall early life experiences, feel emotions of depression and anxiety which are associated with failure, and experience bodily sensation and thoughts that he will not succeed.

The schemas that developed early in life as a result of the negative childhood experiences are called according to Young "Early Maladaptive Schemas". People usually develop maladaptive behaviors as response to such schemas.

Introduction

The Early Maladaptive Schemas are found to be of great importance in the field of the personality disorders.

The present study examined the hypotheses that Early Maladaptive Schemas correlate to negative childhood experiences, as well as psychiatric symptoms and personality accentuations in Palestinian university students. To this purpose, the Young Schema Questionnaire, the Young Parenting Inventory, the Young Rygh Avoidance Inventory, and the Young Compensation Inventory in addition to the Personality Accentuation Inventory were translated and adapted to the Arabic language.

The importance of this study lies in that, this research is the first and the only research in the field of schema therapy up to date in the Arab world, specifically in the Palestinian society - which is subjected to a peculiar militarily occupation as well as difficult economic circumstances.

Chapter 2 presents an overview of the schema therapy of Young as well as several studies concerning the correlation between Early Maladaptive Schemas and personality disorders. Chapter 3 expounds the Hypotheses of the study and in addition explains the Instrument used and the data collection process. Chapter 4 shows the analyses of the data, placing the analyses of every instrument in a separate section. Lastly, Chapter 5 discusses the results.

2.0 Schema Therapy -Theoretical Background-

This section gives an overview of the schema model of Young (Young et al., 2003). At the beginning general information about the therapy will be discussed, thereafter the main important aspect of this therapy will be elaborated, followed by a short overview of the clinical symptoms, and the personality accentuations, which were used in this study. Finally several studies that investigate the relationship between schemas and personality psychopathology will be discussed.

2.1 Description of Schema Therapy from Young et al (1990, 2003): General Description

Schema therapy is a broad, integrative psychotherapy developed by Dr Jeffrey Young and colleagues (1990, 2003) that essentially expands on traditional cognitive behavior concepts and treatments. This therapy integrates elements from different psychological theories such as cognitive behavior therapy, object relations, psychoanalytic school and Gestalt therapy into one unified approach to treatment (Young et al., 2003).

Every school in psychology has it's own concepts and way of treating psychological problems; the cognitive behavioral therapy is one of these schools which has shown it's effectiveness in treating numerous disorders. During their work with cognitive behavioral therapy, Young and colleagues found that this therapy has limits, for example, it fails adequately to treat personality disorders. Furthermore, the relapse rate of some of disorders –such as depression- was notable. Young et al (2003) noted that specific schemas hindered rather than promoted the therapy. Thus, they began to explore a new approach of treatment. They intended not to develop a different way of treatment, but rather to expand upon previous therapies by placing much a greater emphasis in group of aspects that they considered important.

Their new approach of treatment, called schema therapy, has proven its efficiency and suitability in treating numerous personality disorders especially the Borderline Personality (Nordahl& Naeaseter, 2005; Giesen-Bloo et al., 2006).

Young and colleagues agree with the psychoanalytical school regarding the importance of the early childhood environment in the development of the psychological problems. They hypothesized that

early negative experiences with caregivers (usually parents) lead the child to develop a distorted view of self, others and the world, or lead to what Young called Early Maladaptive Schemas (EMS). These schemas begin adaptively and become incorporated lifelong causing maladaptive behaviors and responses. Young himself postulated that "These schemas fight for survival" as a part of human drive for consistency (Young et al., 2003 p.61). Young and colleague have outlined 18 early maladaptive schemas, divided into five domains.

These schemas are triggered when the person encounters a situation similar to the situation that produced his schemas. In the triggering phase, the person experiences intense negative affects. In order to avoid these affects or to adapt to the schema, people utilize coping strategies. According to Young, the schema itself does not contain behavior, but rather it drives the behavior which becomes a part of the coping responses. (Young, et al., 2003)

People respond in one or more of three mechanisms ***surrender, avoidance, or overcompensation.*** In the child's world these coping responses are considered as a normal attempt to adapt to the situation. However these coping responses transform into maladaptive, as they will also be used even in the cases where they are not needed.

Schema therapy aims to help patients identify their own schemas. That is to say to understand their origins, relate their schemas to their current problems, and to use different mechanisms to replace the maladaptive coping styles with healthier way of behaviors (Young et al., 2003).

In the following sections, the most important aspects of schema therapy will be illustrated in detail. These aspects are.

1. Schema and the Early Maladaptive Schemas
2. Schema Domains
3. Coping Styles
4. Schema Modes

The second part shows the psychological symptoms. While the third part concerns with the personality accentuation, both will be then used to investigate their relation to the schemas.

2.1.1 Schema and Early Maladaptive Schema

2.1.1.1 The Definition of the Schema

The term “schema” plural “schemas or schemata” is used in many field of study, it can be found in the field of education, literary analysis or computer programming, the general meaning of this concept is a structure, framework or outline (Young et al., 2003).

The concept of schema in psychology especially in cognitive literature is not a new. Several researchers suggest that the word schema in psychology was firstly used by Jean Piaget (Triall, 2005). Piaget defined schema as the basic structure through which the individual's knowledge is mentally represented (Daqi, 2000).

Aaron Beck (1967) defined schema as a “(cognitive) structure for screening, coding and evaluating the stimuli that impinge on the organism” (p. 238) and as “specific rules that govern information processing and behavior” (Beck, et al., 1990, p.8).

2.1.1.2 The Development of the Early Maladaptive Schemas

People acquire their schemas usually in childhood and developed them further into adulthood. If they experience a negative events (e.g. neglect or subjugation) they may develop a distorted view of themselves, others, the world, and the future, thus contribute in the formation of the maladaptive schemas (Lee, 2007).

Young and colleagues agree with Beck that both biological disposition and emotional temperament play major roles in the development of maladaptive schema. However they do also agree with developmental theories. They focus on the role of parents, sibling, peers and cultural influences in the development and maintenance of early maladaptive schemas (Theiler, 2005).

According to Young el al (2003, p.10) “toxic childhood experiences are the primary origin of early maladaptive schemas”. Additionally they have noted that several schemas are more likely to originate from negative childhood experiences than others (Warburton & McIlwain, 2005).

Young et al have outlined four types of conditions in early childhood that facilitate the development of early maladaptive schemas.

Type one: Toxic frustration of needs. This occurs when the core needs of the child have been frustrated. In other word the child rarely has good experiences, for example, the positive factors such as love care or safety are lacking in the child's environment. This will lead to the development of schemas such as Abandonment or Emotional Deprivation.

Young et al (2003) hypothesized five core emotional needs for human beings; the frustration of these core needs will lead then to the formation of one or more of the 18 early maladaptive schemas. They hypothesized further that the following five needs are universal but different in strength individually.

These core needs are:
"1. Secure attachments to others includes (stability, safety, acceptance, and nurturance)
2. Autonomy, competence, and sense of identity
3. Freedom to express valid emotions and needs
4. Spontaneity and play
5. Realistic limits and self-control" (Young et al., 2003, p.10).

Type 2: Child experiences too much of a good thing. For example, when all of the child's requests are immediately fulfilled, or parents become overly involved in the life of a child, perform and finish the child's tasks, or allow excessive degree of freedom. Schemas such as an Entitlement or a Dependence / incompetence could develop.

Type 3: *Traumatization* or *victimization experience in early childhood*: when the child is victimized, oppressed or harmed this could lead to the development of schemas such as Mistrust /Abuse.

Type 4: *Extreme internalization or identification with significant others such as parents.* This could be brought about by selectively internalizing and identifying with the parent's thoughts, feelings, experiences, and behaviors. For example people who have been victimized in their early childhood, will later hurt others, become abusive and aggressive. In these cases these persons have identified

with their parents and then internalized their aggressive thoughts and behaviors. While other persons who have been also victimized in their early childhood become passive and submissive here they experienced the feeling of being a victim, but in contrast to the others they do not internalize their parent's aggressiveness. The temperament is supposed to play a role in determining whether an individual identifies with the characteristic of a significant others or not (Young et. al, 2003; Theiler, 2005).

2.1.1.3 Young's Definition of Early Maladaptive Schema

Young's definition of early maladaptive schemas is of most importance, nothing gives a better picture of his definition as his own words.

For Young (2003), early maladaptive schemas (EMS) are "stable, broad, pervasive themes regarding oneself and one's relationship with others, developed during childhood, and elaborated throughout one's lifetime, and dysfunctional to a significant degree"(Young et al., 2003, P.7). Such schemas "develop out of an interplay between the child's innate temperament and ongoing noxious experiences of the child with parents, siblings or peers, such as abuse, neglect, excessive criticism, abandonment" (Young & Behary, 1998, p. 346 cited by Warburton and McIlwain 2005, p.19)

2.1.1.4 Conditional and Unconditional Schemas

According to Young schemas could be conditional or unconditional. Young et al (2003) define the ***unconditional schemas*** as schemas that present in unconditional beliefs about the self, the world, the others, and the future, and are the earliest schemas to develop. These early maladaptive schemas which develop during childhood become embedded in the individual's sense of self, others and environment. These schemas are rigid, and resist changing. To change these schemas one needs to change the conceptual system of the self, schemas are maintained in order to provide a continuity of the self concept (Young, 1999). Young identifies the following 13 unconditional schemas: They are:

Abandonment/Instability
Mistrust /Abuse
Emotional Deprivation

Defectiveness/Shame
Social Isolation
Dependence Incompetence
Vulnerability to Harm or Illness
Enmeshment/ Undeveloped Self
Failure
Negativity/ Pessimism
Punitiveness
Entitlement/Grandiosity
Insufficient Self-Control/Self-Discipline

Young's conditional schemas are secondary schemas. They develop in order to compensate the unconditional schemas. (E.g. Self-Sacrifice in response to defectiveness "I'll fulfill all of this person's needs and ignore my own, then he will love me despite my flaws"). (Young et al., 2003, p.23). Young identifies five conditional schemas:

Subjugation
Self-Sacrifice
Emotional Inhibition
Approval Seeking/Recognition Seeking
And Unrelenting Standard/ Hypercriticallness

2.1.2 Schema Domains

In general Young et al (2003) outline 18 early maladaptive schemas grouped into five domains. Each of the five domains contains several schemas that correspond to the frustration of the respective core need. (Schema Domains are found in Young et al., 2003, p. 13- 21)

2.1.2.1. Domain 1: Disconnection and Rejection

This domain contains schemas related to the child's experience of the frustration of *secure attachment to others core need*. The child may feel removed from healthy emotional and physical nurture, from the primacy caregiver (usually parents). The child feels a lack of love, security, and empathy. He expects that his needs for, safety, security stability, nurturance, acceptance, sharing of feelings, and

respect will not be met. Young believes that these schemas originate typically in families which the child experiences as cold, rejecting, withholding, lonely, explosive, unpredictable, or abusive. (Young et al., 2003; Teiler, 2005) Schemas in this domain can be activated when the person experiences neglect or a loss situation, such as the death of a parent or experience of emotional or physical abuse. (Bricker et al., 1993)

This domain contains the following five schemas:

2.1.2.1.1 "Abandonment/Instability"

People with this schema are convinced that significant others will not continue to provide them with emotional support, strength, connection and/or protection fearing that they will die or fearing abandonment (Young et al., 2003). Such people feel that their support network is unstable, unpredictable or unreliable. They lack the feeling of security. Young et al (2003) theorized that these people live an extreme abandonment situation or live in a highly unstable and unpredictable environment (Warburton & McIlwain, 2005).

2.1.2.1.2 "Mistrust/Abuse"

Persons who have Mistrust/Abuse schema expect in an excessive manner that others will use them for their own selfish desires as soon as the opportunity presents itself. They expect that others will abuse, hurt, cheat, lie, humiliate, or take advantage of them. When they encounter any kind of harm from others they explain it as intentional and unjustified (Young et al, 2003). Such people usually have experienced physical and/or sexual abuse, severe punishment, or deliberate ostracism (Warburton & McIlwain, 2005).

2.1.2.1.3 "Emotional Deprivation"

Persons suffering from Emotional Deprivation schema feel and expect that others will not adequately meet their desire for emotional support, their need to be understood, listened or their need of direction. The Emotional Deprivation schema consists of three major forms:

"A. *Deprivation of Nurturance*: Absence of attention, affection, warmth, or companionship.

B. *Deprivation of Empathy*: Absence of understanding, listening, self-disclosure, or mutual sharing of feelings from others".

C. *Deprivation of Protection*: Absence of strength, direction, or guidance from others." (Young et al., 2003, p.14).

Young and colleagues believe that this schema originates from an insecure home environment, or from cold, indifferent, un-empathic, or distant parents (Warburton & McIlwain, 2005).

2.1.2.1.4 "Defectiveness/Shame"

The Defectiveness/Shame schema leads persons to see themselves as flawed, defective, unwanted, bad, inferior, worthless, or invalid. They expect that others will not love or accept them. They usually are hypersensitive to criticism, blame and/or rejection. Or they feel shame owing to perceived flaws. These flaws may be public (e.g. undesirable physical appearance, social awkwardness) or private (e.g., selfishness, unacceptable sexual desires) (Young et al., 2003). People with this schema may have experienced sexual, physical, or emotional abuse, or have been subjected to critical, punitive or unloving parenting.

2.1.2.1.5 "Social Isolation/Alienation"

This schema involves the sense that one is isolated from the world, is fundamentally different from others and does not fit in any way into any larger social world outside of the family. People with this schema may have experienced a pattern of being rejected, teased or humiliated (Warburton & McIlwain, 2005).

2.1.2.2 Domain 2: "Impaired Autonomy and Performance"

This domain consists of schemas that have been developed as a result of the frustration of the core need for *Autonomy*, *Competence and Sense of Identity*. It involves schemas that are related to the feeling of lack of independence, the loss of control of destiny, the excessive need of direction and support, and also the perception that one is not able to perform daily tasks successfully without assistance. People under this domain have experienced an undermining of their sense of responsibility, control, safety, or confidence. They lack parental support to perform outside the family. This domain includes four schemas:

2.1.2.2.1 "Dependence / Incompetence"

This schema involves the belief that one is not able to manage his daily responsibility (e.g. manage money, solve everyday problems) alone, without substantial help from others (Young et al., 2003).

2.1.2.2.2 "Vulnerability to Harm or Illness"

People who have this kind of schema have an excessive fear of an oncoming, uncontrollable catastrophe. They expect an imminent emotional, medical, or external (e.g. accident) catastrophe will

occur at any time. It has been surmised that in such cases people have themselves or their parents experienced a traumatic life events, or in such mentioned cases they live in an unsafe emotional or unsafe physical environment (Warburton & McIlwain, 2005).

2.1.2.2.3 "Enmeshment / Undeveloped Self"

Contain the sense of excessive emotional involvement with one or more significant others -usually the parents-. Persons with this schema feel that they will not be happy, will not survive without the enmeshed individuals or they could also feel that the enmeshed persons will not be able to continue their lives without the persons who have this kind of schema. This leads to the damage of the identity of the individual or to the damage of his normal social development. Such persons may feel smothered by or fused with others. They also feel that they do not possess a separate identity (Young et al., 2003).

2.1.2.2.4 "Failure"

Failure schema involves the conviction that one has not succeeded or will surely not succeed, in the areas of achievement (e.g. school, career). Or that he is inferior to his peers. This schema encompasses the feeling of being less intelligent, less talented, more ignored, lower in status, and less successful than others (Young et al., 2003). It is thought that this schema derived from the experience of abuse, strong criticism or humiliation by parents (Warburton & McIlwain, 2005).

2.1.2.3 Domain 3: Impaired Limits

This domain contains schemas that originate from the frustration of the core need of *realizing realistic limits and exercising self-control*. This domain involves the lack of awareness of other's needs and desires, the inability to restrain one's impulses, the feeling of superiority, and the inability to engage in reciprocal relations. In this domain one feels special and one's freedom is without limit (Bricker et al., 1993). One has difficulties cooperating with others, making commitments, or meeting realistic long term goals. Young et al hypothesized that this condition originate from families who are permissive, overindulgent, who also lack direction, discipline, limits in relation to accepting responsibility, the sense of reciprocal cooperation. In some cases, parents do not insist that the child follow rules of conduct (Young et al., 2003). This domain includes two schemas.

2.1.2.3.1 "Entitlement / Grandiosity"

People who have this schema are convinced that they are superior. Thus they do not consider that the rules of normal social interaction apply to them. They stress their superiority (e.g. to be famous, or to

be the most successful), in order to have the power and control. They try to force their points of view; they also try to control other's behaviors to accommodate their own desires without empathy or concern to others (Young et al., 2003). Young hypothesized that such people may have developed this schema as a form of overcompensation for their feeling of defectiveness, emotional deprivation and/or social exclusion (Warburton & McIlwain, 2005).

2.1.2.3.2 "Insufficient Self –Control/ Self-Discipline"

People with insufficient Self-Control are not able or they simply choose not to exercise sufficient Self-Control, therefore hindering the achievement of their personal goals. They cannot restrain the excessive expression of emotions or to control their impulses. In its milder form people resort to *discomfort-avoidance*: avoiding pain, responsibility and conflict (Young et al., 2003).

2.1.2.4 Domain 4: Other –Directedness

This domain involves schemas that develop as a result of the frustration of the core need *freedom to express valid needs and emotions*. People under this domain emphasize the needs and the feeling of others disregarding their own, at the cost of their own needs and desires. In this manner they attempt to gain love and approval or to maintain the connection with others. They suppress their anger; they usually lack awareness about their own needs and desires. It seems that such people as children were unable to express their emotion, due to guilt or reprisals thoughts. The child's origin family values their own needs and desires or their social acceptance over the child's needs; such families only accept their children conditionally; that is: when the "children must suppress important aspects of themselves in order to gain love, attention and approval" (Young et al., 2003, P. 16).

This domain includes three schemas

2.1.2.4.1 "Subjugation"

This schema involves an excessive submitting of control to others. People, who have subjugation schema obey, yield, or follow others because they feel compelled; in order to avoid anger, retaliation or abandonment. They have the perception that their desires, opinions, and feelings, are not important to others. They experience hypersensitivity to feeling trapped which leads to the creation of anger usually expressed in maladaptive symptoms (e.g. passive/aggressive behavior or uncontrolled temper outburst) (Young et al., 2003). Origin families are very punitive, controlling or furious and give love only conditionally (Warburton & McIlwain, 2005).

Young and colleagues define two forms of subjugation

"A. subjugation of needs: suppression of one's preferences, decisions, and desires.

B. subjugation of emotions: suppression of one's emotional responses especially anger" (Young et al 2003, p. 16.).

2.1.2.4.2 "Self-Sacrifice"

This schema comprises of an excessive emphasis on voluntarily satisfying the needs and desires of others, at the expense of one's own gratifications. People who have the Self-Sacrifice schema fulfill other's needs without constrain, in order to avoid guilt feelings or to maintain the connection with others, who they see as needy. They think that meeting someone's needs, will save them from pain. As a result of these behaviors people with Self-Sacrifice schema will perhaps develop a sense that their own needs are not being met and therefore resent those whom they attended (Young et al., 2003).

2.1.2.4.3 "Approval Seeking / Recognition-Seeking"

The main concern to people with approval seeking schema is the exaggerated focus on gaining of attention and approval from others, and accommodating to others at the expense of developing a realistic and secure sense of self .The sense of esteem for those people relates to the reactions of others instead of their own natural inclinations. They emphasize status, appearance, social acceptance, money and achievement, not primarily for the sake of power or control, but rather to gain love, admiration or attention from other people (Young et al., 2003).

2.1.2.5 Domain 5: "Overvigilance and Inhibition"

This domain consists of schemas which develop as a result of the frustration of the core need *spontaneity and play*. It involves schemas that relate to excessive emphasis on fulfilling rigid and internalized rules and expectations about performance and ethical behaviors. Also a characteristic of this domain is that such people inhibit their feelings, choices and impulses, at the expense of happiness, self-expression, relaxation, and /or close relationships. This will lead to the feeling of unhappiness, a lack of affect, ill health, and feelings of tension (Young et al., 2003). And they also tend to avoid pleasure and intimacy (Theiler, 2005). Schemas in this domain originate from grim, demanding, and punitive families. The family emphasizes performance, duty, following rules, hiding emotions, and avoiding mistakes predominate over pleasure, joy, and relaxation (Young et al., 2003).

The parents convey a specific tendency towards worrisomness and pessimistic attitudes .Their children try and earn the love of their parents by meeting high performance standards (Bricker et al., 1993). The subscales that have been included under this domain are:

2.1.2.5.1 "Negativity/Pessimism"

This schema involves exaggerated, lifelong focus on the negative aspects of life (e.g. pain, death, loss, conflict, guilt, unsolved problems, etc.) and at the same time minimizing or neglecting the positive or optimistic aspects of life. People with this schema expect that things will go seriously wrong, or that things that seem to be going well, will at the end fall apart. They usually fear to make mistakes that might lead to problems such as financial collapse, loss, humiliation, or being trapped in an adverse situation. These people frequently are subject to chronic worry, constant complaint or indecision (Young et al., 2003).

2.1.2.5.2 "Emotional Inhibition"

This schema represents the exaggerated suppressing of one's spontaneous actions, feelings, or communications in order to avoid feelings of shame or disapproval by others, or to avoid losing control of one's impulses. The most common types of suppression are "(a) suppression of anger & aggression; (b) suppression of positive impulses such as joy, play; (c) difficulties expressing vulnerability or communicating freely about one's feelings or needs; or (d) excessive emphasis on rationality while minimizing emotions"(Young et al., 2003, p.17). People with this schema are often withdrawn or cold.

2.1.2.5.3 "Unrelenting Standards / Hypercriticalness"

People with this schema emphasize excessively on attaining very high internalized standards of behaviors or performances. They strive to reach these high standards to avoid criticism. This leads to the feeling of pressure, or to the destruction of pleasure, relaxation, health, and self-esteem, sense of accomplishment, or satisfying relationships.

According to (Young et al., 2003) unrelenting standards typically present themselves as:

"(a) Perfectionism, unreasonable attention to detail, or a misprice or look down to one's own performance in relative to the norm;

(b) Rigid rules and "shoulds" in many areas of life, including unrealistically high moral, ethical, cultural, or religious grounds; or

(c) Preoccupation with time and efficiency, so that one can achieve more" p.17.

2.1.2.5.4 "Punitiveness"

This schema represents the conviction that people should be harshly punished for making mistakes. Persons who have this kind of schema tend to be angry, intolerant, punitive, and impatient with those people (including oneself) who do not meet their expectations or standards. He/ she finds it difficult to forgive mistakes in oneself or others, because of a reluctance in considering extenuating circumstances, that allow for human imperfection, or that take persons intention in account (Young et al., 2003).

2.1.3 Coping Styles

2.1.3.1 Introduction to the Coping Styles

Schema coping styles are of importance to the empirical part of this study, part (3.0). Along with coping styles, there are two other primary mechanisms used by people to perpetuate their schemas, which are not relevant to the empirical part of the present study. For the sake of completeness these two other mechanism, *cognitive distortion* and the *self-defeating pattern* will be briefly discussed.

In order to understand the coping responses that people developed to adapt to their schemas one must firstly explain how schemas operate. Young et al (2003) talk about two fundamental operations: schema perpetuating, and schema healing.

2.1.3.1.1 Schema Perpetuation

It has been mentioned before that Schemas according to Young et al (2003) are deeply entrenched beliefs about the self, the others and the whole world, acquired at a very young age. It can be understood as a part of the self. Because these schemas are very important to the sense of identity people resist to relinquish them (Young et al., 2003).

Every thought, feeling or behavior, that people have that help the schema to continue and endure are called schema perpetuating.

Young and colleagues theorized that schema perpetuation consists of three primary mechanisms: cognitive *distortions, self –defeating behavior patterns and schema coping styles.*

- *Cognitive Distortions*. Through this mechanism people exaggerate information that corroborates the schema and minimize or deny information that contradicts the schema. -These distortions consist of negative explanations and expectations of life events. Through this mechanism people may ignore the emotions connected with the schema. When emotions are blocked, the schema will not reach the level of awareness. The individual will not take any step in changing or healing the schema.

- *Self-Defeating Patterns*. The behavioral side of the schema perpetuation mechanism is the self-defeating patterns. Here individuals unconsciously select situations or relationships that accommodate with and perpetuate their schemas. Under this mechanism people act in ways that lead others to respond negatively, for example a woman with Emotional Deprivation schema will be unconsciously attracted to emotionally deprived man. When she expresses affection, he responds with coolness may even push her away in spite of his inclinations toward her. Then this triggers her Emotional Deprivation schema. She becomes angry. This anger leads this man to distance himself from her. The result is that she perpetuates her schema (Young et al., 2003).

2.1.3.2 Description of Coping Styles which Cause Schema Perpetuating

Young et al (2003) explained coping styles as a normal attempt on the part of a child to survive a difficult childhood situation. An Early Maladaptive schema indicates that the person encounters a threat. The threat here signifies the frustration of one of the child's core needs (for core needs see part 2.1.1.2). Or it could also represent intense emotions that the schema produces which persons usually would like to avoid. As all other organisms people respond to a threat in three ways: freeze, flee, or fight. According to young et al (2003) People will unconsciously surrender, avoid or overcompensate or may also respond through a combination of more than one of these coping styles.

People carry on repeating their coping styles throughout their lives even when they no longer need them. Thus these coping styles which were adaptive and can be understood as concepts of resistance and defense will become maladaptive styles of coping that are activated by and in the same time reinforce the schemas.

Young and colleagues differentiate between the schema itself and the strategies that people use to deal with the schema. The schema itself according to Young, involves memories, bodily sensations,

emotions, and cognitions. (Behavior is not a part of the schema. Schemas trigger behavior which is a part of the coping responses**.** Coping responses are the behavioral strategies that people express their coping styles through them. This does not mean that the coping responses are only behavioral; people also can respond through cognitive, as well as emotive strategies.

To cope with the same schema, people may use different coping styles in different situations at different stages of life. The coping styles for a specific schema do not remain stable all the time. But the schema itself endures and perpetuates itself constantly.

People may utilize different or even contrary behaviors to cope with the same schema. The reason why people develop different coping styles in response to the same situation is – according to Young – due to a difference in individual's temperament. For example people with passive temperaments are tending to surrender rather than to avoid, while others with an aggressive temperament tend to overcompensate rather than to avoid or surrender. Another reason for developing different coping styles is what Young called *Selective internalization, or modeling*.

The three coping styles are:

2.1.3.2.1 Schema Surrender

Schema surrender refers to the strategy that individuals act directly in ways that correspond to the schema without realizing what they are doing. They confirm by accepting that the schema is true, they do not try to change anything, they freeze in the situation, experience the emotional pain of the schema.

For example individuals with a Defectiveness/Shame schema are usually inclined to build relationships with people who criticize them. They may not recognize a person who is not critical. When they encounter with criticism, they will surrender to the schema, allow themselves to be criticized without any attempt to rectify, thus enhancing the schema. According to their perception they have no other alternative because they -are defective-, and they believe that everyone recognizes this. Therefore they feel no need to react against an unjust criticism (Gardner, 2004).

2.1.3.2.2 Schema Avoidance

Schema Avoidance occur when individuals evade their schema, employing means to escape or block out the schema, they may avoid people, situations or feelings, thus keeping themselves away from any situation that is likely to activate the schema, or removing oneself from the situation so that individual

is not confronted. With this kind of coping style a person arranges his life in such a way to avoid schema activation.

People avoid thinking about the schema by blocking thoughts and images that may trigger it. Avoid feeling the schema by suppressing their feelings.
For example, a student with "Defectiveness/shame" schema avoids sharing his opinion in the lecture, in order to avoid criticism. A person with a "Mistrust/Abuse" schema avoids making friendships due to fear of being hurt or taken advantage of. The schema avoidance could be for example through coolness and distances from others (Gardner, 2004).
Common types of schema avoidance may include, excessive drinking, taking drugs, compulsively cleaning, overacting or overworking, the individual may even avoid therapy as a strategy of schema avoidance (Young et al., 2003).

2.1.3.2.3 Schema Overcompensation

In this coping style, individuals attempt to fight the schema by thinking, feeling, and behaving, in ways which show the opposite of what the real content of the schema is. They try their best to be different as possible from the children they were when the schema was acquired. If they were obedient as children, then as adults they will defy everyone. If they were overcontrolled by others as children, as adult they will control others. When they face the schema they counterattack. They give the impression that they are assured, but in fact they feel the pressure of their schema.

"Overcompensation develops because it offers an alternative to the pain of the schema. It is a mean of escape from the sense of helplessness and vulnerability that the patient feels (Young et al., 2003, p. 35)
According to Young, in general, fighting back against the schema is healthy, but only when the behavior is compatible to the situation. People who use overcompensation coping style usually behave in excessive, insensitive, or unproductive manner. For example, a person who feels defective may strive to be perfect.

2.1.3.1.2 Schema Healing

In schema therapy the goal of the treatment is to heal the schema using means to debilitate the strength of the Early Maladaptive Schemas and coping styles as much as possible, and to build up the person's healthy side by giving the person what he/she needs to fulfill his needs.

Schema healing involves gratifications of core needs as well as behavioral changes. It contains ways of diminishing the intensity of the individual's memories that relate to the schema, the schema emotional charges, the strength of the bodily sensations and the maladaptive cognition. Therapists try to enable patients to replace maladaptive coping styles with adaptive patterns of behavior. Treatment thus includes cognitive, affective, and behavioral interventions. When schema heals, it will not be easily activated. If it is activated the experience will be less overwhelming, and recovering will be more quickly (Bricker & Young, 2004; Young et al., 2003).

2.1.4 Schema Modes

2.1.4.1 General description of schema modes

Schema modes will not be used in purpose of this study, but as important aspect of the schema therapy it will be discussed**.**

In spite of the efficiency of the schema approach for treating numerous personality disorders, there were extra challenges facing this approach. The first was the activation of more than one schema simultaneously leads to difficulties in the assessment stage of the therapy. This problem is found with patients suffering from Borderline Personality Disorder **(BPD).** In extreme cases of BPD as many as 18 schemas could be activated at once. The second challenge involved patients with severe Personality Disorders **(PD).** Such patients can seem calm and in control most of the time and then suddenly become very sad or anger. These rapid changes in feelings, which are reflective of emotional instability, cannot be classified as early maladaptive schemas. Schemas are per definition stable structures (Young et al., 2003; Lobestall, 2008).

Young and colleagues notice that certain schemas and coping responses were always triggered together. They combine a number of these schemas and coping strategies together and define them as "schema modes" (Bamber, 2004). They defined *schema modes* as "those schemas or schema operations - adaptive or maladaptive – that are currently active for an individual" (Young et al., 2003, p. 37).

Schemas and modes vary mainly in two aspects. Firstly, schemas are stable traits constructs, while modes change depending on the situation; secondly schemas exhibit only a single dimensional theme (e.g. Emotional Deprivation). In contrast modes are broader and exhibit a combination of several

schemas. For instance, the EMSs of Defectiveness/Shame and Emotional Deprivation are both part of the Lonely Child mode (Lobbestael, 2008).

According to Lobbesteal (2008) 22 different schema modes have been identified up to present. These include the 10 central modes that are identified by Young et al (2003). It is likely more modes will be identified in the future, when mode conceptualizations of all personality disorders will be finished.

2.1.4.2 Young Ten Central Schema Modes

Young's 10 central schema modes are grouped into four general categories: *Child modes, Maladaptive Coping modes, Dysfunctional Parent modes, The Healthy Adult mode.*

2.1.4.2.1 Child Modes

These modes represent the innate emotional range of human being. All human beings are born with the capacity to express all of the schema or coping styles under this mode. The childhood environment may suppress or enhance a child's mode. Maladaptive variants of child modes develop when certain core needs were not met in childhood (Young et al., 2003).

Four child modes are included in this category.

1. The vulnerable child: In this mode the child experiences most of the core maladaptive schemas and experiences anxious affects, especially fear, sadness and helplessness. The common associated schemas in this mode include: Abandonment, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, Social Isolation, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped self, and Negativity/Pessimism.

2. The angry child: In this mode child expresses anger directly as a response to perceived unfulfilled core needs or perceived unfair treatment. Common associated schemas include Abandonment, Emotional Deprivation, Mistrust/Abuse, and Subjugation. That means when a schema is triggered and the person feels abandoned, abused, deprived or subjugated it becomes extremely angry or experiences violent fantasies, impulses or outbursts.

***3. The impulsive/undisciplined child*:** In this mode the child acts impulsively to fulfill his needs and experiences pleasure without concerning himself with limits or with another's feelings or needs. A child in this mode may appear to be angry, lazy, impatient, careless, unfocused or out of control. Common associated schemas include Entitlement and Insufficient Self-Control/Self-Discipline.

4. The happy child: In this mode the child's core needs are met. Consequently, this mode is not associated with any early maladaptive schemas being that the child's core needs are not frustrated. Therefore the schemas will not be activated.

2.1.4.2.2. Maladaptive Coping Modes: These modes describe the child's attempt to adapt to living with unmet emotional needs. They include the following types.

5. The Compliant Surrender: In this mode the child yields to the schema as a coping style. The child is passive and dependent, and does whatever others expect, in order to avoid conflict. The child also obedient, allows others to abuse, neglect, control, or devalue him in order to maintain the connection or avoid negative consequences.

6. The Detached Protector: In this mode the child employs schema avoidance as a coping style. Children in this mode detach themselves from others and shut off their emotions in order to avoid pain. Behavioral examples may include social isolation, disconnection, emotional withdrawal, addictive self soothing and stimulation seeking (Young et al., 2003).

7. Overcompensators: In this mode the child uses schema overcompensation as a coping style. Children compensate by acting in a way as if the opposite of their schema were true. They usually adopt a coping style of counterattack and control.

2.1.4.2.3 Dysfunctional parent mode

Individuals in this mode internalize their parents approach toward them during childhood. When people are in a dysfunctional parent mode they become their own parents and treat themselves as the parent treated them when they were children. They take on the voice of the parents in their (self-talk). They think, act, and feel as their parent did toward them in their early life.

Two common types of dysfunctional parent mode exist:

8. The Punitive/Critical parents: They punish, criticize, or restrict the child when he expresses his needs or make mistakes. The most common associated schemas are: Punitiveness, Subjugation, Mistrust/Abuse and Defectiveness.

9. The Demanding Parent: Parents pressure the child to achieve unrealistically high expectations. The parent do not necessary have to punish the child when he does not attain: The child recognizes his parents disappointment. The child feels that it is appropriate to be perfect, while it is (wrong) to be spontaneous. The associated schemas are Unrelenting Standard and Self -Sacrifice.

2.1.4.2.4 The Healthy Adult Mode

10. The healthy adult mode: This mode represents the healthy, adult part of the self. Most adult patients have some version of this mode, but they vary in how active it is. Healthier people have a stronger healthy adult mode. While patients who have severe disorders have a weaker healthy adult mode; patients with BPD have almost no healthy adult mode. With these patients the therapist must help to create a mode that is nonexistent (Young et al., 2003).

2.2 Psychiatric Symptoms

A symptom can be defined as a sign of disorder or disease, especially when a person experiences a change from normal functions, sensations, or appearances. *Symptoms* are subjective experiences observed by the patient, such as feeling depressed or anxious (Holi, 2003).

This present study uses the Symptom Checklist -90- Revised (SCL -90-R) from Derogatis (1983). The (SCL-90-R) describes the following nine psychiatric symptoms.

2.2.1 Somatization

Somatization is defined as the tendency of a patient to experience and complain about physical/ somatic symptoms which have no physiological explanations, to misattribute them to disease, and to

seek medical treatment for them (Lipowski, 1988). The two important characteristics in somatization symptom are: the expression of psychological illness through physical symptoms, and the repeated medical help-seeking for them (Escobar et al., 1998).

2.2.2 Obsessive Compulsive

This psychiatric symptom is defined as the state of having obsessions and/or compulsions that lead to extreme distress and fear. *Obsessions* are involuntary, repeated and unwanted thoughts, impulses, or images that cause anxiety. They interfere with normal thinking (e.g. imagining having harmed self or others). A person who have obsessive compulsive disorder, responses to his obsession usually by using repetitive behaviors or acts which are aimed to reduce or prevent distress or feared situations. These deliberate, repetitive and rigid behaviors or mental acts are called compulsion (e.g. cleaning, checking, Ordering and arranging) (Doron & Kyrios, 2005).

2.2.3 Interpersonal Sensitivity

Interpersonal sensitivity refers to the ability of the individual to perceive and respond with care to the cognitive, affective, motivational state of others, understands the antecedents of those states, and predicts the subsequent events that will result (Decety& Batson, 2007).

Interpersonal sensitivity dimension in the SCL-90-R includes symptoms that describe the discomfort and inhibition in interpersonal relationships, the feelings of bashfulness and shame, a tendency to feel inferior to others, as well as the hypersensitivity to others' opinions and attitudes (Holi, 2003).

2.2.4 Depression

Depression refers to the psychological state of being desponded, being dejected, being sad, inactive, having low spirits, difficulties in thinking, concentrating and perceiving situations falsely (McLean, 2003).

The common symptoms of depression are feelings of sadness, pessimism hopelessness, lowered self-esteem, a decrease of the ability to take pleasure in daily activities, reduced energy, slowness of thought or action, loss of appetite, and disturbed sleep.

Depression dimension in the SCL-90-R represents signs of withdrawal of life interest, lack of motivation or loss of energy, feelings of hopelessness, thoughts of suicide, and cognitive and somatic correlates of depression (Holi, 2003).

2.2.5 Anxiety

Anxiety is an emotional and physical state which results comes as a response to stressful or uncomfortable situations. It includes a sense of dread, fear or distress over a real or imaginary threat to the mental or physical well-being. When response become activated in a situation when not needed, or take longer time than necessary, one encounter what is called anxiety disorder (Pace, 2000).

2.2.6 Hostility

Hostility is defined as a manner of having negative cognitions, affections and behaviors toward others. Negative cognitions include negative beliefs and attitudes toward others such as mistrust. Negative affections refer to unpleasant emotions such as irritation or rage or anger. Negative behaviors refer to physical or verbal mistreatment toward others, usually as a result to negative cognition and affection (Barefoot et al., 1991).
This dimension in SCL-90-R includes thoughts, feelings or actions characteristic of the negative affect state of anger, as well as characteristic such as aggression, irritability, rage and resentment.

2.2.7 Phobic anxiety

Phobic anxiety is an irrational fear response to a specific person, place, object or situation or any other stimulus. This fear is irrational and disproportionate disaccommodate to the stimulus. Usually leads to avoidance behaviors (Holi, 2003).

2.2.8 Paranoid Ideation

Paranoid ideation refers to the belief that one is being treated unfairly, harmed or harassed. People with paranoid ideation do not trust others and have the idea that others will take advantage of them (Block & pristach, 1992). Paranoid ideation is represented in the SCL-90-R as a disordered mode of thinking, such as projective thinking, hostility, suspiciousness, grandiosity, centrality, fear of loss of autonomy, and delusions (Holi, 2003).

2.2.9 Psychoticism

psychoticism is defined as the susceptibility towards psychotic behaviors (Kline & Cooper, 1986)**.** Items in SCL -90 -R psychoticism subscale include symptoms ranging from mild interpersonal alienation (withdrawal, isolation) to obvious of psychosis (schizoid life style and schizophrenia) (Holi, 2003).

2.3 Clinical Personality Accentuations

Rutter (1987) defines the concept of personality as the inclusion of patterns of thoughts, feelings and behaviors that reflect motivation. When these behavior patterns diverge profoundly, inherently, consistently or markedly from the culturally expected or accepted range, this then constitutes a personality disorder.

Personality disorders are diagnosed in medical practice based on two main most recent standard classifications of mental illness, the Diagnostic and Statistical Manual of Mental disorders (DSM-IV, DSM-IV-RT, 1992, 2000) and the International Statistical Classification of Diseases (ICD 10, 1992) (Dowson & Ground, 1995).

Due to its lack of empirical basis, the current classification and conceptualization of personality disorders in the DSM-IV has been criticized. Especially the categorical approach of the DSM-IV as

well as the ICD-10 has been called into question. For the diagnosis of personality disorder according to the DSM-IV and ICD 10 a certain number of criteria must be met. When the minimum number of confirmed criteria is not met, the classification "disorder" will not be given (categorical approach). This approach of classification does not provide adequate coverage for personality pathology of patients who seek and need treatment, because the number of fulfilled criteria does not always suffice to classify the patient as mentally ill. Several researchers suggest the usage of the dimensional approach instead of the categorical approach to classify the mental illness. All in all the dimensional approach is considered as well suited for research purposes (Tyrer, 2004; Saß et al., 2003; Dilling et al., 2004; Livesley, 2007; Timothy, 2005).

The study in part 3.0 uses the IKP -Inventar Klinischer Persönlichkeitsakzentuierung. English: Clinical Personality Accentuation Inventory, Andresen, 1998 - as an instrument to evaluate the personality disorders according to the definition of the DSM-IV using the dimensional view of classification instead of the categorical view. Thus the word personality accentuation will be used instead of the word personality disorder.

IKP instrument include eleven subscales. The following is a short overview of each subscale.

2.3.1 Paranoid Personality Accentuation

This accentuation is characterized by excessive and unwarranted mistrust and suspiciousness of others (Sperry, 1995) sensitivity to rebuff (Dowson& Grounds, 1995), hypersensitivity to criticism, antagonism, aggressiveness, rigidity, hypervigilance, and excessive need of autonomy (Livesley, 1995).

2.3.2 Dependent Personality Accentuation

In this accentuation the patient experiences an enduring pattern of dependent and submissive behaviors related to an excessive need to be taken care of (Dowson& Ground, 1995). The patient with dependent personality disorder maintains a hold on the important other(s) in his life by using reparative tactics (e.g. pressuring others for reassurance, agreeing with others fearing disagreement

could bring rejection, and doing favors and disagreeable tasks to ingratiate oneself with these "vital" others).

Submissiveness, passivity, timidity and clinginess are the most traits described in psychological literature to be related to the dependent personality disorder (Stone, 1993).

2.3.3 Impulsive-explosive (imp)

The concept of this accentuation refers to both the emotionally instable (Impulsive Type in the ICD 10, which Characterized by instability of emotions and the inability to control impulses.) and to what called "Intermittent Explosive Disorder (IED) which is characterized by specific episodes of violent and aggressive behavior that may involve harm to others or destruction of property (IKP Handbuch).

2.3.4 Schizoid Personality Accentuation

This accentuation describes the tendency to turn inward and away from the external world, the lack of emotional expressiveness, the failure to interest oneself in any activity and the indifferent reaction toward praise or criticism (Sperry, 1995).

According to the DSM-IV this disorder is indicated by four or more of the following modes of behavior:

"1. Neither desires nor enjoys close relationships, including being part of a family.
2. Almost always chooses solitary activities.
3. Has little, if any, interest in having sexual experience with another person.
4. Takes pleasure in few if any, activities.
5. Lacks close friends or confidants other than first degree relatives.
6. Appears indifferent to the praise or criticism of others.
7. Shows emotional coldness, detachment, or flattened affectivity" (Sperry, 1995, **p. 53**).

2.3.5 Narcissistic personality accentuation

This accentuation is described in the DSM–IV as a pervasive pattern of grandiosity in fantasy as well as behavior, need for admiration, and lack of empathy beginning by early adulthood and presents in a variety of contexts.

Narcissistic patients are arrogant, impatient, conceited, boastful, and hypersensitive. They try to dominate conversations. They seek admiration, are self centered, self assured. They often use others to gratify their own needs and desires. They are moreover invidious of others or have the belief that others are invidious of them (Sperry, 1995; Livesely, 1995).

2.3.6 Borderline Personality Accentuation

Borderline personality accentuation is characterized by a wide variety of moods, interpersonal relationships, self-images and behaviors. The variety of mood ranges from a baseline mood to depression, irritability or anxiety. Such states usually last a few hours and rarely more than a few days. Borderline patients experience intense labile relationships. They behave antisocially impulsively or destructively. They also have an inclination to self-injury (Swarzt et al., 1990). Patients with BPD are known to have a significant rate of suicide attempts and completed suicides (Soloff et al., 1994).

2.3.7 Avoidant Personality Accentuation

This disorder is characterized by an excessive pattern of social inhibition, avoidance of social interaction, feelings of hypersensitivity in responds to negative evaluation and social disapproval.
Avoidant personalities are shy, lonely, hypersensitive and have low self-esteem; they avoid contact with others fearing social rejection. The avoidant individuals differ from schizoid individuals in that they avoid social relations in order to avoid rejection of others. In contrast, schizoid individuals avoid relationships because they have little or no interest in personal contact (Sperry, 1995).

2.3.8 Obsessive Compulsive Personality Accentuation

This disorder depicts a well established pattern of obsessive preoccupation with order or perfection; or mental or interpersonal control, at the expense of flexibility, openness and efficiency **(**IKP Handbuch).

2.3.9 Schizoid-Type Personality Accentuation

This accentuation is characterized by social isolation, inappropriate and unusual behaviors. Such individual usually fall within four cognitive and behavioral themes.

- These individuals have suspicious or paranoid ideation.
- They have misconceptions of reference, such as believing that unrelated events are related to them.
- They have strange beliefs and think delusionally (e.g. others know what they are thinking).
- And lastly, they experience hallucinations (Beck& freeman, 1990).

The most characteristic features in this disorder are the eccentric, erratic, and bizarre mode of functioning. The markedly unfamiliar, but consistence speech, the odd beliefs and the delusionary thoughts of these persons affect their behavior, which are inconsistent even with subculture norms (e.g. belief in clairvoyance, telepathy, or sixth sense in children and adolescents, bizarre fantasies or preoccupations) (Sperry,1995).

2.3.10 Antisocial Personality Accentuation

This personality accentuation is characterized by a chronic behavior that manipulates, exploits, or violates the rights of others. Antisocial personality individuals are noted for their lack of empathy and remorse, unreliability, and their failure to make affectionate relationships, failure to learn from adverse experiences, impulsive actions, irritability and aggressiveness (Dowson &Ground, 1995). They are also noted for their selfishness, lack of inner morality and incapacity for genuine guilt, and deceitfulness (Akhtar, 1992).

2.3.11 Histrionic Personality Accentuation

This accentuation is described by a pattern of excessive emotionality and attention-seeking, excessive need for approval and inappropriate seductiveness, self centeredness, labiality and exaggerated,

emotional reactions, sexual provocativeness and an excessive impressionistic style of speech (Dowson& Ground, 1995).

2.4 Review of Studies that Investigate the Correlation between Schemas and Personality Psychopathology

A number of studies investigate the relationship between early maladaptive schemas and personality disorders. Several of these studies investigate the correlation using clinical as well as nonclinical samples. Some of these studies research the correlations in general and other research the correlation in a particular kind of personality disorder.

Schmidt et al (1995) investigate the factor structure of Young Schema Questionnaire (YSQ) and it's correlation with psychological symptoms and personality disorders. They use nonclinical samples of American students (n = 1,129) as well as a clinical sample of patients receiving treatment in an outpatient clinic (n = 187). The results support the existence of 12 of the 16 Early Maladaptive Schemas proposed by Young et al in the student samples and 15 of the 16 Early Maladaptive Schemas in the clinical sample. (Young's et al (2006) new questionnaire contains two more schemas, totaling 18). The results support the presence of such schemas in both clinical and nonclinical groups. The clinical sample shows similar but higher intense of schemas when compared with the non-clinical sample. Furthermore, they found significant positive correlations between YSQ and the general Severity Index. A general severity index is a measure of the overall level of the Psychological Symptom Checklist revised (SCL-90-R) Derogatis (1983). Schmidt and colleagues find that the three early maladaptive schemas of Vulnerability to Harm, Dependence/Incompetence, and Emotional Inhibition are the predictors of the anxiety subscale. Additionally the two schemas, Dependence/Incompetence and Defectiveness/Shame, are significant predictors of the depression subscale.

Grutschpalk (2001) translates Young's second long version of the Young Schema Questionnaire (YSQ L2) into German and also uses the Inventar Persönlichkeisakzentuation (IKP) from Andresen (1998) to investigate correlations between schemas and personality accentuations, using a non clinical

German sample (n = 208). The results indicate high significant correlations (r ≥ .50) between the following:

- *Antisocial Personality* Accentuation, on one hand, and, on the other hand, the schemas of Mistrust/ Abuse, Entitlement/Grandiosity and Unrelenting Standard.

- *Borderline Personality* Accentuation, on one hand, and, on the other hand the schemas of Abandonment, Mistrust/Abuse, Social Isolation, Defectiveness/Shame, Failure, Dependence/Incompetence, Vulnerability to harm or Illness, Enmeshment/Undeveloped Self, Unrelenting Standards, Emotional Inhibition, and Insufficient Self-Control.
- *Histrionic Personality* Accentuation, on one hand, and, on the other hand the schemas of Entitlement/Grandiosity, and Unrelenting standard.
- *Narcissistic Personality Accentuation* and the schema of Entitlement/Grandiosity.
- *Avoidant Personality* Accentuation, on one hand, and, on the other hand, the schemas of Abandonment, Mistrust/Abuse, Social Isolation, Defectiveness/Shame, Unattractive (the German version has one additional schema called *Unattractive* schema), Failure, Dependence/Incompetence, Enmeshment/Undeveloped Self Subjugation, Self - Sacrifice, Emotional Inhibition and Unrelenting Standard.

- *Depression Personality Accentuation*, on one hand, and, on the other hand, the schemas of Abandonment, Mistrust/Abuse, Defectiveness/Shame, Unattractive, Failure, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, Subjugation, Self- Sacrifice, Emotional Inhibition, Insufficient Self-Control/ Self Discipline.
- And lastly between the *Compulsive Personality Accentuation*, on one hand, and, on the other hand the schemas of, Mistrust/ Abuse, Emotional Inhibition, and Unrelenting Standard.

In a following study Grutschpalk (2008) investigates the correlation between schemas and personality accentuations using clinical sample (n = 342). She uses both The Young Schema Questionnaire Short Form (YSQ S2) and the IKP-E (Andresen, 1998). The results confirm significant correlations between schemas and personality accentuation. See the following table.

Table[1] 1: Grutschpalks's Study- Correlation between EMSs and Personality Accentuations 1

Schemas	PRN	SZD	SZT	ATS	BDL	HST	NAR	AVD	DEP	OCP	DPR	PAG
Emotional Deprivation	.33**	.45**	.30**	.23**	.33**	.07	.06	.36**	.13*	.16*	.48**	.35**
Abandonment	.35**	.30**	.37**	.15*	.56**	.28**	.15*	.42**	.65**	.27**	.44**	.33**
Mistrust/ Abuse	.68**	.65**	.55**	.33**	.59**	.09	.06	.56**	.36**	.41**	.64**	.44**
Social Isolation	.43**	.70**	.47**	.32**	.55**	.16*	.10	.67**	.36**	.24**	.75**	.48**
Defectiveness/Shame	.50**	.65**	.49**	.30**	.57**	.12*	.01	.64**	.51**	.35**	.73**	.46**
Unattractive	.44**	.64**	.40**	.14*	.43**	-.13*	-.15*	.74**	.38**	.34**	.68**	.43**
Failure	.42**	.61**	.45**	.15*	.42**	.02	-.10	.69**	.48**	.38**	.65**	.45**
Dependence/Incompetence	.39**	.57**	.48**	.28**	.56**	14*	.08	.55**	.51**	.30**	.69**	.42**
Vulnerability to Harm	.40**	.41**	.53**	.12*	.45**	.15*	.12	.40**	.46**	.38**	.54**	.41**
Enmeshment	.28**	.39**	.33**	.06	.42**	.12*	.04	.48**	.48**	.33**	.50**	.25**
Subjugation	.40**	.57**	.42**	.18*	.48**	.15*	.04	.70**	.62**	.41**	.66**	.42**
Self-Sacrifice	.32**	.19*	.34**	.01	.25**	.12*	.11	.19*	.27**	.32**	.21*	.23**
Emotional Inhibition	.51**	.70**	.38**	.30**	.30**	-.12*	.05	.68**	.36**	.42**	.53**	.51**
Unrelenting Standards	.28**	.40**	.32**	.05	.33**	.15*	.09	.40**	.40**	.43**	.44**	.29**
Entitlement	.31**	.10	.29**	.41**	.37**	.44**	.57**	-.01	.17*	.17**	.14*	.35**
Insufficient-Self-Control	.36**	.55**	.36**	.39**	.57**	.30**	.17**	.48**	.46**	.17**	.61**	.45**
Approval Research	.29**	.26**	.31**	.17*	.43**	.46**	.27**	.43**	.63**	.28**	.41**	.37**
Negativity /Pessimism	.51**	.57**	.53**	.19*	.52**	.15*	.02	.62**	.57**	.47**	.70**	.51**
Punitiveness	.64**	.57**	.60**	.34**	.54**	.12*	.11	.52**	.46**	.48**	.60**	.50**

*Significant at .05

** significant at .01

Shah& Waller (2000) investigate the role of early maladaptive schema in the relationship between parenting styles in childhood and major depression. They compare a clinical sample of depressed outpatients (n = 60) with a non-clinical sample (n = 67). The clinical group has significantly higher averages in three Early Maladaptive Schemas (Defectiveness/Shame, Self-Sacrifice, and Insufficient Self-Control). And at the same time the clinical group has experienced significantly less care and more overprotection from their parents. The results show that the Vulnerability to Harm or Illness Schema acts as mediator between poor paternal care and the development of depression in relation to the nonclinical group. For the clinical group, the "Vulnerability to Harm or Illness" Schema, as well as the "Dependence/Incompetence", the Emotional Inhibition, the Failure and the Unrelenting Standards schemas were all subscales which act as mediators between parental care and depression.

[1] The abbreviations of the study concepts are at the end of the dissertation look p. 144-146.

Jovev & Jackson (2004) investigate the relationships between the Early Maladaptive Schema and only three personality disorders, the Borderline Personality Disorder (BDL), the Obsessive Compulsive Personality Disorder (OCP) and the Avoidant Personality Disorder (AVD). Jovev and Jackson use a sample of clinical participants (n = 48) - 13 of the 48 participants were diagnosed with BDL, 13 with OCP and 22 with AVD. The results indicate that the BDL group has the significant highest mean scores in relation to the schemas of Dependence/Incompetence, Defectiveness/ Shame and Abandonment. The OCP group has the significant highest scores concerning the Unrelenting Standards Schema, while the AVD group has the highest significant mean score on the Emotional Inhibition Schema.

Harris & Curtin (2002) study the correlation between parenting, Early Maladaptive Schemas (EMSs) and symptoms of depression, using a sample of undergraduate students (n = 194). The findings show that the EMSs of Defectiveness/Shame, Insufficient Self-Control, Vulnerability to Harm or Illness, and Dependent/Incompetence relate significantly to both of parent's perceptions and depressive symptoms. The results illustrate that the above mentioned four EMSs mediate the relationship between parental perceptions and depressive symptom.

Loper (2003) conducts a study of the correlation between Early Maladaptive Schemas and Personality Disorders, using a sample of (n = 116) female prison inmates. In the Impaired Limit Domain, they find that the two subscales Entitlement and Insufficient Self-Control correlate significantly with all of the following personality disorders: Paranoid Personality Disorder, Antisocial Personality Disorder, Borderline Personality Disorder, Histrionic Personality Disorder, and Narcissistic Personality Disorder. Additionally they find a significant correlation between the Autonomy Domain and the Dependent Personality Disorder.

Welburn et al (2002) utilize both of the Young Schema Questionnaire Short Form (YSQ-SF) and the Brief Symptoms Inventory (Derogatis & Mesilaratos, 1983) to investigate the correlation between the Early Maladaptive Schemas and psychiatric symptoms of Depression and Anxiety, using a clinical sample of (n = 196) patients. They found that Abandonment, Vulnerability to Harm or Illness, Failure, Self-Sacrifice and Emotional Inhibition EMSs show to be the most significant predictors of anxiety symptoms. Moreover the Abandonment and Insufficient Self-Control Early Maladaptive Schemas prove to be significant predictors of depression symptoms.

Torres (2002) investigates the correlation between the Early Maladaptive Schemas and the Narcissistic Personality Disorder using a sample of n= 291 students from the Australian National University. He finds that overt narcissism correlates significantly with the Entitlement, the Insufficient Self-Control, the Subjugation, the Dependence/Incompetence, the Failure, the Unrelenting Standards, the Attention seeking, the Defectiveness/Shame, and the Emotional Inhibition schemas. And the covert narcissism correlates significantly with the entire seventeen EMS except, the Self-Sacrifice and the Unrelenting Standards

Kennedy (2006) tests the cognitive model and the hypothesis that Early Maladaptive Schemas (EMSs) mediate the relationship between parenting styles and anxious and depressive pathology. The sample comprises 224 undergraduate students. The results of his study indicate that Social Isolation and Vulnerability to Harm EMSs mediate the relationship between maladaptive maternal parenting styles and general depressive symptoms. Additionally the Social Isolation and Vulnerability to Harm EMSs also mediated the relationship between negative maternal parenting styles and depression.

Warburton & MacIlwain (2005) investigate the correlation between EMSs and Aggression using a sample of n = 443 undergraduate students from Macquarie University. The results indicate that both aggression and psychopathy demonstrated a moderate to strong relationship with Mistrust/Abuse, Emotional Deprivation, Subjugation, Abandonment, Defectiveness/Failure, and Vulnerability to Harm or Illness schemas.

Soygüt et al (2008) translate the Young Schema Questionnaire Short Form version three (YSQ S3) into Turkish. The sample on their study consists of students n = 150 – 1071 who study in different faculties and departments of different universities in Turkey (the number of participants differed according to phases of psychometric examinations). They utilize the Symptom Checklist Revised (SCL-90-R) as well as the (YSQ S3) in their study. They investigate the correlation between the Early Maladaptive Schemas and the GSI, the subscales of Depression, Anxiety and Interpersonal Sensitivity. Table two shows the results.

Table 2: Correlation between the EMSs and Depression, Anxiety and Interpersonal Sensitivity- Soygüt et al's Study

Schemas	GSI	Depression	Anxiety	Interpersonal sensitivity
Emotional Deprivation	.38**	.34**	.22**	.40**
Failure	.48**	.40**	.40**	.50**
Pessimism	.55**	.58**	.52**	.47**
Social Isolation/Mistrust	.62**	.50**	.47**	.58**
Emotional Inhibition	.30**	.47**	.17**	.38**
Approval- Seeking	.35**	.52**	.24**	.37**
Enmeshment/Dependency	.46**	.52**	.37**	.45**
Entitlement/Insufficient Self-Control	.30**	.55**	.18**	.20**
Self-Sacrifice	.38**	.54**	.26**	.30**
Abandonment	.56**	.50**	.47**	.49**
Punitiveness	.32**	.54**	.21**	.29*
Defectiveness	.50**	.40**	.38**	.50**
Vulnerability to Harm	.41**	.57**	.36**	.39**
Unrelenting Standards	.19*	.64**	.13**	.15**
YSQ-S3 Domains				
Impaired Autonomy	.65**	.67**	.54**	.59**
Disconnection	.58**	.56**	.40**	.60**
Unrelenting Standards	.34**	.68**	.24**	.34**
Other - Directedness	.40**	.64**	.28**	.35**
Impaired Limits	.30**	.55**	.18*	.20*

**p < 0.01

According to the above mentioned studies, in spite the differences between the results. The conclusion is that the Early Maladaptive Schemas correlate significantly with the Personality disorders.

3.0 Empirical Chapter

The following chapter presents a description of the hypotheses of the study, the study design, the instruments employed in this study and, at the end, a brief overview of the data collection process.

3.1 Hypotheses of the Study

The schema therapy of Young et al (2003) proves useful in treating chronic depression and anxiety, eating disorders, marital problems and long-standing difficulties in maintaining intimate relationships (Young et al, 2003). Numerous elements of this therapy were, and are still being, tested in many various studies, outside of the United States, including Europe.

The instruments developed by Young and colleagues were translated and adapted to several languages such as German, Turkish, Finnish, and Romanian (Grutschpalk, 2001; Soygüt, et al., 2008; Saariaho, et al., 2009; Trip, 2006). (These instruments will be explained in detail in part 3.3.) Up to present, there is no Arabic translation of Young's instruments. This study is the first and only translation and adaptation of Young's instruments into the Arabic language up to date. This study investigates six hypotheses. Three are taken directly from Young's schema model. Two of the remaining three are logically deduced from Young's schema model by the researcher. The remaining hypothesis investigates gender differences. A hypothesis can contain up to four sub-hypotheses.

The relationships between schema model components and personality disorders are diagrammed below:

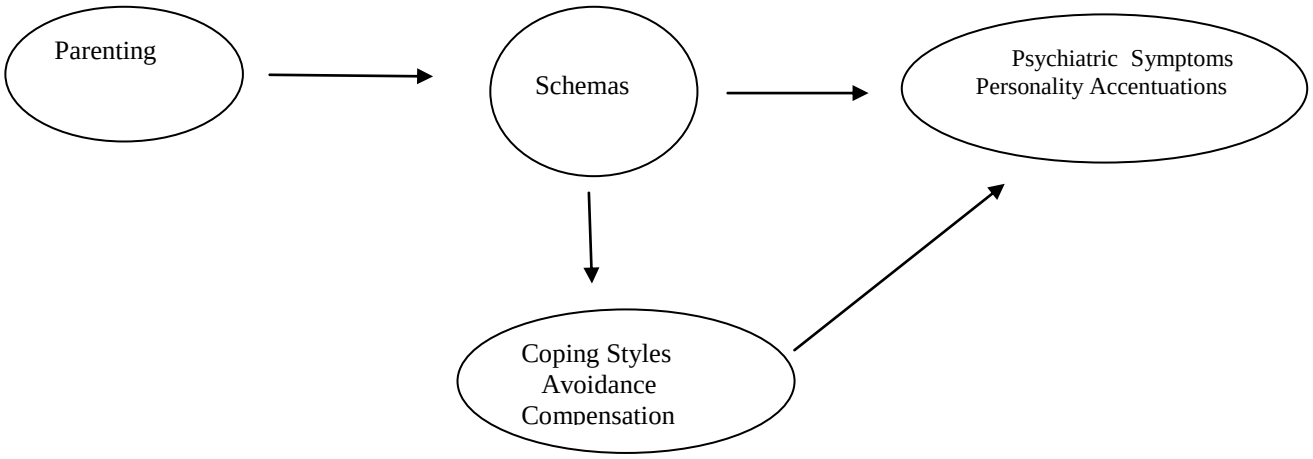

Diagram 1: The Study Investigated Concepts correlations between schema model components and personality disorders

The first hypothesis (direct): Young and colleagues main hypothesis is that the Early Maladaptive schemas originate from negative childhood experiences. Such experiences are usually caused by parenting. The researcher expects that each of the 18 Early Maladaptive Schemas of Young Schema Questionnaire will correlate significantly with the corresponding schema in Parenting Inventory.

The second hypothesis (direct): Young et al defines three ways that people respond to their schemas, to surrender, avoid or compensate. Young and colleagues develop two inventories to assess two of these three coping styles, i.e. the Avoidance coping style and the Overcompensation coping style. The Surrender coping style does not require an inventory to evaluate: This coping style manifests itself overtly. The researcher expects that Early Maladaptive schemas will correlate significantly with both the Overcompensation and the Avoidance coping styles. Both coping styles will be discussed separately.

The third hypothesis (direct): Young is convinced that Early Maladaptive Schemas (EMSs) are at the core of personality pathology and psychological distress, in particular personality disorder. This study

expects that Early Maladaptive schemas will correlate significantly with psychological symptoms as well as personality accentuations.

The fourth hypothesis (deduced): Young et al hypotheses that people utilize coping styles to adapt to their schemas. Therefore, one can expect correlations between schemas and coping styles. They also believe that these Early Maladaptive Schemas correlate with the personality disorders. Thus the researcher expects that coping styles will correlate significantly with psychiatric symptoms and personality accentuations.

The fifth hypothesis (deduced): Proceeding from the hypothesis that the Early Maladaptive Schemas correlate with personality accentuations, this study expects that the German clinical sample taken from Berbalk's (2006) study will have higher level of Early Maladaptive Schemas and Coping Styles than the non-clinical sample of this study. (It is not usual to compare clinical with non-clinical groups from different cultures. However, information concerning clinical sample in Palestine is inexistent. Moreover it may be useful to compare clinical with non-clinical, especially in the cases where the non-clinical groups mean scores are significantly higher than the clinical group).

The sixth hypothesis: The differences between males and females have been always the concern of several researches in different areas. In this study the sample is taken from a society, in which parents are assumed to deal with male and female children differently. Therefore this study expects that the male group will differ from the female group in relation to the Early Maladaptive Schemas and Coping Styles.

The six hypotheses and their corresponding sub-hypotheses are named and listed below:

- **Hypothesis 1** (No sub-hypotheses)

1. The 18 Early Maladaptive Schemas of Young Schema Questionnaire correlate significantly with the corresponding schemas in Parenting Inventory.

- Hypothesis 2

Early Maladaptive Schemas correlate significantly with both the Overcompensation and the Avoidance coping styles.

2.a Sub-hypothesis: Early Maladaptive Schemas in Young's Schema Questionnaire correlate significantly with the corresponding schemas in the Compensation Inventory.

2.b Sub-hypothesis: Early Maladaptive Schemas in the schema questionnaire correlate significantly with the different types of avoidance in the Avoidance Inventory.

- Hypothesis 3

Early Maladaptive schemas correlate significantly with psychological symptoms as well as personality accentuations.

3.a Sub-hypothesis: Early Maladaptive Schemas correlate significantly with psychiatric symptoms.

3.b Sub-hypothesis: Early Maladaptive Schemas correlate significantly with personality accentuations.

- **Hypothesis 4**

Coping styles correlate significantly with psychiatric symptoms and personality accentuations

4.a Sub-hypothesis: Schema overcompensation subscales correlate significantly with psychiatric symptoms.

4.b Sub-hypothesis: Schema overcompensation subscale correlate significantly with personality accentuations.

4.c Sub-hypothesis: Schema avoidance subscales correlate significantly with psychiatric symptoms.

4.d Sub-hypothesis: Schema avoidance subscales correlate significantly with personality accentuations.

- Hypothesis 5

The German clinical sample differs from the Palestinian non-clinical sample in relation to the Parenting subscales, Early Maladaptive Schemas as well as Coping Styles.

5.a Sub-hypothesis The German clinical sample differs from the Palestinian non-clinical sample in relation to the Parenting subscales.

5.b Sub-hypothesis The German clinical sample differs from the Palestinian non-clinical sample in relation to the Early Maladaptive Schema.

5.c Sub-hypothesis The German clinical sample differs from the Palestinian non-clinical sample in relation to the overcompensation subscales.

5.d Sub-hypothesis The German clinical sample differs from the Palestinian non-clinical sample in relation to the avoidance types.

- Hypothesis 6

The male group differs from the female group in relation to the Parenting subscales, Early Maladaptive Schemas and Coping Styles.

6.a *Sub-hypothesis* The male group differs from the female group in relation to the Parenting subscales.

6.b *Sub-hypothesis* The male group differs from the female group in relation Early Maladaptive Schemas.

6.c *Sub-hypothesis* The male group differs from the female group in relation to the Overcompensation Subscales.

6.d *Sub-hypothesis* The male group differs from the female group in relation to the Avoidance Subscales.

3.2 Study Design and Method

This study is questionnaire study; six different inventories are used in this study. Four of these questionnaires are from Young which describe the EMS, the Parenting and the coping styles. The remaining two are aid instruments .one of them show the psychiatric symptoms and the other is about the personality accentuations.

3.3 The study instruments

This study uses the Arabic translations of the following instruments. The following questionnaires were translated from English into Arabic by the researcher in 2006:

- Young Parenting Inventory, Young, 2003 YPI,
- Young Schema Questionnaire version 3 YSQ-S3, Young 2003,
- Young Compensation Inventory Young YCI, 2003,
- Young Rygh Avoidance Inventory YRAI Young & Rygh, 2003.

This study also uses the Arabic translation of the Symptom Checklist Revised (SCL-90-R), which was translated from English into Arabic by Taisir Abdallah in 1992.

This study uses the Arabic translation of the Inventar Klinischer Persönlichkeitsakzentuierungen (English: Clinical Personality Accentuation Inventory) (IKP) from Andresen 1983 as well. The researcher translated Andresen's Personality Accentuation Inventory from German into Arabic in 2006.

For more information about the above mentioned Instruments please contact Professor Dr. Heinrich Berbalk.

3.3.1 Young Schema Questionnaire YSQ-S3

The used YSQ in this study is the short form version three. The YSQ was the first questionnaire designed specifically to measure core beliefs. Two basic forms of the Schema Questionnaire were developed by Young and colleagues to evaluate the Early Maladaptive Schemas, the long form and the short form. The long form consists of two versions and the short form has three. The later versions of both the long and short forms build on the same set of subscales, adding two to three subscales. In this study the short form, version three, the latest, will be used. The first version of the short form consists of 75 items, grouped in 15 subscales. Version three of the short form consists of 90 items, grouped in 18 subscales. After discovering three new subscales, Young added the following three subscales: the Approval seeking, the Punitiveness and Negativity/Pessimism, to version three.

Young suggests three advantages to using the short form. Firstly, it is much easier to administer. Secondly, it is more pure factorial, because it contains the five highest loading items for each schema. Finally, it will be used more frequently in research. Moreover recent studies indicate that reliability and factor structures for both the long and the short form are equivalent (Schema therapy homepage). For these reasons, the researcher has chosen the short form. The YSQ used in this study is the latest version of the short form. It contains 90 self-report items, measuring all of the 18 early maladaptive schemas.

Table Nr 3 lists the subscales of YSQ-S3 along with their corresponding items.

Table 3: YSQ-S3 Subscales and their Corresponding Items Numbers

Schema	Items
Emotional Deprivation	1,19,37,55,73
Abandonment	2,20,38,56,74
Mistrust /Abuse	3,21,39,57,75
Social Isolation	4,22,40,58,76
Defectiveness/Shame	5,23,41,59,77
Failure	6,24,42,60,78
Dependence/Incompetence	7,25,43,61,79
Vulnerability to Harm or Illness	8,26,44,62,80
Enmeshment	9,27,45,63,81
Subjugation	10,28,46,64,82
Self-sacrifice	11,29,47,65,83
Emotional inhibition	12,30,48,66,84
Unrelenting Standard	13,31,49,67,85
Entitlement	14,32,50,68,86
Insufficient Self-Control/ Self Discipline	15,33,51,69,87
Approval Research	16,34,52,70,88
Negativity/Pessimism	17,35,53,71,89
Punitiveness	18,36,54,72,90

Each subscale contains 5 items. Individuals complete the questionnaire using a 6-point Likert Scale: 6 = "Describes me perfectly," 5 = "Mostly true of me," 4 = "Moderately true of me," 3 = "Slightly more true than untrue," 2 = "Mostly untrue of me" and 1 = "Completely untrue".

The researcher found two translations of the version being used in this study, the Romanian version and the Turkish version. Both translations have good discriminative validities. The reliability of the subscales of the Romanian version ranged between $\alpha = .68$ and $\alpha = .96$ (Trip, 2006). The reliability of the Turkish version ranged between $\alpha = .53$ and $\alpha = .78$ (Soygüt, 2008).

In order to evaluate this questionnaire, the average score for each subscale was calculated separately.

3.3.2 Young Parenting Inventory

The Young Parenting Inventory (YPI-1) (2003) contains 72 items used by the participants to describe their parents in participants' childhood.

Each statement is rated using a six-point Likert Scale. For each item participants must rate the statement two times. Firstly they must rate how the item describes their mothers and secondly how the item describes their fathers.

This questionnaire contains 17 subscales. Each subscale identifies the most likely origin for each schema. For example, the subscale of Emotional Deprivation identifies the origin of the schema Emotional Deprivation - from father or mother. Table Nr.4 views the subscales of this inventory and the corresponding item numbers.

Table 4: YPI-1 Subscales and their Corresponding Item Numbers

Schemas	Items
Emotional Deprivation	1-5
Abandonment	6-9
Mistrust/Abuse	10-13
Defectiveness/Shame	21-24
Failure	25-28
Dependence/Incompetence	18-20
Vulnerability to Harm or Illness	14-17
Enmeshment	52-55
Subjugation	29-32
Self-Sacrifice	33-36
Emotional Inhibition	60-64
Unrelenting Standards	37-43
Entitlement	44-47
Insufficient Self-Control	.48-51
Approval Research	69-72
Negativity/Pessimissm	56-59
Punitiveness	65-68

In order to evaluate this questionnaire, for clinic purposes, all items in which the participants score with "5" or "6" must be circled. Then these high-rated items will be discussed with patients in order to help them identify the origins of their schemas caused by their parents (Young, 2006 a).

For research purposes, the average scores of each subscale must be calculated. Note that the first subscale, Emotional Deprivation, is the only subscale which must be scored backward. For example, low scores of 1 or 2 indicate high ratings of 6 and 5 respectively (Grutschpalk, 2008).

The schema Social Isolation is not included in the Young Parenting Inventory since, as Young himself suggests, the Social Isolation Schema originates usually in the peer group rather than in parenting (Young, 2006 a).

3.3.3 Young Compensation Inventory

The Young Compensation Inventory (YCI, 2003) used in this study is a self-report inventory. It measures the most common ways that a person overcompensates for his or her schemas. It contains 48 items.
In order to evaluate this questionnaire for clinic purposes, all items in which the participants score with "5" or "6" must be circled. These high scores indicate that patient overcompensates for emotions connected with his or her schemas. Then these high-rated items will be discussed with patients in order to help them identify which schemas they are overcompensating (Young, 2006b).

Young observed that the same form of overcompensation could be used to cope with different schemas. In another word, there is not a one-to-one correspondence between items on the YCI and any schema. They list some of the most common schemas that they observed associated with each of the items on the YCI (Young 2003 c). Table Nr. 5 shows the observed compensation items.

Item nr 14 “” and 15 “” both represent the way patients use to overcompensate the Vulnerability; Negativity / Pessimism; and Unrelenting Standard schemas.

Table 5: Young's Observed Items - Schema Overcompensation

Item Numbers	Associated Schemas
2, 5, 40	Defectiveness / Shame
1, 3, 4, 42, 47	Mistrust / Abuse
6, 7, 8, 9, 10	Defectiveness / Shame; Failure; Social Isolation
11, 12	Emotional Deprivation
13	Abandonment / Instability; Vulnerability; Negativity / Pessimism; Unrelenting Standards;
14, 15	Vulnerability; Negativity / Pessimism; Unrelenting Standards
16	Unrelenting Standards; Subjugation
17, 18, 23, 29, 30, 33	Subjugation
19	Subjugation; Unrelenting Standards
20	Dependence / Incompetence; Mistrust / Abuse; Emotional Deprivation
21	Dependence / Incompetence; Subjugation; Enmeshment / Undeveloped Self
22	Insufficient Self-Control / Self-Discipline; Abandonment / Instability; Subjugation
24	Insufficient Self-Control / Self-Discipline; Subjugation; Entitlement
25, 27	Emotional Deprivation; Mistrust; Self-Sacrifice; Subjugation
26	Unrelenting Standards
28	Emotional Deprivation; Abandonment / Instability
31, 32	Subjugation; Unrelenting Standards; Social Isolation; Approval-Seeking
34, 39	Defectiveness / Shame; Mistrust / Abuse
35	Defectiveness / Shame; Mistrust / Abuse; Dependence / Incompetence
36	Abandonment/ Instability
37, 38	Subjugation; Mistrust / Abuse
41	Defectiveness / Shame; Failure
43	Negativity / Pessimism
44	Defectiveness/ Shame; Negativity / Pessimism
45	Defectiveness / Shame; Emotional Deprivation; Unrelenting Standards
46	Mistrust / Abuse; Emotional Deprivation
48	Defectiveness / Shame; Emotional Deprivation; Abandonment / Instability; Mistrust / Abuse; Subjugation

In this study, the items in Table 5 are now rearranged according to subscales. Under each subscale will appear all the corresponding items. Therefore each of the 18 subscale contains all the items proposed by young et al that describe the way of overcompensation of this schema. For the purpose of this study, the researcher calculated the average scores of the items of each subscale. Table nr 6 views the subscales and their corresponding item numbers.

Table 6: YCI Subscales and their Corresponding Item Numbers

Subscales	Items number
Emotional Deprivation	11,12,20,25,27,28,45,46,48
Abandonment	13,22,28,36,48
Mistrust/ Abuse	1,3,4,42,47,20,25,27,34,39,35,37,38,46,48
Social Isolation	6,7,8,9,10
Defectiveness/Shame	2,5,40,6,7,8,9,10,34,39,35,41,44,45,48
Failure	6,7,8,9,10,41
Dependence Incompetence	20,21,35
Vulnerability to Harm or Illness	13,14,15
Enmeshment	21
Subjugation	16,17,18,23,29,30,33,19,21,22,24,25,27,31,32, 37,38,48
Self-Sacrifice	25,27
Unrelenting Standard	13,14,15,16,19,26,31,32,45
Entitlement	24
Insufficient Self-Control	22,24
Approval Research	31,32
Negativity	13,14,15,43,44

3.3.4 Young Rygh Avoidance Inventory

This study uses Young Rygh Avoidance Inventory (YRAI). This inventory consists of 40 items to evaluate the avoidance coping style of patients. As the above mentioned three questionnaires, each item is evaluated by using 6 Likrat Scale. For clinical purposes, Young et al score this questionnaire by circling all items with a high rating of "5" or "6". The high rated items of this inventory represent the ways that patients used to avoid feeling the emotions which schemas engender (Young 2003 c).

For research purposes, Young and other therapists divided YRAI items into 14 subscales, based on what they believe to be different avoidant strategies or symptoms. The table Nr.7 depicts their hypothesized subscales, with the corresponding items represented in numbers (Young, 2006c).

Table 7: YRAI Subscales and their Corresponding Item Numbers

Nr	Subscales	Items
1	Intentionally not thinking about upsetting things	1,31,32
2	Substance abuse	2,7,9
3	Denial of unhappiness	3,4,29,34
4	Excessive rationality and control	5,17,19,35,40,41
5	Suppression of anger	6,13,18
6	Psychosomatic symptoms	10,12,15,38
7	Withdrawal from people	13,20,30
8	Denial of memories	8,21,27
9	Avoidance through sleep / lack of energy	14,22
10	Distraction through activity	23,24,28
11	Self-soothing (eating, shopping, etc.)	9,26,36
12	Passive blocking of upsetting emotions	11,33,39,40
13	Passive distraction: Fantasy, daydreaming, television	16,25
14	Avoidance of upsetting situations	37

The average score of each subscale is used in this study to evaluate the subscales.

3.3.5 Symptom Checklist Revised (SCL-90-R)

The Symptom Checklist List -90-Revised (SCL-90-R) (Derogatis, 1983) is a 90 item questionnaire, designed to evaluate a broad range of psychological problems and distress, during a one-week period prior to administration. The SCL-90-R measures symptom intensity of nine different subscales. The 90 items of the checklist are scored on a five-point Likert scale from 0 (none) to 4 (extreme). These points indicate the occurrence of a symptom during the time reference of one week**.** The instrument's global index of distress refers to the Global Severity Index (GSI), which is the average score of all of the items. To complete the SCL-90 one requires between 12 and 20 minutes (Porter & Johnson, 2008; Holi, 2003).

The SCL- 90- R is well known among psychological researchers. They acknowledge that the (SCL-90-R) has a high standard of reliability and validity (Abdallah, 1992).

This study uses the Arabic version of the SCL -90- R; translated by Taisir Abdallah (1992).The Arabic version of SCL-90-R also comprises nine primary symptom dimensions. The Alfa Coefficient of the Arabic version's subscales, ranges from (α=.70) for Hostility dimension to (α=.83) for both of Somatization and Psychoticism.

The following table views the nine subscales and their corresponding item numbers.

Table 8: SCL-90-R Dimensions and their Corresponding Item Numbers

Symptom Dimensions	Items
Somatization	1,4,12,27,40,42,48,49,52,53,56,58
obsessive-compulsive	3,9,10,28,38,45,46,51,55,65
interpersonal sensitivity	6,21,34,36,37,41,61,69,73
Depression	5,14,15,20,22,26,29,30,31,32,54,71,79
Anxiety	2,17,23,33,39,57,72,78,80,86
Hostility	11,24,63,67,74,81
phobic anxiety	13,25,47,50,70,75,82
paranoid ideation	8,18,43,68,76,83
Psychoticism	7,16,35,62,77,84,85,87,88,90

3.3.6 The Clinical Personality Accentuation Inventory (Inventar klinische Persönlichkeitsakzentuierung) (IKP)

This study uses the Arabic version of the (IKP). The IKP was developed originally by Andresen (1983), and translated by the researcher in this study. Both versions comprise of 132 items. This inventory assesses 11 personality disorders, which Andresen terms "personality accentuations". The inventory derives its items from the DSM-IV and the ICD-10 definitions of these personality disorders, using dimensional aspect, rather than the categorical aspect, as explained in part 2.3.

The following table illustrates the personality accentuations of this inventory and the corresponding item numbers.

Table 9: IKP Subscales and their Corresponding Item Numbers

Personality Accentuations	Items
Paranoid	1,12,34,45,56,67,89,100,111,122
Dependent	2,13,35,46,57,68,90,101,112,123
Impulsive-explosive	3,14,36,47,58,69,91,102,113,124
Schizoid	4,15,37,48,59,70,92,103,114,125
Narcissistic	5,16,38,49,60,71,39,104,115,126
Borderline	6,17,39,50,61,72,94,105,116,127
Avoidant Personality	7,18,40,51,62,73,95,106,117,128
Compulsive	8,19,41,52,63,74,96,107,118,129
Schizoid-type	9,20,42,53,64,75,97,108,119,130
Antisocial	10,21,43,54,65,76,98,109,120,131
Histrionic	11,22,44,55,66,77,99,110,121,132

3.4 Data Collection Process

The questionnaires were distributed during the period of Mai to December 2006 to 250 students of different faculties of the University of Hebron. They were given one week to complete the above mentioned instruments in part 3.3.

Two people aided the investigator with distributing and collecting of the instruments. One was a student member in the student council in the university, while the other was an undergraduate student from the university.

Authorization was given by the teachers to allow time at the beginning of the lectures to distribute the instruments. Students outside the lectures were also asked to fill in the questionnaire. All participating students agreed to give the questionnaire to the previously mentioned student in the student council within a period up to one week.

4.0 Participants and Results

4.1 Participants

The questionnaires were distributed to 250 students. Only 205 were returned. Five participants, three males and two females, were deleted from the sample, as they failed to answer numerous items (one answered only one page another ignored more than 5 subscales).

The final sample was composed of 103 males and 97 females, in total 200. The participants were recruited from college students, matriculated in Hebron University in Palestine, from different faculties with a mean age of 22.69 (SD = 2.82).

The largest group was students of the fourth semester, mid-way through their studies with 26.5%. The second largest group of students according to semester was in their third semester with 15.5%, followed by students in their fifth semester with 13.5%. Taken together the third, fourth and fifth semester students, that is, students in middle of their studies, made up 55.5% of the total sample.
The faculty of science and technology includes the biology department, the chemistry department and the mathematics department scoring 18.5%, 14.5%, and 5.5% respectively, totaling 38%, comprising the largest group according to discipline, followed by the faculty of finance and management with 25%. These two faculties combined yield 63%.

78% of the participants were single. 20% were married, 0.5% were divorced and 1.5% were widowed. One can expect that 78% were single when one considers that the mean age was 22.69 (SD = 2.82). It is common knowledge that students in Palestinian universities marry after completion of their studies, therefore 78% being single could be expected. (The researcher has strived to construct a representative study of college students as the table Nr.10 should confirm).

The demographics of subjects are represented in terms of gender, age, social status, faculty, and semester level in Table 10.

Table 10: Demographics of Participants

	N	Percent
Gender		
Male	103	51.5
Female	97	48.5
Social status		
Single	156	78
Married	40	20
Divorced	1	0.5
Widowed	3	1.5
Semester		
1	12	6
2	26	13
3	31	15.5
4	53	26.5
5	27	13.5
6	14	7
7	12	6
8	25	12.5
Faculty		
Faculty of Finance and Management	50	25
Faculty of Agriculture	2	1
Faculty of Arts-Arabic	12	6
Faculty of science and technology-Biology	29	14.5
Faculty of science and technology -Chemistry	37	18.5
Faculty of Arts-English	32	16
Faculty of science and technology -Mathematic	11	5.5
Faculty of Education-Psychology	6	3
Faculty of education-Classroom teacher	20	10

4.2 Analyze Method and Results

In order to examine the hypotheses of the study, the data collected from all instruments were analyzed, using the parametric procedures of analyses. The correlations between two complexes were examined. Complex one: On one hand the Young's EMS, and on the other hand, Young's concepts of Parenting schemas, Avoidance types and Overcompensation schemas. Complex two: The correlation between both Young's EMS and Young's coping styles (Avoidance types and Overcompensation schemas) with both psychological symptoms and personality accentuations. The differences between males and females; and between clinical and nonclinical sample for all of Young's inventories were also pointed out.

Since this study uses the translations of the questionnaire, the reliability of all instruments was analyzed. To facilitate reading, this chapter is divided into eight sections. The first section (4.2.1) views the verification of the translation and the adaptation of Young's inventories (SQ, YPI, YRAI and YCI) as well as the (IKP) Clinical Personality Accentuation Inventory.

Also in this section, a view of reliability analyses of both the SCL-90-R and the IKP are shown together (4.2.1). The reliability analyses of the other Inventories (YSQ, YPI, YRAI and YCI) are each given in their respective sections (4.2.2, 4.2.3, 4.2.4, 4.2.5).

Section two (4.2.2) displays the analyses of the Young Parenting Inventory. It begins with the reliability analyses, followed by the gender differences, and then depicts the comparison between the non-clinical sample of this study and the German clinical sample. Lastly, this section illustrates the correlation between Parenting Inventory subscales and Young Schema Questionnaire subscales for males and females totally and separately.

Section three (4.2.3) shows the results of the analyses of Young Schema Questionnaire; beginning with the reliability analyses, proceeding Factor Analysis, then the correlation between the Schemas, proceeding to the gender differences, followed by a comparison between the Palestinian non-clinical sample of the present study and the German clinical sample. Finally, this section presents the correlation between Young Schema Questionnaire subscales and the Psychiatric Symptoms Dimensions of SCL- 90- R, and the correlation between Young Schema Questionnaire subscales and the personality accentuation.

Section four (4.2.4) shows the results of Young Compensation Inventory analyses; beginning with the reliability analyses, viewing the gender differences, followed by the correlation between the subscales of Young Compensation Inventory and Young Schema Questionnaire subscales, and lastly the correlation between Young Compensation inventory subscales and both the psychological symptoms dimensions of SCL-90-R and the personality accentuations of IKP.

Section five (4.2.5) put in view the results of the Young Rgyh Avoidance Inventory analyses. It starts with the reliability analyses, carries on to gender differences, followed by the correlation between YRAI subscales and YSQ subscales, and terminates with the correlation between YRAI subscales and both psychological symptoms dimensions and personality accentuations.

Section six (4.2.6) presents a regression analyses to show the most important predicators of each of the 18 schemas, followed by section seven (4.2.7) which shows the regression analysis to examine the most significant predictors for the Psychiatric Symptoms, and lastly, section eight (4.2.8) shows the regression analysis for the personality accentuation.

4.2.1 Translation and Adaptation of Inventories

In this study, translation, adaptation, and validation of the questionnaires were accomplished through the following steps:

1. Forward translation

The Researcher and two native Arabic speaking professional translators translated the following four inventories YSQ-S3, YPI, YRAI and YCI independently from English to Arabic. The native Arabic translators were qualified with a college education, Arabic as a mother tongue, and an experience of more than 10 years of translating documents. The three translations forms (from the two translators and the researcher) of YSQ-S3 YPI, YRAI and YCI from English to Arabic were independently synthesized into one Arabic version by a bilingual individual (in both English and Arabic language).

Two translations of the IKP were translated from German to Arabic independently by two native Arabic speaking translators, who are fluent in Arabic and German and having experience of 4 to 5 years in translating. The two translation forms from German to Arabic were synthesized into one Arabic version by a bilingual individual in both the German and the Arabic language.

2. Back translation

The synthesized Arabic versions of YSQ3, YPI, YRAI and YCI inventories were translated back to English by a professional translator, who is a native English speaker and who was blind to the content of the original inventories. The translations back into English were compared with the original English inventories. The researcher found that all originals and all translations to be conceptually and culturally equivalent.

The Arabic version of IKP was translated back to German by a professional translator, who is native German speaker and competent in the Arabic language and was also blind to the original content of the original inventory. The translation back into German compared by the researcher with the original German version and found to be almost identical.

3. Expert panel

A five member expert panel evaluated the appropriateness of these inventories. Three are qualified with a masters' degree in psychology and two practicing psychological therapists.

The researcher provided the five members with the object of the study along with all relevant information pertaining to the inventories.

The researcher requested the five members to rate the cultural appropriateness of each item of all inventories using Likert Scale that ranged from 1-4 (1 = not at all appropriate, 2 = slightly appropriate, 3 = moderately appropriate, and 4 = very appropriate). The researcher determined the cultural appropriateness by calculating an average score for each item. The researcher decided to reject all items averaging 2 or less. One item averaged 2.4; all others were more than 2.5. Therefore the researcher accepted all items. (The item averaging 2.4 is item Nr.2. In the YRAI *"I drink alcohol to calm myself"*. In Hebron itself alcohol is not sold, but accessible by travelling to Ramallah).

4. Pre-testing

The pre-test sample in this study consists of 10 people (5 males and 5 females) aged from 18 to 60. The purpose of the pre-testing was to identify any ambiguous, or difficult to read or misunderstand items.

The researcher explained the study to the 10 people of the pre-test sample. The explanation of the study required two sessions due to the length of the inventories. In the first session, the researcher asked the participants to circle items that were unclear, not understood or culturally inappropriate in YSQ3, YPI and YRAI, and likewise in the second session pertaining to the YCI and the IKP.
At the end of each session, the questionable items of participants were read aloud and the researcher requested the other participants to explain them. The participants provided the explanations also aloud. None of the 366 items was identified as unclear by more than two participants. The translations of the inventories were verified linguistically and more importantly culturally.

4.2.1.1 Content Validity

The instrument's content validity was performed through two steps. The first step was established by evaluating the items in a 4-point scale by an expert panel (in part 4.2.1 – 3. expert panel). The average for the scores from the expert panel was calculated (also in part 4.2.1). The expert panel did not consider any items as inappropriate for the subscales of the inventories. In the second step, the expert panel was asked to provide items that were missing from the Arabic versions. They found no need to add any further items.

4.2.1.2 Reliability

As mentioned above, this section presents the reliability analyses for the subscales of the SCL 90 R and the IKP. Furthermore the reliability of the other inventories (YSQ-S3, YPI, YRAI and YCI) will be shown later each in their own chapter.

4.2.1.2.1 Reliability of SCL 90 R for this study

Cronbach's Alpha internal consistency coefficients were used to evaluate the reliability of the SCL-90-R dimensions for the study sample. Table 11 shows the results.

Table 11: SCL-90-R Reliability Analysis

Psychiatric Symptom Dimension	Items	A
Somatization	1,4,12,27,40,42,48,49,52,53,56,58	.79
Obsessive-Compulsive	3,9,10,28,38,45,46,51,55,65	.80
Interpersonal Sensitivity	6,21,34,36,37,41,61,69,73	.73
Depression	5,14,15,20,22,26,29,30,31,32,54,71,79	.66
Anxiety	2,17,23,33,39,57,72,78,80,86	.67
Hostility	11,24,63,67,74,81	.67
Phobic Anxiety	13,25,47,50,70,75,82	.73
Paranoid ideation	8,18,43,68,76,83	.74
Psychoticism	7,16,35,62,77,84,85,87,88,90	.77

The table above shows an adequate reliability ($\alpha \geq .70$) for 6 of the 9 dimensions. Nunnally (1978) has indicated ($\alpha = 0.7$) to be an acceptable reliability coefficient. For clinical purposes a reliability of .65 - .70 is often accepted as sufficient (Grutschpalk, 2008). The main reason the researcher includes the three dimensions with reliabilities under .70 (Depression $\alpha = .66$, Anxiety $\alpha = .67$ and Hostility $\alpha = .67$) is that the researcher used the Arabic version of the SCL-90-R (Abdallah, 1992) which shows a reliability in all 9 dimensions ranging from $\alpha = .70$ to $\alpha = .83$. The Arabic version, Abdallah (1992) is widely acknowledged as reliable for the Palestinian society. The researcher believes by including the three dimensions Depression ($\alpha = .66$), Anxiety ($\alpha = .67$) and Hostility ($\alpha = .67$), which all border closely to $\alpha = .70$, will present a truer picture than omitting them.

4.2.1.2.2 IKP Reliability

The reliability of IKP accentuations was obtained using Cronbach's Alpha internal consistency coefficients. Table 12 shows the results.

Table 12: IKP Reliability Analysis

IKP Accentuations	Items	α
Paranoid	1,12,34,45,56,67,89,100,111,122	.88
Dependent	2,13,35,46,57,68,90,101,112,123	.79
Impulsive-explosive	3,14,36,47,58,69,91,102,113,124	.71
Schizoid	4,15,37,48,59,70,92,103,114,125	.71
Narcissistic	5,16,38,49,60,71,39,104,115,126	.76
Borderline	6,17,39,50,61,72,94,105,116,127	.78
Avoidant	7,18,40,51,62,73,95,106,117,128	.71
Compulsive	8,19,41,52,63,74,96,107,118,129	.73
Schizoid-type	9,20,42,53,64,75,97,108,119,130	.72
Antisocial	10,21,43,54,65,76,98,109,120,131	.88
Histrionic	11,22,44,55,66,77,99,110,121,132	.70

Table 12 indicates acceptable reliabilities for all of the 11 accentuations. The reliabilities ranged from (α = .70) for Histrionics to (α = .88) for Paranoid. The results of the reliability analysis for all subscales meet the minimum standard of reliability set by Cronbach's alpha internal consistency coefficients (α = .70). Therefore, the Arabic version of the IKP is considered reliable for the students in Hebron University.

The reliability for the original German version of the IKP ranged from α = .80 to 90, with one exception, α = .79 (IKP Handbuch).

4.2.2 Parenting Inventory

This section investigates the Parenting Inventory analyses, gender differences on responses to parenting subscales, the differences between the clinical and the non-clinical groups on assessing parent's behavior. In addition, this section investigates the correlation between the parent subscales and the early maladaptive schemas.

4.2.2.1 Young Parenting Inventory - Reliability

In order to ascertain the reliability of the parenting subscales, Cronbach's Alpha internal consistency coefficients were used.

Table 13: YPI Reliability Analysis

Schema	items	Mother	Father
Emotional deprivation	1-5	.84	.84
Abandonment	6-9	.67	.63
Mistrust abuse	10-13	.72	.72
Defectiveness shame	21-24	.68	.65
Failure	25-28	.72	.81
Dependence incompetence	18-20	.74	.70
Vulnerability to harm or illness	14-17	.88	.80
Enmeshment	52-55	.69	.66
Subjugation	29-32	.71	.70
Self-sacrifice	33-36	.58	.40
Emotional inhibition	60-64	.86	.80
Unrelenting standard	37-43	.71	.70
Entitlement	44-47	.35	.38
Insufficient Self-Control	.48-51	.67	.71
Approval research	69-72	.76	.72
Negativity	56-59	.68	.68
Punitiveness	65-68	.74	.82

Table Nr. 13 brings to light that 7 subscales from 17 did not attain the acceptable reliability. Considerably weak reliabilities were visible on two subscales “Entitlement” (α = .35) for mothers and (α =.38) for fathers as well as “Self-Sacrifice” (α = .58) for mothers and (α =.40) for fathers.

Five of the seven remaining subscales which did not meet the acceptable reliability, just failed to reach α =.70: “Abandonment” subscale for fathers (α =.63), mothers (α = 67.); “Defectiveness Shame” for mothers (α =.68), for fathers (α =.65); “Enmeshment” for mothers (α =.69), for fathers (α =.66); “Insufficient Self-Control” for mothers(α =.67); “Negativity/ Pessimism” for both mothers and fathers(α =.68).

Similar results were found by Grutschpalk (2008) with a clinical sample. She found that the “Self – Sacrifice” and “Entitlement” schemas have very weak reliability, furthermore the subscales of “Abandonment” does not reach the acceptable reliability.

She also found very weak reliability for the subscale “Enmeshment” for mothers (α =.21), for fathers (α =.28). The researcher found for the “Enmeshment” subscale (α =.69 and α =.66 for mothers and fathers respectively).

“Emotional Inhibition and Insufficient Self -Control” also does not meet the acceptable standard of reliability in Grutshpalk`s study (α =.57 and α =.60 for mothers and fathers respectively). In comparison, in this study the “Emotional Inhibition” subscale has a good reliability (α =.86 and α =. 80 respectively for mothers and fathers). Concerning the “Insufficient Self-Control”, the reliability in this study and also that in Grutschpalk`s study, does not rise to the level of reliability of (α = .70) (α=.63, α= .67 for mothers and fathers respectively). Contrary to Grutschpalk`s study, the “Insufficient Self-Control” in this study meets the α=.70 acceptable reliability for fathers (α=.71) while for mothers does not (α=.67).

Differences were also found regarding to the subscales “Defectiveness/Shame” (for fathers, α=.68, for mothers, α=.65), and “Negativity/Pessimism” (α=.68, α=.68), Both subscales in this study do not reach α=.70, while both in Grutschpalk`s study do (D/S α=.86, α=.86),and (N/P α=.72, α=.72).

In conclusion, this study agrees with Grutschpalk's study that several subscales need to be reformulated or changed, especially "Self- Sacrifice" and "Entitlement" which were found in both studies to have reliability ($\alpha \leq .50$). Even though these subscales are weak in respect to reliability, the researcher considers it is better to include them in the further analyses, for their inclusion makes for the more well rounded study.

4.2.2.2 YPI- Gender Differences

Table 14: YPI- Mean Scores- Gender Differences

		Mother Division				Father Division			
Schema	Gender Male=0 Female=1	N	×	SD	Sig	N	×	SD	sig
Emotional deprivation	0	103	2.51	.63	**	103	2.96	.97	
	1	97	2.75	1.31		97	3.70	.86	
Abandonment	0	103	1.62	.82		103	1.64	.84	**
	1	97	2.01	.85		97	2.73	1.05	
Mistrust abuse	0	103	1.29	.84		102	1.28	.53	**
	1	97	1.75	.61		96	1.45	.55	
Defectiveness/ shame	0	103	1.88	.75		103	1.77	.96	*
	1	97	1.81	.86		97	2.06	.88	
Failure	0	103	1.67	1.16	**	103	1.86	.59	
	1	97	1.93	.80		97	2.30	1.50	
Dependence incompetence	0	103	1.76	.75	*	103	1.91	.96	**
	1	97	1.92	.69		97	2.14	.96	
Vulnerability to harm or illness	0	103	2.54	.94	**	103	2.59	.98	
	1	97	2.27	1.61		97	2.04	1.24	
Enmeshment	0	103	2.21	1.00	**	103	2.30	.92	*
	1	97	3.17	1.26		97	3.15	1.09	
Subjugation	0	103	1.63	.72	**	101	1.54	.82	
	1	97	1.99	.83		94	2.35	1.04	
Self-sacrifice	0	103	1.69	.75	**	102	2.22	.50	**
	1	97	2.21	.96		97	2.80	.83	
Emotional inhibition	0	103	1.53	.58	*	103	2.14	1.11	**
	1	97	1.86	.82		97	1.66	.57	
Unrelenting standard	0	103	1.72	.69		103	1.54	.53	**
	1	97	1.90	.62		97	1.75	.58	
Entitlement	0	103	2.54	.96	**	103	2.55	1.02	
	1	97	1.99	.57		97	1.97	.54	
Insufficient Self-Control	0	103	1.68	.73	**	103	1.56	.64	**
	1	97	2.26	1.16		97	2.08	1.09	
Approval research	0	103	2.29	.75	**	103	2.24	.94	**
	1	97	2.79	1.21		97	2.44	1.07	
Negativity / Pessimism	0	103	2.30	.62	**	103	2.37	.77	**
	1	97	3.10	1.17		97	2.75	1.05	
Punitiveness	0	103	1.66	.65		103	2.14	.65	**
	1	97	1.73	.60		97	1.86	.71	

*significant at .05
**Significant at .01

The T-Test for Independent Samples was used to uncover gender differences. Table 14 shows significant differences between males and females in twelve subscales regarding mothers. Ten of the twelve subscales divulge significant differences at level 0.01. In addition, two of the twelve subscales reveal significant differences at level 0.05.
Table 14 also shows significant differences between males and females in eleven of the seventeen subscales regarding fathers, two at level 0.05 and nine at 0.01.

The female group shows significant higher mean scores than the male group pertaining to both the mother and the father divisions of the following subscales: "Emotional Deprivation", "Failure", "Self-Sacrifice", "Insufficient Self-Control", "Approval Research", and "Negativity/ Pessimism". Female group assess their parent's behavior toward them worse than the male group assess. Females describe their parents as emotional deprived, negative, demanding sacrifices and that parent does not teach them to exercise sufficient Self-Control and let them feels that they will fail. The reasons for the differences between males and females may lie in misperceptions of the female group toward parents. It could just as well lie in actual differential treatment according to gender. It is also possible that the both male and female receive the same amount of affection but the female requires more affection.

Pertaining to the father division, in both "Abandonment and Mistrust/Abuse" subscales, the female group scores significantly higher than the male group. It is common that fathers works outside the home for a great part of the day, whereas females are mostly at home. Thus the female group feels that fathers abandon them more than the male group, who usually spend a great deal of time outside the home as well as the fathers. Regarding the "Mistrust/Abuse" subscale, the female group scores the father division higher than male group scores the father division. The differences between males and females in this subscale regarding the fathers division could be explained as analogous to the reasons given in the previous paragraph.
Concerning mother division, regarding the "Dependence/ Incompetence, Enmeshment, and Subjugation" subscales the female group registers higher means than the male group.

In comparison to the female group, the male group has significant higher mean scores in both "Vulnerability to Harm or Illness" and "Entitlement" subscales regarding both the mother and the father divisions. The reasons for the differences between males and females in these two subscales may be the same as possibilities given in the previous two paragraphs, that is, misperceptions, actual differential treatment or actual gender differences regarding to needs.

In the Palestinian society it is commonly believed that the male enjoy a higher priority than the female. The results of this study illustrate the existence of the differences between males and females without giving undisputable, substantial reasons, even though the results of the study definitely suggest that males truly enjoy higher priority or precedence.

The male group has a higher mean score for the scale of “Emotional Inhibition” regarding the father division than the female group. In contrast, the female group has a higher score than the male on the same subscale for the mother division. This means that the male group believes that the fathers inhibit them emotionally more than the female group believes the fathers inhibit them emotionally. On the other hand the female group perceives the mothers as more inhibiting than the male group perceives the mothers as inhibiting.

In general, in Palestinian society the male children differ in their relationship to the mother and the father. The father is seen as a “power figure” in the average Palestinian families, whereas the mother demands less respect. The results in Table 14 show that the mean score of the male group is higher than the female group in the "Emotional Inhibition” subscale in father division.
One can explain the above results by assuming the following: The Palestinian male children are known to be more unruly and rebellious than the female children. Therefore, the “power figure” of the father is more adapt to inhibiting than the role of the mother. In this case the father inhibits the male children, whereas the mother does not, because the mother’s role is less suited. This is a possible explanation for the male group scoring father’s inhibitions as higher than the female group. In the complementary case, the mother’s role is sufficient to inhibit the female children: The father needs not to intervene. Therefore, the female group scores mothers as more inhibiting than the male group.

The researcher expected in hypothesis 6a in (part 3.1), that the male group would differ from the female group regarding Parenting Subscales. The above results disprove the null hypothesis. Thus the null hypothesis will be rejected: The main hypothesis is, insofar, confirmed.

4.2.2.3 Comparison between the German Clinical and the Palestinian Non-clinical Samples

This section is divided into three parts. Part one (**4.2.2.3.1)** compares the German clinical with the Palestinian non-clinical total samples. Part two (**4.2.2.3.2)** compares the German clinical with the Palestinian non-clinical female groups. Lastly, part three (**4.2.2.3.1)** compares the German clinical with the Palestinian non-clinical male groups.

4.2.2.3.1 Comparisons between the German Clinical and the Palestinian Non-Clinical Total Samples

Table 15: YPI Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Total Groups

Schemas	Non-Clinical Group Mother Division			Clinical Group Mother Division				Non-Clinical Group Father Division			Clinical Group Father Division			
	N	×	SD	N	×	SD	sig	N	×	SD	N	×	SD	sig
Emotional/deprivation	200	2.63	1.02	313	3.80	1.52	**	200	3.32	.98	297	3.21	1.48	
Abandonment	200	1.81	.86	313	2.15	1.05	**	199	2,17	1.08	306	2.61	1.29	**
Mistrust abuse	200	1.51	.77	312	1.89	1.30	**	200	1.37	.54	298	2.00	1.37	**
Defectiveness shame	200	1.85	.81	312	1.49	1.49	**	200	1.91	.94	298	2.71	1.45	**
Failure	200	1.80	1.01	312	2.15	1.21	**	200	2.07	1.15	294	2.25	1.27	*
Dependence incompetence	200	1.84	.72	313	2.99	1.39	**	200	2.02	.96	292	2.64	1.34	**
Vulnerability to harm or illness	200	2,41	1.31	313	2.91	1.47	**	200	2.32	1.14	292	2.10	1.04	**
Enmeshment	200	2.67	1.23	312	3.25	.97	**	200	2.72	1.09	292	3.06	.99	**
Subjugation	200	1.80	.80	312	3.07	1.51	**	195	1.93	1.02	293	3.33	1.48	**
Self-sacrifice	200	2.09	.95	312	2.99	.99	**	200	2.50	.73	292	2.32	.86	*
Emotional inhibition	200	1,69	.73	308	3.64	1.02	**	200	1.91	.92	288	3.89	1.06	**
Unrelenting standard	200	1.81	.66	312	3.58	1.17	**	200	1.64	.56	292	3.85	1.29	**
Entitlement	200	2.27	.84	312	2.87	.89	**	200	2.26	.87	292	2.88	.91	**
Insufficient Self-Control	200	1.96	1.00	312	2.36	1.11	**	200	1,81	.92	293	2.33	1.09	**
Approval research	200	2.54	1.04	308	3.21	1.34	**	200	2.34	1.01	288	3.36	1.42	**
Negativity	200	2.69	1.01	308	3.41	1.25	**	200	2.56	.93	289	3.15	1.28	**
Punitiveness	200	1,69	.63	308	2.78	1.41	**	200	2.00	.70	288	3.14	1.51	**

*significant at .05
**Significant at .01

T Test for One Sample was used to compare the German clinical sample from Berbalk and colleagues study with the non-clinical sample from the present study. Table 15 gives the results.

For the total sample significant differences appear between the clinical and the non-clinical samples. The clinical sample attains higher mean scores in all of the parenting subscales of the mother division, except for “Defectiveness/Shame” subscale. The clinical total sample has a higher score than the non-

clinical sample in all of the parenting subscales of father division, except the subscale "Self-Sacrifice".

In order to have clear picture of the differences between the clinical and the non-clinical samples, clinical and non-clinical female groups will be compared to each other, as well as, comparing clinical and non-clinical male groups.

4.2.2.3.2 Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

Table 16: YPI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

	Non-Clinical Group Mother Division			Clinical Group Mother Division				Non-Clinical Group Father Division			Clinical Group Father Division			
	N	×	SD	N	×	SD	sig	N	×	SD	N	×	SD	sig
Emotional deprivation	97	2.75	1.30	184	3.43	1.57	**	200	3.70	.86	177	3.00	1.51	**
Abandonment	97	2.01	.87	184	2,34	1.06	**	200	2.73	1.04	183	2.71	1.27	
Mistrust abuse	97	1.75	.61	184	2.16	1.46	**	200	1.45	.55	178	2.21	1.52	**
Defectiveness/shame	97	1.84	.77	183	3.04	1.57	**	200	1,88	.76	174	2.91	1.55	**
Failure	97	1.70	.74	183	2.28	1.27	**	200	2.20	1.49	175	2.33	1.32	
Dependence/ incompetence	97	1.92	.69	184	2.95	1.43	**	200	1.80	.64	173	2.64	1.35	**
Vulnerability to harm or illness	97	2.27	1.61	184	2.71	1.43	**	200	2.04	1.23	173	2.01	1.04	
Enmeshment	97	3.17	1.26	183	3.21	.95		200	3.15	1.09	173	3.04	1.02	
Subjugation	97	1.99	.83	183	3.33	1.55	**	200	2.35	1.04	174	3.49	1.53	**
Self-sacrifice	97	2.51	.96	183	3.09	1.04	**	200	2.80	.82	172	2.36	.88	**
Emotional inhibition	97	1.86	.82	182	3.74	1.05	**	200	1.66	.57	172	3.82	1.03	**
Unrelenting standard	97	1.90	.62	183	3.73	1.21	**	200	1.75	.58	173	3.85	1.36	**
Entitlement	97	2.06	.55	183	2.74	.86	**	200	2.07	.53	173	2.84	.94	**
	97							200						
Insufficient Self-Control	97	2.26	1.15	183	2.43	1.18		200	2.08	1.08	174	2.43	1.17	**
Approval research	97	2.79	1.22	182	3.22	1.39	**	200	2.41	1.03	172	3.34	1.50	**
Negativity	97	3.10	1.17	182	3.55	1.27	**	200	2.75	1.05	172	3.14	1.34	**
Punitiveness	97	1.73	.60	182	3.06	1.49	**	200	1.86	.71	172	3.31	1.55	**

*significant at .05
**Significant at .01

T Test for One Sample was used to compare the German clinical female group and the Palestinian non-clinical female group. Table 16 shows the results. It can be observed that, on a whole, the clinical German female group scores the mother division of the most subscales higher than the female non-clinical group. The significant differences between the two female groups appear in fifteen of the seventeen subscales at the level a = 0.01. No significant differences were observed in the "Enmeshment" and the "Insufficient Self-Control" subscales. Note that the mean scores of the female

group in the two above subscales were found to be significantly higher than the mean scores of the male group in the non-clinical sample. As could be expected, the non-clinical female Palestinian group obtains significantly higher scores than the non-clinical Palestinian male group in both subscales.

In the father division, the clinical German female group has significantly higher mean scores than the non-clinical Palestinian female group in eleven of the seventeen parenting subscales at level a = 0.01. One finds no significant differences in four subscales (Abandonment, Failure, Enmeshment and Vulnerability to Harm or Illness) between the German clinical female and the Palestinian non-clinical female. In contrast, the remaining two subscales "self-sacrifice" and "Emotional Deprivation" mean scores are unexpectedly significantly higher for the Palestinian non-clinical female group.

In the previous part, concerning the comparison between the Palestinian non-clinical males and Palestinian non-clinical females, the results show clearly that the Palestinian non-clinical females have higher mean scores in most of the parenting subscales than the males, except for the subscales "Entitlement" and "Vulnerability to Harm or Illness". This indicates that parents treat female children differently, giving male children priority. In this mentioned part the researcher clarifies these differences with three different possibilities, i.e. misperception, real differential treatment or genuine gender differences regarding to needs. In this part of the study, the Palestinian non-clinical female group is found to have higher mean scores than the German clinical female group in father division subscales "Emotional deprivation" "and Self-Sacrifice". These results support the possible explanation that Palestinian fathers really do deprive female children and encourage the female children to sacrifice themselves more than the male children. (In a society like the Palestinian society, it is often assumed that females sacrifice themselves more than males, as it is the female who serves the male. The researcher observed that one of the female participants under the father division of item Number 32 "Was ***unable*** to handle many daily responsibilities, ***so*** I had to do more than my share" wrote instead "Was ***able*** to handle many responsibility, ***but nevertheless*** I had to do more than my share".)

4.2.2.3.3 Comparison between the German Clinical and the Palestinian Non-clinical Male Groups

Table 17: YPI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Male Groups

	Non-Clinical Group Mother Division			Clinical Group Mother Division				Non-Clinical Group Father Division			Clinical Group Father Division			
	N	×	SD	N	×	SD	sig	N	×	SD	N	×	SD	sig
Emotional deprivation	103	2.51	.63	129	4.33	1.28	**	103	2.96	.97	120	3.53	1.39	
Abandonment	103	1.62	.82	129	1.88	.98	**	103	1.64	.84	123	2.45	1.32	**
Mistrust abuse	103	1.29	.84	128	1.52	.93	**	103	1.29	.53	120	1.68	1.06	*
Defectiveness shame	103	1.86	.75	129	2.26	1.23	**	103	1.77	.96	119	2.43	1.25	**
Failure	103	1.67	1.16	129	1.95	1.09	**	103	1.51	.53	119	2.14	1.19	**
Dependence incompetence	103	1.76	.75	129	3.05	1.32	**	103	1.76	.80	119	2.63	1.34	**
Vulnerability to harm or illness	103	2.54	.94	129	3.21	1.47	**	103	2.59	.98	119	2.24	1.03	**
Enmeshment	103	2.21	1.00	129	3.30	.99	**	103	2.30	.92	119	3.10	.95	**
Subjugation	103	1,63	.73	129	2.72	1.38	**	103	1.54	.82	119	3.10	1.38	**
Self-sacrifice	103	1.69	.76	129	2.84	.89	**	103	2.22	.50	119	2.27	.83	
Emotional inhibition	103	1,53	.58	126	3.49	.97	**	103	2.14	1.11	116	4.00	1.18	**
Unrelenting standard	103	1.72	.69	129	3.37	1.09	**	103	1.54	.53	119	3.85	1.18	**
Entitlement	103	2,18	.73	129	3.05	.89	**	103	2,19	.74	119	2.94	.86	**
Insufficient Self-Control	103	1.68	.73	129	2.27	1.00	**	103	1.54	.53	119	2.18	.95	**
Approval research	103	2,29	.76	126	3.18	1.26	**	103	2.36	.81	116	3.40	1.31	**
Negativity	103	2.30	.62	126	3.19	1.20	**	103	2.37	.77	117	3.16	1.18	**
Punitiveness	103	1,66	.64	126	2.38	1.17	**	103	2.15	.65	116	2.88	1.41	**

*significant at .05
**Significant at .01

It can be observed that the clinical male group's mean scores of all of the seventeen parenting subscales regarding mother division are significantly higher than the non-clinical group mean scores in the same subscale in the same division. All of these differences are at level a = 0.01. The father division mirrors this image with one exception. The Self-Sacrifice subscale reveals only non-significant differences between the non-clinical mean score (2.22) and the clinical male group mean score (2.27). Note that the non-clinical female group has significantly higher mean scores than the male clinical group of Self- Sacrifice subscale in father division. Contrary to what could be expected, the non-clinical female group shows significantly higher mean score than the clinical female group in the Self-Sacrifice subscale father division, and secondly, even though less important, the non-clinical male group shows no significant differences with the clinical male group. One would expect that the non-clinical Palestinian children would be treated better than the clinical German children of Berbalk's study.

Note also that the Self –Sacrifice subscale produce a weak reliability (father division α =.40, mother division α = .58). This could explain the unexpected results. Another explanation for these results may

be cultural differences. For example, it is assumed that female children in the Palestinian society sacrifice themselves more than female children in a technologically advanced society such as Germany. The same can be assumed for male children in the Palestinian society. It is known that male children in the Palestinian society are expected to supplement the father's income and that in a very young age.

All of the above results in parts, 4.2.2.3.1, 4.2.2.3.2 and 4.2.2.3.3 convince the researcher to accept the hypothesis 5.a in part 3.1 that the clinical group would differ from the non-clinical group in relation to the parenting subscales. At the same time, the results in Tables Nr. 15, 16, and 17 (also in parts 4.2.2.3.1, 4.2.2.3.2 and 4.2.2.3.3) call for the rejection of the null hypothesis.

4.2.2.4 Correlation between Parenting subscales and Early Maladaptive Schemas

Table 18: Correlation between Parenting Subscales and Early Maladaptive Schemas

	Total group		Female		male	
Schemas	Mother	Father	Mother	Father	Mother	Father
Emotional deprivation	.73**	.62**	.79**	.66**	.64**	.54**
Abandonment	.20**	.23**	.16*	.19*	.22**	.28**
Mistrust abuse	.47**	.24**	.61**	.14*	.34**	.31**
Defectiveness/ shame	.53**	.59**	.59**	.41**	.71**	.61**
Failure	.32**	.43**	.29**	.48**	.33**	.16
Dependence incompetence	.57**	.67**	.54**	.58**	.62**	.75**
Vulnerability to harm or illness	.65**	.61**	.86**	.85**	.15*	.28**
Enmeshment	.58**	.43**	.79**	.57**	.01	-.04
Subjugation	.45**	.58**	.54**	.47**	.21*	.44**
Self-sacrifice	.60**	.63**	.75**	.83**	.15	-.09
Emotional inhibition	.56**	.70**	.83**	.67**	.27**	.79**
Unrelenting standard	.21**	.48**	.22*	.49**	.15*	.42**
Entitlement	.20**	.21**	.33**	.24**	.29*	.36**
Insufficient Self-Control	.66**	.41**	.59**	.29*	.71**	.49**
Approval research	.36**	.28**	37**	.33**	.30**	.04
Negativity/ Pessimism	.53**	.58**	.15*	.33**	.81**	.87**
Punitiveness	.38**	.40**	62**	.65**	.07	.05

*significant at .05
**Significant at .01

Bivariate (Pearson) Correlation Analysis was used to investigate the correlation between Parenting subscales and the Early Maladaptive Schema subscales. Table Nr. 18 shows the results for the total the female and the male groups.

The rows in Table 18 are composed as follows: The second entry in Table 18 shows the correlation between each subscale on the parenting inventory of the mother division and the corresponding subscale in the schema questionnaire for the total group. The third entry shows the correlation between each subscale on the parenting inventory father division and the corresponding subscale in the schema questionnaire for the total group. The fourth entry shows the correlations between Parenting inventory subscales for mother division and the corresponding subscale in the Schema Questionnaire for females. The fifth entry shows the correlation between Parenting inventory subscales father division and the corresponding subscales in the Schema Questionnaire also for the female group. The sixth and seventh entries show the correlations between the Parenting inventory subscales respectively for mother and father divisions with the corresponding subscales in the schema questionnaire for the male group.

Table 18 shows the intensity of the correlation between Early Maladaptive Schemas and Parenting. A high significant correlation here can mean that the schema originates from one or both parents. For example, a high significant correlation between one subscale in the Schema Questionnaire and the corresponding subscale in the Parenting inventory, mother or father division, indicates that this schema is most probably originates from mother or father respectively.

For the total group there are ten significant correlations ≥ .50. Seven of these ten correlations can be observed in both the mother and father divisions; in Emotional deprivation (mother division r =.73, father division r =.62), in Defectiveness/Shame (r = .53, r = .59), in Dependence/Incompetence (.57, .67), in Vulnerability to Harm or illness (r = .65, r = .61), Self-Sacrifice (r = .60, r = .63), in Emotional Inhibition (r = .56, r = .70) and in Negativity/Pessimism (r = .53, r = 58). The above schemas most probably originate from both mothers and fathers for the total group. The three remaining significant correlations ≥ .50 are found only in one division of the subscales; in the Enmeshment schema of the mother division (r = .58), in the Subjugation schema of the father division (r = .58) and in the Insufficient Self-Control of the mother division (r = .66). These three schemas are likely to originate from only one of parents, father or mother.

Significant correlations can be observed when regarding male and female groups separately.
In the Negativity/ Pessimism subscale the correlation between male's schemas and parenting (mother division r = .81, father division r = .87) is higher than the correlation between females and parenting

(r = .15, r = .33). This could be explained by gender roles in Palestinian society. In Palestinian society it is assumed that women have fewer rights and more responsibilities than men. Such circumstances could lead to more negativity and pessimism. The schema negativity for the female group seems to originate from society and not from parenting. At the same time parents play a greater role in contributing to negativity of the male group than to the female group. Also in other subscales the correlation between the male group and parenting is higher than the correlation between the female group and parenting; Defectiveness/Shame male group (mother division r = .71 , father division .61), female group (mother division r = .59, father division r =.41), Dependence/Incompetence for male (r = .62, r = .75) and female (r = .54, r = .58), Emotional Inhibition father division (r = .79) for males and for females (r = .67) and Insufficient Self-control mother division for the male group (r= .71) for the female group (r =.59) (Note that Emotional Inhibition is a conditional schema it is expected to have less correlation with parenting because it is usually developed as a result to the unconditional schema).

However, the correlation between other schemas and parenting are higher for the female group than the male group. The Punitiveness schema for female group correlates significantly high with parenting (mother division r = .62, father division r = .65). In contrast there is no significant correlation between the Punitiveness Schema for the male group and parenting. This means that females who have punitive parents tend to have a Punitiveness schema. This also means that males who have the Punitiveness Schema do not necessarily have punitive parents. Also in the Mistrust/Abuse schema the correlation between the schema and the parenting in the mother division for the female group (r = .61) is higher than the correlation for male group (r = .34). This result indicates that a stronger role of mothers is more apt to cause the development of the Mistrust/Abuse Schema for the female group than the male group. Moreover the correlation between the Vulnerability to Harm or Illness Schema and parenting in *both* the mother and the father divisions are significantly high for females (r = .86 and r = .85 respectively), while for male group the correlation well below r = .50 (r = .15, r = .28). Furthermore the correlation between the Enmeshment Schema and parenting for the female group is significantly high also in both mother and father divisions (mother division r =.79, father division r =.57); while for male group there is no significant correlation. And lastly the correlation between Self-Sacrifice and parenting is higher for the female group (r = .75, r = .85) than for the male group in both mothers and fathers divisions. The researcher thinks that the MA and VH for male group originates most probably from the conflict with the occupation army because male are more exposed to the conflict with the army than females.

Expectedly both conditional schemas Unrelenting Standard and Approval Research show low significant correlations, below r =.50, with parenting. It is usual that conditional schemas develop as a reaction to unconditional schemas and do not primarily develop from parenting.
Unexpectedly both conditional schemas Subjugation and Self- Sacrifice correlate significantly high with parenting especially for the female group, as just said above, conditional schemas develop as reaction to unconditional schemas and not from parenting.

In conclusion, the results in part 4.2.2.4 support Young's main basic view that Early Maladaptive Schemas originate from the childhood environment, especially from parents.

For the total group, the correlation between Early Maladaptive Schemas and mother division schemas and between the early maladaptive schema and father division are almost at the same level, with only one minor exception. In the Insufficient Self-Control Schema mothers have somewhat higher correlation than fathers (r = .66, r = .41).

For the female group, the role of mothers is more dominate than the role of fathers resulting in the development of the Mistrust/Abuse (mother division r =.61, father division r = .14), likewise for the Insufficient Self-Control Schema (mother r =. 59, father r = .29).

For the male group, the role of fathers is clearly more dominate than the role of mothers causing the development of the Emotional Inhibition Schema (mother .27, father r = .79). While the role of mother is somewhat higher than the role of father causing the development of the Insufficient Self-Control Schema in male group (mother .71, father r = .49).

The differences between the male group and the female group in regard to acquiring their schemas from parenting are obvious in five schemas. The female group is more likely to acquire the following four schemas from parenting more than the male group; *Punitiveness* (mother r =.62, father r =.65) the male group(r= .07, r = .05), *Self-Sacrifice* the female group (mother r = .75, father r = .83) male (r = .15, r = .09), *Enmeshment* the female group(mother r = .79, r = .57) the male group (r = .01, r = -.04), and *Vulnerability to harm or illness* the female group (r = .86, father r = .85) the male group (r = .15, r = .28). In the other hand, the male group is more likely to acquire the *Negativity/pessimism schema* from parenting (r = .81, r = .87) than the female group (r = .15, r = .33).

The above results in Table 18 lead the researcher to reject the null hypothesis and to accept the Hypothesis Nr. One in part 3.1 *"The 18 Early Maladaptive Schema of Young Schema Questionnaire will correlate significantly with the corresponding schema in Parenting Inventory".*

4.2.3 Young Schema Questionnaire

This section discusses the Schema Questionnaire analyses, the reliability of this questionnaire's subscales, the factor analysis, the gender differences, the differences between the German clinical sample and the Palestinian non-clinical sample, the correlation between the Early Maladaptive Schema and psychological symptom's dimensions and the correlation between the Early Maladaptive Schemas and personality accentuations.

4.2.3.1 YSQ- S3 -Reliability analysis

Table 19: YSQ- Reliability Analysis

Schemas	Items	α
Emotional deprivation	1,19,37,55,73	.77
Abandonment	2,20,38,56,74	.75
Mistrust abuse	3,21,39,57,75	.88
Social isolation	4,22,40,58,76	.73
Defectiveness/ shame	5,23,41,59,77	.74
Failure	6,24,42,60,78	.71
Dependence incompetence	7,25,43,61,79	.74
Vulnerability to harm or illness	8,26,44,62,80	.75
Enmeshment	9,27,45,63,81	.81
Subjugation	10,28,46,64,82	.71
Self-sacrifice	11,29,47,65,83	.78
Emotional inhibition	12,30,48,66,84	.71
Unrelenting standard	13,31,49,67,85	.73
Entitlement	14,32,50,68,86	.75
Insufficient Self-Control	15,33,51,69,87	.79
Approval research	16,34,52,70,88	.72
Negativity	17,35,53,71,89	.71
Punitiveness	18,36,54,72,90	.71

As seen in Table Nr.19 Cronpach's Alpha for the present study ranges from $\alpha = .71$ for 'Subjugation' subscale to $\alpha = .88$ for 'Mistrust Abuse' subscale. No subscale registers $\alpha \leq .70$.

In comparison, the Cronbach's Alpha for the Romanian version of YSQ-S3 subscales range from α= .68 for both Insufficient Self-Control and Enmeshment subscale to α=.96 for Negativity/Pessimism (Trip, 2006). Moreover the Cronbach's Alfa for the Turkish version of YSQ-S3 subscales range from α = .63 for the Vulnerability to harm or illness to α = .80 for both Failure subscale and Enmeshment/Dependence subscale.

4.2.3.2 YSQ-S3-Factor Analysis

In order to examine the factor structure for the Arabic version of YSQ-S3 the principal components analysis (PCA) was conducted, to obtain the most simple solution for the factors the varimax rotation was used, The factorial analysis revealed a meaningful seventeen factors solution explaining 54.77% of the total variance. Items loading above 0.40 on each factor are shown in Table 20.

Table 20: YSQ- Faktor Analysis

Factor	Name	Items	Eigen value	R value
One	Insufficient Self-Control	15. I Can't seem to discipline myself to complete most routine or boring tasks	9.62	.77
		33. If I can't reach a goal, I become easily frustrated and give up		.75
		69. I can't force myself to do things I don't enjoy, even when I know it's for my own good		.74
Two	Enmeshment	9. I have not been able to separate myself form my parent(s) the way other people my age seem to	6.54	.89
		63. I often feel as if my parent(s) are living through me – that I don't have a life of my own.		.88
		81. I often feel I do not have a separate identity from my parent(s) or partner		.86
	One item from the Dependence schema	7. I do not feel capable of getting by on my own in everyday life.		.71
			4.89	.72
Three	Emotional deprivation/Abandonment	1. I haven't had someone to nurture me, share him/herself with me, or care deeply about everything that happens to me		
		2. I find myself clinging to people I'm close to because I'm afraid they'll leave me.		.71
		19. I don't have people to give me warmth, holding, and affection.		.69
		20. I need other people so much that I worry about losing them.		.67
		38. I worry that people I feel close to will leave me or abandon me.		.66
		73. I haven't had strong or wise person to give me sound advice or direction when I'm not sure what to do.		.66
	One item from the Social Isolation schema	76. I always feel on the outside of groups.		.56
Four	Emotional Inhibition	66. I control myself so much that many people think I am unemotional or unfeeling.	3.76	.82
		84. People see me as uptight emotionally.		.81
	Item from Punitiveness	18. If I make mistake , I deserve to be punished		.77

Five	Mistrust Abuse	21. I feel that I cannot let my guard down in the presence of other people, or else they will intentionally hurt me.	3.37	.76
		39. It is only matter of time before someone betrays me.		.75
		75. I'm usually on the lookout for people's ulterior or hidden motives		.72
Six	Subjugation	10. I think that if I do what I want, I'm only asking for trouble.	3.37	.87
		46. In relationships, I usually let the other person have the upper hand.		.86 .52
		64. I've always let others make choices for me, so I really don't know what I want for myself.		
Seven	Entitlement	50. I hate to be constrained or kept from doing what I want.	3.23	.87
		86. I feel that what I have to offer is of greater value than the contribution of others		
		32. I'm special and shouldn't have to accept many of the restrictions or limitations placed on other people.		.79
Eight	Approval Research	16. Having money and knowing important people make me feel worthwhile.	2.91	.79 .72
		52.Unless I get a lot of attention from others, I feel less important		
Nine	Dependence Incompetence	79. I don't feel confident about my ability to solve everyday problems that come up.	2.82	.69
		43. I lack common sense		.61
		25. I think of myself as a dependent person when it comes to everyday functioning.		.47
Ten	Defectiveness/shame	5. No man /woman I desire could love me once he or she saw my defects or flaws.	2.21	.85
		23. No one I desire would want to stay close to me if he or she knew the real me.		.84
		41. I'm Unworthy of love, attention, and respect of others.		.79
Eleven	Punitiveness	36. If I don't try my hardest, I should expect to lose out.	2.14	.82
		54. If I don't do the job right, I should suffer the consequences.		.80
Twelve	Failure	6. Almost nothing I do at work (or school) is as good as other people can do.	2.13	.87
		78.I'm not as intelligent as most people when it comes to work or (school)		.79
Thirteen	Unrelenting Standard	85. I can't let myself off the hook easily or make excuse for my mistake.	2.12	.74
		67.I feel that there is constant pressure for me to achieve and get things done		.71
Fourteen	Social isolation	22. I'm fundamentally different from other people.	1.82	.87
		4.I don't fit in		.62
Fifteen	Insufficient self-control	87.I have rarely been able to stick to my resolution	1.49	.71
Sixteen	Vulnerability to Harm or Illness	80. I worry that I'm developing a serious illness, even though nothing serious has been diagnosed by a doctor.	1.24	.48
		8. I can't seem to escape the feeling that something bad is about to happen.		.42
Seventeen	Entitlement	14. I have a lot of trouble accepting "no" for an answer when I want something from other people.	1.11	.49

The table above revealed seventeen factors from the eighteen of Young's Early Maladaptive Schemas, the factor structure of the Arabic version in the present study differ from the theoretically proposed by Young, in that the Arabic version items from both Emotional Deprivation and Abandonment subscales as well as one item from the social isolation schema are found to be combined in one factor "factor three", and in that one item from the Dependence/Incompetence subscale combined with the Items of the Enmeshment Subscale. Moreover one item from the Punitiveness subscale combines in the Emotional Inhibition subscale. Finally, one item of the Entitlement subscale is found to be in one separate factor.

In comparison, the Turkish version of YSQ-S3 contains fourteen factors, the factor analysis of the Turkish version was conducted using a student non-clinical sample of 1071, the results of the principal components analysis (PCA) of the Turkish version shows that items from both Entitlement and Insufficient Self-Control subscales are combined in one factor. Furthermore, items from both the Social Isolation and Mistrust Abuse are combined in one Factor. Lastly items from both Enmeshment and Dependence/Incompetence subscales are combined in one factor. The Arabic version found that one item of the Dependence subscale combined with items from the Enmeshment, in spite of that both subscales are found separately. This result agrees with the Turkish version that the Dependence/Incompetence and Enmeshment could be combined in one subscale. In contrast to the Turkish version, the Arabic version of YSQ-S3 found that Social Isolation and Mistrust abuse are two separately subscales, as well as the Entitlement and Insufficient Self-Control both are separately factors.

Contrary with the Arabic version of YSQ-S3, the German version of the YSQ-S2 defined the Dependence Incompetence and the Defectiveness/shame as one factor, while in this study both are found to be separately factors.

The Early Maladaptive schema of Young are developed during his work with patients in the United States. This study is conducted in the West Bank. Children and people in west bank live a different kind of the toxic experiences. The main distinguish features in living in an occupied country are the lack of autonomy, especially when this autonomy is interrupted without warning, the physical and psychological subjugation and lastly the austerity economic status. Thus the researcher thinks that there could be different Early Maladaptive schemas for the Palestinian People which originate from living in a poor environment, as well as, living the experiences of the lack of Autonomy from outside.

The trouble of accepting "no" from other Palestinian people item 14 in factor seventeen is found separate from the other Entitlement items. The researcher thinks that the trouble in accepting "No" from other people in Palestine does not describe a kind of the Entitlement schema, rather this item could lie in the hard situation that all Palestinian people live. Due to these difficult circumstances which caused by external forces, the Palestinian people expect from each other the continued assistance.

4.2.3.3 Early Maladaptive Schemas correlations

Table Nr.21 shows the correlation between the eighteen Early Maladaptive schemas.

Table 21: YSQ Early Maladaptive Schemas Correlations

	Ed	Ab	ma	si	ds	fa	di	vh	em	sb	Ss	ei	us	et	is	ar	np
ed																	
ab	.72**																
ma	.26**	.28**															
si	.16*	.12*	.01														
ds	.32**	.26**	.25**	.08													
fa	.17*	.26**	.35**	-.20	.21**												
di	.40**	.31**	.19*	.26**	.34**	.05											
vh	.67**	.61**	.30**	.15*	.38**	.12	.36**										
em	.48**	.47**	.27**	.13*	.38**	.28**	43**	.71**									
sb	.49**	.40**	.23**	.02	.32**	.35**	.25**	.48**	.58**								
ss	.53**	.44**	.20**	.13*	.33**	.21**	.31**	.46**	.47**	.59**							
ei	.27**	.38**	.20**	.09	.27**	.32**	.08	.41**	.36**	.17*	.20*						
us	.19**	.19*	.58**	.01	.16*	.24**	.20*	.11	.15*	.23**	.13	.04					
et	.10	.11	.10	.17*	.32**	.02	.25**	.20*	.12	.16*	.19*	.09	.08				
is	.48**	.43**	.27**	.20*	.43**	.31**	.36**	.48**	.64**	.56**	.45**	.37**	.13	.20*			
ar	.70**	.58**	.24**	.12*	.32**	.21*	.39**	.65**	.55**	.57**	.45**	.25**	.20*	.23**	.48**		
np	.56**	.53**	.28**	.16*	.57**	.35**	.53**	.67**	.40**	.64**	.42**	.49**	.19	.32**	.28**	.40**	
P	.11	.23*	.11	.03	.18*	.38**	-.04	.26**	.58**	.26**	.30**	.57**	.03	.14	.42**	-.14	.36**

* Significant at .05

** Significant at .01

The table above shows several middle and high correlations. The highest correlation is between the Abandonment and the Emotional Deprivation schemas r = .72. Note that both schemas are in the same domain, the Disconnection and Rejection domain. Note also that both Schemas are combined in one

factor in the previous factor analysis. The next high significant correlation is found between the Vulnerability to Harm or illness and the Enmeshment schema r =. 71. Both schemas are in the same domain, the Impaired Autonomy and Performance. The Self-Sacrifice schema correlates also significantly with the other schemas in the same domain, the subjugation r= .59 and the approval research r= .56.

There are also several correlations between schemas in different domains. See the Negativity/ Pessimism this schema correlates with the Emotional Deprivation, the Abandonment, the Defectiveness/ Shame, the Failure, the Dependence/Incompetence, the Vulnerability to Harm or Illness and the Subjugation. See also the correlation between the Approval Research schema and the Emotional Deprivation, the Abandonment, Vulnerability to Harm or illness, the Enmeshment and the Subjugation. Similar results are found by Warburton & McIlwain (2005) using a sample of students n = 440, who find a strong correlation between several schemas from different Domains see the table below.

Table 22: Early Maladaptive Schemas Correlations- the Study of Warburton & McIlwain

	ma	ed	si	ab	ds	dc	fa	sb	vh
Mistrust/Abuse									
Emotional Deprivation	.520								
Isolation	.618*	.567*							
Abandonment	.529*	.329*	.472*						
Defectiveness Shame	.527*	.542*	.669*	.470*					
Disconnection Cluster (dc)	.811*	.764*	.841*	.724*	.804*				
Failure	.463*	.338*	.380*	.431*	.543*	.541*			
Subjugation	.508*	.394*	.512*	.549*	.529*	.638*	.536*		
Vulnerability	.606*	.379*	.562*	.505*	.515*	.652*	.449*	.519*	
Entitlement	.389*	.186*	.289*	.299*	.223*	.356*	.140*	.274*	.316*

* Significant at .01

Grutschpalk (2008) found also middle to strong correlations between the Early Maladaptive schemas especially the schema which comprise the same domain. Grutschpalk uses a clinical sample and she claimed the high correlation between schemas in that several schemas activated together with personality disorders people. In this study the same results are found for a non- clinical sample that is, also non-clinical people could live the activation of more than one schema in the same time.

4.2.3.4 YSQ- S3 Gender Differences

The T-test for independent samples was used to investigate gender differences concerning YSQ-S3, Table Nr. 23 shows the results.

Table 23: YSQ- Mean Scores- Gender Differences

Schemas	N female	× female	SD female	N male	× male	SD male	Sig
Emotional deprivation	97	3.10	.80	103	2.78	.65	**
Abandonment	97	2.60	.80	103	2.48	.60	*
Mistrust abuse	97	1.92	.94	103	1.64	.74	
Social isolation	97	2.37	.90	103	2.43	.78	
Defectiveness shame	97	2.69	.87	103	2.05	.82	
Failure	97	2.51	.84	103	1.90	.61	**
Dependence incompetence	97	2.35	.63	103	2.10	.83	
Vulnerability to harm or illness	97	2.67	1.11	103	2.48	.67	**
Enmeshment	97	3.00	1.15	103	2.29	.77	**
Subjugation	97	3.59	1.02	103	2.06	.57	**
Self-sacrifice	97	3.26	1.20	103	2.59	.72	**
Emotional inhibition	97	1.71	.72	103	1.67	.79	
Unrelenting standard	97	1.87	.70	103	1.54	.56	*
Entitlement	97	2.42	.52	103	2.13	.65	
Insufficient Self-Control	97	3.13	.82	103	2.61	.80	
Approval research	97	2.98	.84	103	2.56	.62	**
Negativity	97	3.80	.80	103	2.88	1.03	**
Punitiveness	97	2.72	1.07	103	2.38	.77	**

*significant at .05
**Significant at .01

As seen in Table Nr. 23 there are significant differences between the male group and the female group mean scores in the Schema Questionnaire in eleven of the 18 schemas. In all of the eleven subscales, the female group shows significantly higher means than the male group. Nine of the eleven differences in the subscales are at level a = .01; Emotional Deprivation, Failure, Vulnerability to Harm or Illness, Enmeshment, Subjugation, Self-sacrifice, Approval Research, Negativity and Punitiveness. The remaining two differences in the subscales are at level a = .05; Abandonment, and Unrelenting Standard.

The higher mean scores for the female group indicate a higher level of the Early Maladaptive Schemas. In the last Part 4.2.2, in the Parenting Inventory subscales, the female group shows less attention from parents. This treatment from parents could explain the higher level of Early Maladaptive Schemas for the female group in several schemas such as Emotional Deprivation or Failure. Another possible reason may lie in the Palestinian society itself. Women in the Palestine are assumed to have little freedom. In general, women are only allowed to leave their homes in company of their family or husbands. In contrast, males enjoy more autonomy than females; therefore they are

less susceptible to developing the Enmeshment schema. Another possibility may be an actual innate gender differences. Becker and colleagues concluded in their study (2002) that females are more emotionally vulnerable and express more types of negative emotions (Becker,et al, 2007). Furthermore, Bar-Tal, et al, (2006) mentioned that several researchers found that females express more negative feelings toward physical and emotional disorders than males. The results of this study agree with both Becker and Bar-Tal, et al conclusions regarding the higher mean scores for female group in the Negativity/Pessimism subscale as well as in the Vulnerability to Harm or Illness subscale.

4.2.3.5 YSQ-S3 Comparison between the German Clinical and the Palestinian Non-Clinical Samples

Analogue to the Parenting Inventory, this section firstly investigates the differences between the German clinical and the Palestinian non-clinical total samples, secondly the differences between the German clinical and the Palestinian non-clinical female groups, thirdly the differences between the German clinical and the Palestinian non-clinical male groups.

4.2.3.5.1 YSQ Comparison between the German Clinical and the Palestinian Non-Clinical Total Samples

Table 24: YSQ- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Total Samples

Schema	N normal	M normal	SD normal	N clinical	M	SD	Sig
Emotional Deprivation	200	2.93	.74	313	3.42	1.47	**
Abandonment	200	2.45	.71	313	3.58	1.32	**
Mistrust abuse	200	1.77	.85	313	3.09	1.23	**
Social isolation	200	2.40	.84	313	3.27	1.39	**
Defectiveness shame	200	2.36	.90	313	2.86	1.36	**
Failure	200	2.20	.79	312	2.97	1.24	**
Dependence incompetence	200	2.06	.69	312	2.54	1.17	**
Vulnerability to harm or illness	200	2.57	.91	312	2.63	1.26	
Enmeshment	200	2.64	1.03	312	2.74	1.28	
Subjugation	200	2.80	1.13	313	3.31	1.34	**
Self-sacrifice	200	2.92	1.04	312	3.80	1.14	**
Emotional inhibition	200	1.69	.75	312	2.97	1.37	**
Unrelenting standard	200	1.70	.65	312	3.89	1.15	**
Entitlement	200	2.27	.61	312	2.79	1.00	**
Insufficient Self-Control	200	2.86	.84	312	3.43	1.21	**
Approval research	200	2.76	.76	313	3.38	.99	**
Negativity	200	3.39	1.03	313	3.49	1.16	
Punitiveness	200	2,55	.84	311	3.06	.95	**

*significant at .05
**Significant at .01

From Table Nr .24 one notices significant differences between the mean scores of the German clinical and the Palestinian non-clinical total samples in fifteen of the eighteen subscales. The clinical group has higher significant means for all of the fifteen subscales. There are no significant differences between the mean scores between the clinical and the non-clinical groups in the three remaining subscales, the Vulnerability to Harm or Illness, the Enmeshment and the Negativity/Pessimism. In more detailed comparison will be made separately for males and females immediately.

4.2.3.5.2 YSQ Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

Table 25: YSQ- Mean Scores Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

Schema	N Non-clinical	× Non-clinical	SD Non-clinical	N clinical	× clinical	SD clinical	Sig
Emotional deprivation	97	3.10	.80	184	3.71	1.48	**
Abandonment	97	2.60	.80	184	3.80	1.27	**
Mistrust abuse	97	1.92	.94	184	3.23	1.31	**
Social isolation	97	2.37	.91	184	3.42	1.43	**
Defectiveness shame	97	2.69	.87	184	3.01	1.44	**
Failure	97	2.51	.84	184	3.14	1.27	**
Dependence incompetence	97	2.03	.52	184	2.66	1.18	**
Vulnerability to harm or illness	97	2.67	1.11	184	2.83	1.30	**
Enmeshment	97	3.00	1.15	184	2.92	1.32	
Subjugation	97	3.59	1.02	184	3.41	1.35	
Self-sacrifice	97	3.26	1.20	183	3.91	1.13	**
Emotional inhibition	97	1.71	.72	183	2.92	1.40	**
Unrelenting standard	97	1,87	.70	183	4.11	1.12	**
Entitlement	97	2.42	.52	183	2.81	.99	**
Insufficient Self-Control	97	3.13	.82	183	3.50	1.19	**
Approval research	97	2.98	.84	184	3.44	.96	**
Negativity	97	3.80	.70	184	3.67	1.16	*
Punitiveness	97	2.72	1.07	184	3.17	.99	**

*significant at .05
**Significant at .01

Now looking more closely at the female group, significant differences between the clinical female group and the non-clinical female group are obvious in sixteen of the eighteen subscales.

The mean scores of the clinical group are higher than the mean scores of the non-clinical group in fifteen of the sixteen subscales at level a =.01 (Emotional Deprivation, Abandonment, Mistrust Abuse, Social Isolation, Defectiveness/Shame, Failure, Dependence/Incompetence, Vulnerability to

Harm or Illness, Self-Sacrifice, Unrelenting standard, Entitlement, Insufficient Self-Control, Approval Research and Puniteveness). For the remaining sixteenth subscale, Negativity /Pessimism, the non-clinical group registers a higher mean score than the clinical group at level a= .05. (For both the Enmeshment and the Subjugation subscales no significant differences between the clinical and the non-clinical female groups can be seen.)

The clinical group shows a higher level than the nonclinical group in all of the above mentioned fifteen Early Maladaptive Schemas. The Early Maladaptive Schemas are hypothesized to correlate with personality disorders (Young et al., 2003). The above German clinical group suffers from personality disorders. Thus it is expected to find that the Early Maladaptive Schemas of the clinical group tally higher than the Early Maladaptive schemas of the non-clinical group.

It is unexpected to get significantly higher scores for the Palestinian non-clinical female group than for the German clinical female group in the Negativity/Pessimism schema. When comparing the German clinical *male* group with the Palestinian non-clinical *male* group in the Negativity/Pessimism schema, one observes that the Palestinian non-clinical male group has significantly lower means than the German clinical male group. This result indicates that the problem of Negativity is specific to the Palestinian non-clinical female group. See Table Nr. 26.
The Palestinian society, tradition, and culture, and in addition the conflict in Palestine may very well play a role in causing the Palestinian non-clinical female group to show a higher negativity mean score than the German clinical female group.

4.2.3.5.3 YSQ-Comparison between the German Clinical and the Palestinian Non-clinical Male Groups.

Table 26: YSQ- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Male Groups

	N non-clinical	× non-clinical	SD Non-clinical	N clinical	× clinical	SD clinical	sig
Emotional Deprivation	103	2,78	.65	129	3.00	1.36	**
Abandonment	103	2,48	.60	129	3.26	1.33	**
Mistrust abuse	103	1,64	.74	129	2.88	1.06	**
Social isolation	103	2,43	.78	129	3.05	1.31	**
Defectiveness shame	103	2.05	.82	129	2.64	1.22	**
Failure	103	1.90	.61	128	2.72	1.16	**
Dependence incompetence	103	2.09	.81	128	2.37	1.13	**
Vulnerability to harm or illness	103	2.44	.67	128	2.34	1.14	
Enmeshment	103	2.29	.77	128	2.47	1.19	*
Subjugation	103	2.06	.57	129	3.17	1.33	**
Self-sacrifice	103	2.59	.72	129	3.64	1.14	**
Emotional inhibition	103	1.67	.79	129	3.05	1.32	**
Unrelenting standard	103	1.54	.56	129	3.58	1.11	**
Entitlement	103	2.14	.65	129	2.73	1.02	**
Insufficient Self-Control	103	2.61	.80	129	3.32	1.23	**
Approval research	103	2.56	.62	129	3.31	1.03	**
Negativity	103	2.88	1.03	129	3.23	1.12	**
Punitiveness	103	2.38	.77	127	2.90	.87	**

*significant at .05
**Significant at .01

Table 26 shows significant differences between the German clinical male group and the Palestinian non-clinical male group in seventeen of the eighteen Early Maladaptive Schemas. The German clinical male group registers significantly higher mean scores in all of the seventeen Early Maladaptive Schemas, sixteen of the differences are at level a =.01 and one difference is at level a =.05. Concerning the eighteenth schema, Vulnerability to Harm or Illness Schema, no significant difference occurs between the mean score of the German clinical male group and the mean score of the Palestinian non-clinical male group.

These results indicate that the levels of the Early Maladaptive Schemas of the German clinical male group are higher than the levels of the Early Maladaptive Schemas of the Palestinian nonclinical male group, except for the Vulnerability to Harm or Illness schema.

The reason that the Palestinian non-clinical male group unexpectedly shows approximately the same level of the Vulnerability to harm or illness with the German clinical male group, may lie in perceived

threat from the occupying army in the West Bank. Moreover the victims of the occupation are acutely aware that they are not always in control of their lives.

From the results in parts 4.2.3.4.1, 4.2.3.4.2, 4.2.3.4.3 the researcher concludes that the hypothesis 5.b, "The German clinical sample will differ from the Palestinian non-clinical sample in relation to the Early Maladaptive Schemas", should be accepted and the null hypothesis to be rejected.

4.2.3.6 The Relationship between the Early Maladaptive Schemas and the Psychiatric symptoms

Table 27: The Correlation between the Early Maladaptive Schemas and the Psychiatric Symptoms

	SOM	O-C	I-S	DEPR	ANX	HOS	PHOB	PAR	PSY
Emotional Deprivation	.29**	.25*	.07	.52**	.31**	.37**	.23**	.43**	.35**
Abandonment	.29**	.11	.13	.43**	.38**	.37**	.25**	.41**	.33**
Mistrust abuse	.23**	.22**	.00	.23*	.20*	.09	.17*	.56**	.21**
Social isolation	.08	.01	.15*	.44	.17*	.45**	.13	.08	.07
Defectiveness shame	.36**	.21**	.10	.33**	.45**	.44**	.45**	.41**	.43**
Failure	.05	.01	-.06	.28**	.20**	.00	-.01	.49**	.07
Dependence incompetence	.12	.06	.07	.36**	.31**	.42**	.37**	.28	.26*
Vulnerability to harm or illness	.47**	.25**	.17*	.44**	.43**	.49**	.35**	.50**	.49**
Enmeshment	.27**	.14*	.10	.40**	.47**	.38**	.17*	.63**	.28**
Subjugation	.30**	.20**	.05	.43**	.13	.25**	.02	.49**	.32**
Self-sacrifice	.27**	.20**	.12	.39**	.31**	.42**	.07	.47**	.34**
Emotional inhibition	.21**	.07	.15*	.23**	.58**	.24**	.30**	. 54**	.22**
Unrelenting standard	.17*	.20**	-.01	.14	.08	.03	.11	.35**	.18*
Entitlement	.37**	.22**	.25**	.15	.22**	.58**	.35**	.10	.37**
Insufficient Self-Control	.36**	.19*	.14*	.54**	.51**	.37**	.27**	.69*	.43**
Approval research	.36**	.27**	.15*	.49**	.31**	.37**	.26**	.44	.38**
Negativity	.35**	.20*	.09	.65**	.54**	.52**	.33**	.72**	.46**
Punitiveness	.04	-.10	-.00	.41**	.56**	.01	.02	.63	-.08

Schema Therapy (ST) hypothesizes that early maladaptive schemas (EMSs) are at the core of personality disorders, personality difficulties and psychological symptoms. In order to study the relationship between the Early Maladaptive Schema and the Psychological Symptoms the Bivariate Person Correlation Test was employed. Table 27 above reveals the results.

In Table 27 the correlations between YSQ-S3 subscales and the SCL-90-R subscales are visible. It is remarkable when viewing the table as a whole the number of significantly high correlations of $r \geq .50$.

In regarding the Symptoms Dimensions separately, it is worthy of mention that no significant correlations of r ≥.50 are found for the symptom of Obsessive-Compulsive and Interpersonal Sensitivity, Phobia, and Psych. Likewise when looking at Somatization Subscale, no value ≥.50 is to be seen. The highest correlation for Somatization Symptom is found with "Vulnerability to Harm or Illness Schema" r =.47.

The role of pessimism in the development and maintenance of depression is well known especially by cognitive theorists (Alloy& Ahrens, 1987). In this study the Depression Symptom Dimension correlates most strongly with the "Negativity/Pessimism Schema", r = .65, followed by "Insufficient Self-Control Schema", r = .54 and "Emotional Deprivation Schema", r =.52.

The Anxiety Symptom Dimension correlates most strongly with the "Emotional Inhibition Schema, r =.58. Moreover the Anxiety Symptom Dimension also correlates significantly with "Negativity/ Pessimism", "Insufficient Self-Control" and "Punitiveness Schemas.

The Hostility Symptom Dimension correlates significantly with the "Entitlement Schema" r = .58. This result agrees with Moeller and colleagues (2008), who also found that "entitled people create conflict and hostility in their relationships". The Hostility Symptom Dimension correlates also significantly with the "Negativity/ Pessimism Schema" r = .52.

Paranoid Ideation Symptom Dimension correlates significantly with "Negativity/ Pessimism Schema", r = .72, "Insufficient self-control" r= .69 "Punitiveness" r =.63, Enmeshment r =.63, "Mistrust abuse", r = .56 "Emotional Inhibitions", r = .54 and "vulnerability to harm or illness", r = .50.

The high significant correlations between several Symptom Dimensions and Early Maladaptive Schemas in the table above lead the researcher to reject the null hypothesis and simultaneously accept the sub-hypothesis Nr 3.a, "Early Maladaptive Schemas correlate significantly with psychological symptoms".

4.2.3.7 The Relationship between the Early Maladaptive Schemas and the Personality Accentuations

Table 28: The Correlation between the Early Maladaptive Schemas and the Personality Accentuations

	PRN	DEP	IMP	SZD	NAR	BDL	AVD	OCP	SZT	ANT	HST
Emotional Deprivation	.28**	.39**	.06	.29**	.25**	.60**	.34**	.10	.37**	.29**	.47**
Abandonment	.32**	.36**	.07	.26	.17*	.65**	.29**	.12	.29	.30**	.42**
Mistrust abuse	.41**	.17*	.03	.07*	.05	.58	.14**	.15*	.19*	.07	.12
Social isolation	.20**	.27**	.20**	.53**	.18*	.10	.68*	.14	.32	.21**	.16
Defectiveness shame	.22*	.42**	.21**	.11	.28**	.20**	.42**	.17*	.36**	.19**	.26**
Failure	.26	-.01	-.11	-.15	-.04	.27	.07	.16*	.10	-.04	.14*
Dependence incompetence	.26**	.70**	.36**	.16	.22**	.13**	.24**	.12	.34	.27**	.28**
Vulnerability to harm or illness	.48**	.49**	.16*	.30**	.20**	.56**	.37**	.14	.35**	.37**	.58**
Enmeshment	.53**	.43**	.11	.28**	.06	.52**	.43	.30**	.44**	.39**	.55**
Subjugation	.22	.11	-.07	.03*	.21**	.41**	.22**	.18*	.19*	.17*	.51**
Self-sacrifice	.25**	.38**	.17*	.18	.23**	.46**	.24**	.21**	.30	.31**	.51**
Emotional inhibition	.56**	.24**	.06	.22*	.-.01	.30**	.29**	.35**	.45**	.19**	.33**
Unrelenting standard	.15	.08	.00	-.00	.11	.41	.15**	.12	.09	-.03	.06
Entitlement	.10	.30**	.46**	.01	.72**	-.10	.21*	.03	.20	.19**	.18
Insufficient Self-Control	.59**	.47**	.08	.26	.21**	.44	.44**	.31**	.54**	.36**	.67**
Approval research	.32*	39**	.07	.23**	.28**	.48**	.35**	.11	.38**	.39**	.65**
Negativity	.58**	.58**	.29**	.21**	.31**	.37**	.42**	.31**	.58**	.35**	.55**
Punitiveness	.50*	.03	-.09	.16**	-.25**	.31**	.26**	.44**	.15	23**	.25**

*significant at .05
**Significant at .01

The Bivariate Correlation Test was also used to investigate the relationship between the Early Maladaptive Schemas and personality accentuations.

High significant correlations of r ≥.70 are recorded two times. The first time is between the Narcissistic personality accentuation and the Entitlement Schema, r =.72. The second high correlation is between the Dependence Personality Accentuation and the "Dependence/ Incompetence Schema", r =.70. Also the Dependence Personality Accentuation correlates significantly high with "Negativity/Pessimism Schema", r ═.58.

The Schizoid Personality Accentuation correlates significantly with the "Social Isolation Schema", r ═.53. The Avoidance Personality Accentuation also correlates significantly with the "Social Isolation Schema" r ═ .68.

The Borderline Personality Accentuation correlates significantly with several schemas; "Emotional Deprivation", r =.60; "Abandonment", r=.65; "Mistrust/Abuse", r=.58; "Vulnerability to Harm or Illness", r ═ .56; and "Enmeshment", r ═.52. These results agree with the Studies, which hypothesize that BPD Individuals are avoidant; view the world as dangerous, insecure; and view themselves as vulnerable, powerless and unacceptable (Arnzt, 2005).

The main characteristic of Histrionic individuals is excessive emotionality and attention seeking. In this study, the Histrionic Personality Accentuation correlates significantly with seven schemas. The Histrionic Personality Accentuation correlates most strongly with the Insufficient Self-Control Schema", r ═.67; followed by "Approval/Research Schema", r ═ .65, "Vulnerability to Harm or Illness", r ═.58; "Negativity/Pessimism", r=.55; "Enmeshment" r ═.55; "Self-Sacrifice" and "Subjugation", r ═.51. The above results are consistent with the study of Grutschpalk (2001). See part 2.4.

Table 28 above shows high correlations between the Early Maladaptive Schemas and the Personality Accentuations. These high correlations lead the researcher to reject the null hypothesis and at the same time to accept hypothesis 3.b "Early Maladaptive Schemas correlate significantly with personality accentuation".

4.2.4 Section four: Compensation Inventory

This section interprets the results of the Compensation Inventory. Just as with the Parenting Inventory and also the Schema Questionnaire, this section begins with reliability analysis, proceed to gender differences followed by the clinical and the non-clinical differences, the correlation between the Compensation subscales and the Early Maladaptive Schemas, and finally the correlation between the Compensation subscales and both Psychological Symptoms and Personality Accentuations.

4.2.4.1 Compensation Inventory- Reliability Analysis

Table 29: YCI- Reliability Analysis

Schema	Items	α
Emotional Deprivation	11,12,20,25,27,28,45,46,48	.64
Abandonment	13,22,28,36,48	.40
Mistrust abuse	1,3,4,42,47,20,25,27,34,39,35,37,38,46,48	.70
Social isolation	6,7,8,9,10	.61
Defectiveness shame	2,5,40,6,7,8,9,10,34,39,35,41,44,45,48	.51
Failure	6,7,8,9,10,41	.70
Dependence incompetence	20,21,35	.34
Vulnerability to harm or illness	13,14,15	.51
Enmeshment	21	
Subjugation	16,17,18,23,29,30,33,19,21,22,24,25,27,31,32,37,38,48	.71
Self-sacrifice	25,27	.67
Unrelenting standard	13,14,15,16,19,26,31,32,45	.54
Entitlement	24	
Insufficient Self-Control	22,24	.49
Approval research	31,32	.14
Negativity	13,14,15,43,44	.56

The reliability is also measured for the Compensation Questionnaire Subscales using Cronbach's Alfa. The majority of the subscales show a value below .65. This means that the reliability of these subscales is unacceptable. In actual fact, only three of the subscales are reliable, namely "Mistrust/abuse", "Failure", and "Subjugation". The "Self-Sacrifice" is a borderline case bearing a reliability of $\alpha = .67$. Table 29 shows that the same item can be found in a number of subscales, therefore putting the reliability in question.

Grutschpalk's (2008) analyses the reliability of the Compensation Inventory Subscales using a German clinical sample. The present study analyses the reliability of the Compensation Inventory

Subscales using a Palestinian non-clinical sample. The Compensation Inventory of Grutschpalk (2008) and of the present study (2009) are for all intents and purposes more less congruent. Moreover the results of the reliability in both studies are, with minor differences, very similar. In spite of differences of samples - clinical and non-clinical - the results of the reliability show little differences. Obviously the problem lies in the Inventory itself.

(The highest reliability in Grutschpalk's study is found for Mistrust Abuse Subscale α= .79. In the present study Mistrust Abuse subscale register α= .70. Moreover, Grutschpalk found α =.34 for insufficient Self-Control subscale in this study α= 49).

4.2.4.2 The Correlation between Compensation Subscales and Early Maladaptive Schemas

Table 30: The Correlation between the Compensation Subscales and the Early Maladaptive Schemas

Subscales	Total	Female	Male
Emotional Deprivation	.21**	.31**	.07
Abandonment	.28**	.30**	.26**
Mistrust abuse	.17**	.15	.12
Social isolation	.18	.21*	.23*
Defectiveness shame	.29**	.26**	.22**
Failure	.11	-.12	.05
Dependence incompetence	.23**	.12	.30**
Vulnerability to harm or illness	.21**	.02	.48**
Enmeshment	-.01	.12	-.07
Subjugation	.23**	.15	.27**
Self-sacrifice	.14	.04	.22**
Unrelenting standard	.24**	.22**	.15*
Entitlement	.01	.06	.07
Insufficient Self-Control	-.11	-.16	.14
Approval research	.04	-.10	.07
Negativity	.43**	.30**	.49**

*significant at .05
**Significant at .01

To adapt to early maladaptive schemas people develop maladaptive coping styles and responses, so that they do not have to experience the emotions that schemas usually engender. This section investigates the correlation between Early Maladaptive Schemas and Compensation Subscales as a coping style for this schema. Table 30 indicates the results. The second entry demonstrates the correlation between each schema in the Schema Questionnaire and the corresponding schema on Compensation Inventory for the total group. Entry three shows the correlation between schemas on Schema Questionnaire and the corresponding schema on Compensation Inventory for the female group. The last entry presents the same correlations for the male group respectively.

As a whole, compensation coping styles and schemas mostly correlate weakly at the best. Only the two subscales "Vulnerability to Harm or Illness" r ═.48 and Negativity r ═.49 correlate moderately for the male group, and only for the male group. There are no major correlations r ≥.50 in any of the groups, total, female or male groups.

The weak reliability of Compensation Subscales in Table 29 above could probably be the cause of the weak correlations between the schemas in Schema Questionnaire and the corresponding compensation subscales.

There is another possible explanation for the weak correlation between Schemas in Schema Questionnaire and the corresponding schemas in the compensation Inventory. By chance the researcher notices that the Compensation Inventory Items are formulated sometimes explicitly and in other times implicitly. For example, Item Nr 21 in the Compensation Inventory explicitly describes the compensation of the Dependence Incompetence Subscale: "*It's crucial to me that I make my own decisions and support myself even if I feel vulnerable or unsure of myself"*. One had expected that the participants, who answered the items of the dependence/Incompetence in Schema Questionnaire on the higher range of the scale from one to six, would have contradicted Item Nr 21 in the Compensation Inventory and answered it on the lower range. This then would have led to a high negative correlation which obviously was not found here.

An example of an implicit item is Item Nr.14 which describes the Vulnerability compensation subscale: *"I expend a lot of effort trying to avoid having things go wrong".* For Young this item describes the Vulnerability to Harm or illness compensation. Because such a formulation does not explicitly describe compensation, the participants are not aware that they are confronted with the schema and therefore the participants do not necessarily give a contradictory answer. They would have given a contradictory answer if they had known that they were being asked about the compensation of the schema.

In any case it should be noted that the existence of the implicit and explicit items could possibly have another consequences.

The results above lead the researcher to reject the null hypothesis and to accept hypothesis Nr. 2.a "Early Maladaptive Schemas in Young's Schema Questionnaire correlate significantly with the corresponding schemas in the Compensation Inventory.

4.2.4.3 Compensation Inventory- Gender Differences

Table 31: YCI- Mean Scores- Gender Differences

Compensation subscale	N Female	× Female	SD Female	N male	× male	SD male	Sig
Emotional Deprivation	97	2.73	.55	103	2.64	.51	
Abandonment	97	2.79	.53	103	2.67	.66	*
Mistrust abuse	97	2.82	.60	103	2.41	.59	
Social isolation	97	3.62	.96	103	3.06	.56	**
Defectiveness shame	97	3.00	.57	103	2.79	.55	*
Failure	97	3.56	.91	103	2.88	.60	**
Dependence incompetence	97	3.13	.81	103	2.96	.90	
Vulnerability to harm or illness	97	1.89	.72	103	1.76	.72	
Enmeshment	97	2.91	1.35	103	3.27	1.42	
Subjugation	97	2.62	.62	103	2.46	.65	
Self-sacrifice	97	2.24	.68	103	2.06	.72	
Unrelenting standard	97	2.36	.63	103	2.13	.71	
Entitlement	97	2.75	1.35	103	3.26	1.11	*
Insufficient Self-Control	97	2.39	1.00	103	3.09	1.01	
Approval research	97	2.76	1.15	103	2.25	.94	**
Negativity	97	2.02	.61	103	1.82	.55	

*Significant at .05
** Significant at .01

T -Test was used to investigate gender differences in the Compensation Subscales. Table 31 shows significant differences between female and male groups in six of the sixteen subscales, three differences at level a = .01 and the remaining three at level a =.05.

The mean scores for "Abandonment" "Social/Isolation" "Defectiveness/Shame" and "Approval Research" are significantly higher for the female group than for the male group. "Entitlement" is the only subscale in which the mean score of the male group is significantly higher than that of the female group.

In the Schema Questionnaire the female group has - as in the Compensation Inventory - significant higher mean scores than the male group in the "Abandonment" "Defectiveness Shame" and "Approval Research" schemas.

These results could indicate that the group with a higher mean of a specific schema has at the same time a higher mean of the compensation to the schema. Therefore, one could expect correlations between schemas and compensation.

The results in table 31 call for the rejection of the null hypothesis and in the same time the acceptance of hypothesis Nr.6.c. "The male group differs from the female group in relation to the Overcompensation Subscales".

4.2.4.4 Compensation inventory comparison between the German clinical and the Palestinian Non- Clinical groups

This section examines the differences between the German clinical and the Palestinian non-clinical groups regarding compensation Inventory for the total group and also for female and male groups separately.

4.2.4.4.1 Compensation inventory comparison between the German clinical and the Palestinian Non- Clinical Total Groups

Table 32: YCI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Total Samples

	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	sig
Emotional Deprivation	200	2.68	.53	313	3.21	.77	**
Abandonment	200	2.73	.60	313	3.50	.77	**
Mistrust abuse	200	2,61	.60	313	3.13	.72	**
Social isolation	200	3.33	.82	313	3.04	1.05	**
Defectiveness shame	200	2.90	.56	313	3.41	.70	**
Failure	200	3.21	.84	313	3.27	.96	
Dependence incompetence	200	3.04	.86	313	4.63	.96	**
Vulnerability to harm or illness	200	1,82	.72	313	4.18	1.07	**
Enmeshment	200	3.10	1.40	310	4.72	1.22	**
Subjugation	200	2.54	.60	313	3.10	.72	**
Self-sacrifice	200	2,15	.71	313	2.73	1.23	**
Unrelenting standard	200	2,24	.68	313	3.40	.70	**
Entitlement	200	3,02	1.26	309	2.97	1.65	
Insufficient Self-Control	200	2,75	1.06	313	2.86	1.30	
Approval research	200	2.50	1.07	313	2.99	1.20	**
Negativity	200	1,91	.60	313	3.82	.82	**

*Significant at .05
** Significant at .01

The differences between the German clinical and the Palestinian non-clinical total groups in the Compensation Subscales were investigated using the T- Test. Table 32 shows thirteen significant differences between the clinical and the non-clinical mean scores, at level a= .01. In twelve of the thirteen differences, the mean scores of the German clinical group are higher than the mean scores of the Palestinian non-clinical group. These results are expected. According to the basic assumption of Young, one could expect that healthier people will exercise less compensation.

The compensation relating to the Social Isolation subscale is unexpectedly higher for the Palestinian non-clinical group than the German clinical group. This result is questionable.
The social relations in the Palestinian society are known to be strong. There should be little need to compensate.

The researcher feels that two of the five items pertaining to the Social Isolation Subscale in the Compensation Inventory could very well be ways of compensating for *poverty* in Palestinian society - and not social isolation. For example item Nr 7. *The visible trappings of success (e.g., expensive car, clothing, and home) are important to me* and item Nr 10. *I often have fantasies of success, fame, wealth, power, or popularity* could easily be a reaction to the poor economic condition in the West Bank. The remaining three Items (Nr *6. It's important that others admire my accomplishments or achievements.* Item Nr 8. *I work hard to be among the best or most successful.* Item Nr 9. *It's important to me to be popular (e.g., part of the in-crowd))* could be an indirect way of compensating poverty, that is by achieving economic success. It seems reasonable to believe that the mean score of the Palestinian non-clinical group registers higher than for the German clinical group due to the economic austerity and not social isolation.

The above possible inconsistencies lead the researcher to consider the existence of another type of Early Maladaptive Schema which originates from the experience of the lack of food, clothing, shelter, health care or education.

4.2.4.4.2 Compensation inventory comparison between the German Clinical and the Palestinian Non- Clinical Female Groups

Table 33: YCI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

Subscales	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	sig
Emotional Deprivation	97	2.73	.55	184	3.21	.77	**
Abandonment	97	2.79	.53	184	3.58	.75	**
Mistrust abuse	97	2.82	.60	184	3.15	.70	
Social Isolation	97	3.62	.96	184	3.00	.77	**
Defectiveness Shame	97	3.00	.57	184	3.45	.66	
Failure	97	3.56	.91	184	3.28	.96	**
Dependence/Incompetence	97	3.13	.81	184	4.76	.95	**
Vulnerability to Harm or Illness	97	1.89	.72	184	4.26	1.14	**
Enmeshment	97	2.91	1.42	181	4.77	1.21	**
Subjugation	97	2.62	.62	184	3.06	.70	**
Self-Sacrifice	97	2.24	.68	184	2.60	1.18	**
Unrelenting Standard	97	2.36	.63	184	3.47	.71	**
Entitlement	97	2.75	1.35	182	2.82	1.64	
Insufficient Self-Control	97	2.39	1.00	184	2.80	1.30	**
Approval research	97	2.76	1.15	184	3.02	1.27	*
Negativity	97	2.02	.61	184	3.87	.85	**

*Significant at .05
** Significant at .01

Examining closely the differences between the German clinical and the Palestinian non-clinical female groups regarding the Compensation Subscales, Table 33 above shows significant differences between the German clinical and the Palestinian non-clinical groups in thirteen of the sixteen subscales, twelve at level a =.01 and the remaining one at level a = .05. The German clinical group registers significantly higher mean scores in eleven of the thirteen differences.

The Palestinian non-clinical group registers significantly higher mean scores in both the Social Isolation and the Failure Compensation Subscales. The higher mean score of the Palestinian female group in the Social isolation Subscale can be explained as result of the economic austerity as in the total group in part **4.2.4.4.1.** The Failure Subscale shares the same items with the social Isolation Subscale, plus item 41. Item Nr 41, *I feel I'm under a great deal of pressure to meet my own standards or responsibilities.* Therefore, one expects that the female group will have a higher mean score in the

Failure subscale since they have a higher mean score in the social isolation subscale. Furthermore the content of the additional item also describes the actual situation for the Palestinian women who have numerous responsibilities toward their family children and work which will lead to a higher mean.

4.2.4.4.3 Compensation Inventory - Comparison between the German Clinical and the Palestinian Non-Clinical Male Groups

Table 34: YCI-Mean Scores- Comparison between the German Clinical and the Palestinian-Non-Clinical Male Groups

Schemas	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	Sig
Emotional diprivation		2.64	.51	129	3.20	.76	**
Abandonment		2.67	.66	129	3.40	.80	**
Mistrust abuse		2.41	.59	129	3.11	.75	**
Social isolation		3.06	.56	129	3.10	1.02	
Defectiveness shame		2.79	.55	129	3.34	.74	**
Failure		2.88	.60	129	3.26	.97	**
Dependence/incompetence		2.96	.90	129	4.44	.96	**
Vulnerability to harm or illness		1.76	.72	129	4.05	.95	**
Enmeshment		3.27	1.42	129	4.65	1.24	**
Subjugation		2.46	.65	129	3.14	.74	**
Self-sacrifice		2.06	.72	129	2.92	1.29	**
Unrelenting standard		2.13	.71	129	3.29	.67	**
Entitlement		3.26	1.11	127	3.20	1.64	
Insufficient Self-Control		3.09	1.01	129	2.95	1.30	
Approval research		2.25	.94	129	2.95	1.11	**
Negativity		1.82	.55	129	3.74	.77	**

*Significant at .05
** Significant at .01

Table 34 above shows that the German clinical male group registers significantly higher mean scores in thirteen of the sixteen compensation subscales. The clinical group have higher level of Early Maladaptive schema, thus they are expected to have a higher level of compensation. These results agree with Young's main schema therapy concepts.

Note that both the German clinical and the Palestinian non-clinical male groups reveal no significant differences regarding the social isolation subscale. This indicates that the Palestinian non-clinical group suffers from fairly high social isolation compensation.

No significant differences between the German clinical and the Palestinian non clinical male groups are found in either Entitlement or insufficient Self-Control subscales which also could indicate that the Palestinian non clinical male group compensates the entitlement schema and the insufficient Self-Control highly the same level as the German clinical group.

The results in tables Nr. 32, 33 and 34 lead the researcher to reject the null hypothesis and to accept hypothesis Nr. 5.c. "The German clinical sample differs from the Palestinian non-clinical sample in relation to the overcompensation Subscales"

4.2.4.5 The Correlation between the Compensation Subscales and the Psychiatric Symptoms

Table 35: The Correlation between the Compensation Subscales and the Psychiatric Symptoms

Subscales	SOM	O-C	I-S	DEPR	ANX	HOS	PHOB	PAR	PSY
Emotional Deprivation	.36**	.18**	.24**	.15**	.15*	.58**	.29**	.13	.39**
Abandonment	.26**	.26**	.21**	.24**	.20**	.47**	.27**	.18**	.35**
Mistrust abuse	.38**	.21**	.20*	.30**	.29**	.51**	.24**	.28**	.46**
Social isolation	.21**	.20**	.11	.42**	-.06	.32**	.08	.22**	.33**
Defectiveness shame	.20**	.22**	06	.49**	.16*	.44**	.14*	.42**	.34**
Failure	.29**	.23**	.12	.41**	.09	.36**	.14*	.33**	.42**
Dependence/incompetence	.36**	.20**	.19**	.24**	.30**	.32**	.26**	.33**	.33**
Vulnerability to harm or illness	.14	.10	-.01	.04**	.36**	.11	.27**	.40**	.17*
Enmeshment	.12	.02	-.06	-.18*	.04	.03	.04	-09	.07
Subjugation	.29**	.15*	.07	.14*	.24**	.53**	.28**	.11	.36**
Self-sacrifice	.25**	.16*	.11	.17*	.12	.45**	.24**	.02	.27**
Unrelenting standard	.27**	.17*	-.01	.08	.20**	.29**	.29**	.22**	.30**
Entitlement	.04	-.02	-.05	-.07	.09	.17*	.17*	-.09	.08
Insufficient Self-Control	-.08	.01	-.02	-.03	.13	.25**	.23**	-.12	.05
Approval research	.01	.04	-.30**	-.00	.03	.02	.01	-.09	-.01
Negativity	.20**	.12	.00	.14*	.51**	.12	.26**	.64**	.17*

*Significant at .05
** Significant at .01

Table 35 shows the correlation between the compensation subscales and the psychiatric symptoms dimensions. Only three of the nine psychiatric symptom dimensions have a significant correlation of r ≥.50 with the compensation subscales. Anxiety has a significant correlation with subscale

"Negativity", r = .51. People who compensate the Negativity/Pessimism schema are, in fact, themselves suffering from the Negative/Pessimism schema. Of course they could very well suffer from the Anxiety Symptom also.

The Hostility Symptom correlates significantly with the Emotional Deprivation, r =.58, Mistrust Abuse, r =.51, and Subjugation, r = .53, subscales. One assumes that people who compensate Emotional Inhibition, Mistrust/Abuse or Subjugation schemas are usually aggressive.

The researcher presumes that Palestinian people, who experience the Subjugation from the occupation army, will be aggressive to each other. In the last years one can observe the aggressiveness of the Palestinian people toward each other, for example, the feud between Hamas and Fatah. This aggressiveness could be explained as a result of experiencing a great amount of mistrust, abuse, or subjugation.

The Paranoid dimension has only one significant correlation with the "Negativity/Pessimism" compensation subscale, r = .64. Note that this dimension correlates also significantly with the Negativity/ Pessimism Schema in Schema Questionnaire. Both Negativity/Pessimism schema and Negativity/Pessimism compensation correlates r =.43 -see table 28. Due to this positive correlation between the Negativity/Pessimism schema and the Negativity/ Pessimism compensation one could expect the above result that the Negativity/Pessimism compensation have a higher correlation with the Paranoid Dimension.

According to the results in table Nr.35 the null hypothesis will be rejected. Hypothesis nr 4.a "Schema overcompensation subscales correlate significantly with psychological symptoms" will be accepted.

4.2.4.6: The Correlation between the Compensation Subscales and the Personality Accentuations

Table 36: The Correlation between the Compensation Subscales and the Personality Accentuations

	PRN	DEP	IMP	SZD	NAR	BDL	AVD	OCP	SZT	ANT	HST
Emotional Deprivation	.09	.35**	.41**	.10	.61**	.03	.19**	.01	.27**	.24**	.22**
Abandonment	.23**	.37**	.30**	.14	.44**	.21**	.22**	.01	.34*	.14*	.25**
Mistrust abuse	.27*	.42**	.23**	.08	.47**	.20**	.30**	.12*	.31**	.69**	.44**
Social isolation	.09	.26**	.03	.07	.28**	.29**	.24**	-.12	.22	.20**	.57**
Defectiveness shame	.34**	.33**	.30**	.15*	.31**	.48**	.29**	.05	.36**	.26**	.47**
Failure	.15*	.29**	.01	.08	.27**	.35**	.28**	-.05	.25	.24**	.60**
Dependence incompetence	.28**	.34**	.08	.15*	.13	.19**	.19**	.03	.17	.34**	.15*
Vulnerability to harm or illness	.35**	.22**	.04	.05	.01	.18**	.29**	.26**	.24*	.08	.15**
Enmeshment	.06	.09	-.05	-.01	.16*	.02	-.05	.12	-.02	.05	.07
Subjugation	.19**	.33**	.36**	.08	.51**	.11	.18*	.21**	.33**	.26**	.25**
Self-sacrifice	.03	.30**	.42**	-.03	.70**	-.04	.07	.01	.21*	.14	.11
Unrelenting standard	.17*	.16*	.12	.06	.27**	.09	.24**	.25**	.24*	.17*	.22**
Entitlement	.08*	.11	.17*	.19*	.00	.05	.02	.06	.20*	.01	.04
Insufficient Self-Control	.11**	.27**	.36**	.25**	.02	.06	.05	.05	.21*	.05	-.05
Approval research	-.03	.10	.10	-.14	.02	-.00	-.09	.10	-.04	.05	-.07
Negativity	.50**	.23**	.10	.12	-.05	.38**	.33*	.37**	.28*	.16*	.22**

Table 36 shows significant correlations of r ≥.50 for three accentuations. Firstly the Narcissistic Accentuation correlates with the "Emotional Deprivation" r = .61, "Subjugation" r = .51 and "Self-Sacrifice" r = .70. People with a narcissistic disorder have an inflated sense of importance and a dire need for admiration. It is expected that people who suffer from Narcissistic accentuation compensate self-sacrifice, subjugation and Emotional Deprivation schemas.

The next correlation with r ≥ .50 was for Histrionic accentuation which is characterized by a pattern of excessive emotionality and attention-seeking. This accentuation correlates significantly with the "Social Isolation" compensation subscale r =.57 and "Failure" compensation subscale r =.60. People who compensate their Failure and Social Isolation Schema are expected to draw the attention of other people; in other word they tend to have Histrionic accentuation.

The Anti-social accentuation and the "Mistrust Abuse" subscales correlates significantly r =.69. One can expect that people compensate the mistrust abuse experiences by acting in such antisocial ways.

According to the results above the null hypothesis will be rejected, hypothesis Nr 4.b "Schema overcompensation subscales correlate significantly with personality accentuations" will be accepted.

4.2.5 Section Five: Avoidance Inventory

Analogue to section four, this section begins with reliability analysis, proceed to gender differences, followed by clinical and the non-clinical differences, moving to correlations between the Avoidance subscales and the Early Maladaptive Schema, and finally to the correlation between the Avoidance Subscales and both Psychological Symptoms and Personality Accentuations.

4.2.5.1 Avoidance Inventory- Reliability Analysis

Table 37: YRAI- Reliability Analysis

	subscales	Items	α
1	Intentionally not thinking about upsetting things	1,31,32	.65
2	Substance abuse	2,7,9	.23
3	Denial of unhappiness	3,4,29,34	.76
4	Excessive rationality and control	5,17,19,35,40	.61
5	Suppression of anger	6,13,18	.58
6	Psychosomatic symptoms	10,12,15,38	.71
7	Withdrawal from people	13,20,30	.70
8	Denial of memories	8,21,27	.30
9	Avoidance through sleep / lack of energy	14,22	.48
10	Distraction through activity	23,24,28	.40
11	Self-soothing (eating, shopping, etc.)	9,26,36	.43
12	Passive blocking of upsetting emotions	11,33,39,40	.39
13	Passive distraction: Fantasy, daydreaming, television	16,25	.27
14	Avoidance of upsetting situations	37	

As in the previous questionnaires Cronbach Alpha (α) is used to investigate the reliability of the Avoidance Inventory Subscales. Table 37 shows an acceptable reliability for only three of the fourteen subscales; Denial of Unhappiness α=.76, Psychosomatic Symptom α=.71 and Withdrawal from People α=.70. A weak, unacceptable reliability $\alpha \leq .50$ can be observed on seven of the fourteen subscales. Similar results were found by Grutschpalk 2008. In her study Denial of unhappiness, psychosomatic symptom and withdrawal from people are the only three subscales with $\alpha \geq .70$.

4.2.5.2: Avoidance Inventory- Gender Differences

Table 38: YRAI- Mean Scores- Gender Differences

Subscales	N female	× female	SD female	N male	× male	SD male	sig
Intentionally not thinking about upsetting things	97	3.13	1.08	103	3.60	.82	**
Substance abuse	97	2.27	.92	103	2.43	.57	*
Denial of unhappiness	97	4.10	.78	103	4.26	.96	*
Excessive rationality and control	97	2.64	.81	103	2.89	.87	
Suppression of anger	97	2.65	1.05	103	2.24	1.02	
Psychosomatic symptoms	97	2.83	.89	103	2.56	.93	
Withdrawal from people	97	1.81	.65	103	2.02	.75	
Denial of memories	97	2.44	.82	103	2.75	.75	
Avoidance through sleep / lack of energy	97	2.11	.95	103	1.89	.85	
Distraction through activity	97	3.92	.98	103	3.70	.93	
Self-soothing (eating, shopping, etc.)	97	2.61	.65	103	2.65	.81	
Passive blocking of upsetting emotions	97	3.38	.85	103	3.16	.85	
Passive distraction: Fantasy, daydreaming, television	97	2.22	.91	103	2.03	.75	*
Avoidance of upsetting situations	97	3.13	1.47	103	3.32	1.03	*

*Significant at .05
** Significant at .01

Using the T-Test for Independent Samples, significant differences between the male and the female groups' mean scores can be observed in five of the fourteen Avoidance Subscales, one at level a= .01 and the remaining four at level a =.05. Four of the five significant differences are greater for the male group (Intentionally not thinking about upsetting things, Substance abuse (SA) Denial of unhappiness, Avoidance of upsetting situations subscales). The female group has higher mean score than male group in only the Passive distraction: Fantasy, daydreaming, television subscale.

According to table 38, hypothesis Nr 6.d "The male group differ from the female group in relation to the Avoidance Subscales" will be accepted. The null hypothesis will be rejected.

4.2.5.3 Avoidance Inventory Comparison between the German Clinical and the Palestinian Non-Clinical Groups

In this section the T-Test for One Sample is used to investigate the differences between the mean scores of the German clinical and the Palestinian non-clinical groups. The differences will be investigated three times: The first is for the total groups, the second is for the female groups from both the German clinical and the Palestinian non-clinical samples and third for male groups.

4.2.5.3.1 Avoidance Inventory Comparison between the German Clinical and the Palestinian Non-Clinical Total Groups

Table 39: YRAI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Total Samples

Subscales	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	Sig
Intentionally not thinking about upsetting things (	200	3.36	.98	313	2.70	1.20	**
Substance abuse(SA)	200	2.40	.65	313	2.35	1.21	
Denial of unhappiness(DU)	200	4.19	.88	313	2.96	1.18	**
Excessive rationality and control	200	2.77	.85	313	3.35	.90	**
Suppression of anger	200	2.44	1.06	313	3.79	1.07	**
Psychosomatic symptoms	200	2.71	.92	313	2.95	1.29	**
Withdrawal from people	200	1.92	.72	313	4.56	1.09	**
Denial of memories	200	2.61	.81	313	2.85	1.07	*
Avoidance through sleep / lack of energy	200	2.00	.90	313	3.15	1.38	**
Distraction through activity	200	3.81	.96	313	3.29	1.06	**
Self-soothing (eating, shopping, etc.)	200	2.63	.74	313	2.80	1.18	*
Passive blocking of upsetting emotions	200	3.27	.85	313	2.47	.94	**
Passive distraction: Fantasy, daydreaming, television	200	2.13	.83	313	3.50	1.30	**
Avoidance of upsetting situations	200	3.23	1.27	313	3.97	1.37	**

*Significant at .05
** Significant at .01

The German clinical sample differs significantly from the Palestinian non-clinical sample in thirteen of the fourteen subscales, two at level a = .05 and eleven at level a =.01

In nine of the thirteen subscales the German clinical sample registers significantly higher scores. In the remaining four subscales, the Palestinian non clinical sample registers significantly higher mean scores: Intentionally not thinking about upsetting things, Denial of unhappiness, Distraction through activity, and Passive blocking of upsetting emotions.

No significant difference is found between the mean scores of the two samples regarding the Substance Abuse subscale. The researcher expected that the German clinical group would have a higher mean score in this subscale for two reasons; firstly, the Clinical group usually uses avoidance types more than the non-clinical especially substance abuse, and secondly, in Palestine, especially in Hebron, it is well known that there is virtually no existence of alcohol or drugs. One can observe that

the German clinical group has somewhat lower mean scores in this subscale than one expects, 2.35, almost matching the Palestinian, 2.40.

The results above indicate that in general the German clinical group utilizes the avoidance types more than the Palestinian non-clinical group. However, one could understand these results in the context of the schema therapy - as unhealthier people are prone to use the maladaptive coping styles.

4.2.5.3.2 Avoidance Inventory - Comparison between the German Clinical and the Palestinian Non-Clinical Female groups

Table 40: YRAI- Mean Scores- Comparison between the German Clinical and the Palestinian Non-Clinical Female Groups

Subscales	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	Sig
Intentionally not thinking about upsetting things (		3.13	1.08	184	2.59	1.18	**
Substance abuse(SA)		2.27	.92	184	2.24	1.19	
Denial of unhappiness(DU)		4.10	.78	184	2.76	1.19	**
Excessive rationality and control		2.64	.81	184	3.20	.93	**
Suppression of anger		2.65	1.05	184	3.67	1.11	**
Psychosomatic symptoms		2.83	.89	184	3.25	1.31	**
Withdrawal from people		1.81	.65	184	4.71	1.04	**
Denial of memories		2.44	.82	184	2.80	1.03	**
Avoidance through sleep / lack of energy		2.11	.95	184	3.38	1.45	**
Distraction through activity		3.92	.98	184	3.35	1.03	**
Self-soothing (eating, shopping, etc.)		2.61	.65	184	3.04	1.22	**
Passive blocking of upsetting emotions		3.38	.85	184	2.43	1.03	**
Passive distraction: Fantasy, daydreaming, television		2.22	.91	184	3.51	1.29	**
Avoidance of upsetting situations		3.13	1.47	184	3.95	1.39	**

*Significant at .05
** Significant at .01

The German clinical female group has significantly higher mean scores than the Palestinian non-clinical group in ten of the fourteen Avoidance subscales. No significant difference can be ascertained between the mean scores of the German clinical and the Palestinian non-clinical female groups pertaining to the Substance Abuse Subscale.

It is expected that healthier people usually use lower level of the maladaptive coping styles due to their lower level of early maladaptive schemas. In this study it is obvious that the German clinical female group in general uses the avoidance strategies more than the Palestinian non-clinical group.

The Palestinian non-clinical female group registers the subscales "Intentionally not thinking about upsetting things", "Denial of unhappiness", "Passive blocking of upsetting emotions" significantly higher than the German clinical female group.

However, the Palestinian non-clinical sample of the present study is conducted in an occupied country. It is clear that people in such situations live under extenuating circumstances, therefore it can be expected that such people exercise high level of several avoidance strategies.

4.2.5.3.3 Avoidance Inventory - Comparison between the German Clinical and the Palestinian Non-Clinical Male groups

Table 41: YRAI- Mean Scores Comparison between the German Clinical and the Palestinian Non- Clinical Male Groups

	N non-clinical	× non-clinical	SD non-clinical	N clinical	× clinical	SD clinical	sig
Intentionally not thinking about upsetting things (		3.60	.82	129	2.85	1.21	**
Substance abuse(SA)		2.43	.57	129	2.51	1.24	
Denial of unhappiness(DU)		4.26	.96	129	3.25	1.11	**
Excessive rationality and control		2.89	.87	129	3.55	.82	**
Suppression of anger		2.24	1.02	129	3.95	.99	**
Psychosomatic symptoms		2.56	.93	129	2.52	1.15	
Withdrawal from people		2.02	.75	129	4.35	1.12	**
Denial of memories		2.75	.75	129	2.91	1.12	*
Avoidance through sleep / lack of energy		1.89	.85	129	2.82	1.21	**
Distraction through activity		3.70	.93	129	3.21	1.10	**
Self-soothing (eating, shopping, etc.)		2.65	.81	129	2.46	1.03	*
Passive blocking of upsetting emotions		3.16	.85	129	2.53	.79	**
Passive distraction: Fantasy, daydreaming, television		2.03	.75	129	3.12	1.28	**
Avoidance of upsetting situations		3.32	1.03	129	4.01	1.35	**

*Significant at .05
** Significant at .01

The German clinical male group registers seven of the fourteen avoidance subscales significantly higher than the Palestinian non-clinical male group (six of the seven subscales are significantly higher at level a =.01, the remaining one is significantly higher at level a= .05.

The Palestinian male group registers five of the fourteen avoidance subscale significantly higher (three at level a=.01 and one at level a=.05) than the German clinical group; "Intentionally not thinking about upsetting things", "Denial of unhappiness", "Passive blocking of upsetting emotions", "Self-soothing (eating, shopping, etc.)" and "Passive blocking of upsetting emotions" subscales.

For the two remaining subscales no significant differences are found between the German clinical male group and the Palestinian non-clinical male group; "Substance abuse" and "Psychosomatic symptoms".

It seems that the Palestinian non-clinical male group uses several avoidance strategies highly. This could be a result of the difficult economic and occupation circumstances.

The results in parts ***4.2.4.4.1, 4.2.4.4.2, and 4.2.4.4.3*** lead the researcher to reject the null hypothesis and to accept hypothesis Nr.5.d "The German clinical sample differ from the Palestinian non-clinical sample in relation to the avoidance types"

4.2.5.4 The Correlation between the Early Maladaptive Schemas and the Avoidance subscales

In this section, the results of the correlation between the Early Maladaptive Schemas and the Avoidance subscales are shown for the total group in part 4.5.4.1 and then separately for females in part 4.5.4.2 and males in part 4.5.4.3.

4.2.5.4.1 The Correlation between the Early Maladaptive Schemas and the Avoidance Subscales –Total Group

Table 42: The Correlation between the Avoidance Subscales and the Early Maladaptive Schemas- The Total Sample

	intu	sub	dnu	exr	sua	ps	wp	dnm	avs	dia	ses	pave	paft	avue
Emotional Deprivation	-.22**	.33**	-.47**	.23**	.28**	.29**	.26**	.02	.19*	-.02	.43**	.05	.25**	-.01
Abandonment	-.14*	.32**	-.41**	.29**	.34**	.31**	.24**	.14	.26**	.04	.43**	-.04	.25**	.04
Mistrust Abuse	-.15*	.01	-.29**	.05	.22**	.19	.13	.01	.65**	.01	.11	-.27	.40**	-.08
Social isolation	-.02	.00	.01	.02	.23**	.11*	.71**	-.01	-.04	-.11	.22**	.18*	.30**	-.03
Defectiveness shame	-.25**	.08	-.12	.15*	.32**	.29**	.21*	-.00	.25**	-.14*	.25**	-.04	.23**	-.12
Failure	-.17*	.01	-.11	.15*	.17*	.02	.01	.04	.52**	.13	-.04	-.14*	.45**	-.02
Dependence incompetence	.09	.26**	-.18*	.33**	.22**	.01	.29**	.24*	.15*	-.08	.21*	.09	.15*	.25
Vulnerability to harm or illness	-.18*	.31**	-.29**	.31**	.38**	.45**	.28**	.13	.24**	-.00	.40**	-.02	.22	.01
Enmeshment	-.16*	.25**	-.22**	.22**	.49**	.25**	.24**	-.03	.20**	.05	.32**	.01	.20**	.03
Subjugation	-.13	.16*	-.21**	.10	.38**	.24**	.06	-.05	.20**	.20	.11	.02	.22*	.06
Self-sacrifice	-.10	.30**	-.16*	.12	.35**	.27**	.17*	-.01	.10	-.07	.27**	.01	.13	.07
Emotional inhibition	-.02	.14	-.10	.71**	.35**	.10	.28**	.43*	.22**	.21	.28**	.05	.20**	.15
Unrelenting standard	-.12	-.05	-.24**	-.10	.20**	.11*	.08	-.02	.48**	-.04	.05	-.26**	.28**	-.10
Entitlement	-.12	.05	.05	.01	.15*	.26**	.09	.01	.05	-.10	-.03	-.08	.04	-.04
Insufficient Self-Control	-.24**	.28**	-.23**	.45**	.43**	.28**	.31**	.15*	.19*	.10	.32**	.06	.23**	.03
Approval research	-.12	.29**	-.39**	.27**	.44**	.31**	.24**	.13	.24**	.08	.30**	.08	.24**	.06
Negativity	.-25**	.23**	-.24**	.36**	.45**	.26**	.29**	.15*	.21**	-.03	.28**	.02	.22**	.05
Punitiveness	-.01	.09	-.07	.37**	.35**	.03	.10	.10	.14	.24**	.14	.07	.16*	.10

*Significant at .05
** Significant at .01

Table 42 shows significant correlations between the "Withdrawal from people" subscale and the Social Isolation Schema, r =.71. That is to say people who use the "Withdrawal from people" as avoidance coping style themselves have a Social isolation schema. Moreover the Emotional Inhibition Schema correlates significantly r =.71 with the excessive rationality and control.

Other significant correlations can be observed between the "Avoidance through sleep / lack of energy" subscale and both the Failure schema, r =.52, and the Mistrust/Abuse schema, r =.65. One can say that people with Failure or Mistrust Abuse schema usually use the "Avoidance through sleep / lack of energy" coping style more than the other avoidance strategies.

When examining the male and female groups separately, several correlations $r \geq .50$ can be found between the avoidance subscales and the early maladaptive schemas. These are discussed in parts 4.5.4.2, 4.5.4.3.

4.2.5.4.2 The Correlation between the Early Maladaptive Schemas and the Avoidance Subscales – Female group

Table 43: The Correlation between the Avoidance Subscales and the Early Maladaptive Schemas- the Female Group

	intu	sub	dnu	exr	sua	ps	wp	dnm	avs	dia	ses	pave	paft	avue
Emotional Deprivation	-.08	.33**	-.51**	.11**	.26	.44	.37	.02	.19o	.05	.57	.02	.25**	.10
Abandonment	-.07	.32	-.43	.24	.29	.37	.18	.12	.23	.20o	.49	-.10	.23**	.04
Mistrust abuse	-.18o	.07	-.27	-.02	.17o	.19	.12	.00	.65	.02	.25	-.30**	.34**	-.13
Social isolation	-.04	-.09	-.10	-.08	.180	.17	.71**	-.06	-.03	-.15	.20o	.19	.23**	-.08
Defectiveness shame	-.18	.03	-.21	-.05	.03	.21	.11	-.08	.34	-.19	.27	.01	.25**	-.15
Failure	-.08	.10	-.40	.22	.17	.15	.07	.07	.38	.19	.04	-.10	.39**	.01
Dependence incompetence	.21	.41	-.23	.19	.03	.12	.14	.24	.17	.07	.25	.05	.15*	.33**
Vulnerability to harm or illness	-.16	.40	-.48	.21	.36	.52**	.38**	.02	.28	.04	.63**	-.04	.28**	-.01
Enmeshment	-.08	.35	-.38	.44**	.44*	.27	.37	.11	.26	.16	.53**	.03	.28**	.09
Subjugation	.09	.34	-.32	.35	.48	.22	.30	.15	.14	.22	.45	.03	.19	.19
Self-sacrifice	-.01	.38	-.32	.36	.40	.30	.38	.13	.20	.10	.58**	.03	.24**	.14
Emotional inhibition	.14	.14	-.08	.58**	.32	.04	.17	.28	.22	.44	.20o	.10	.22**	.23**
Unrelenting standard	-.11	-.03	-.25	-.12	.07	.03	.11	.05	.47	-.09	.07	-.25	.19*	-.14
Entitlement	-.10	.12	-.05	-.15	-.13	.19	.30	-.09	-.10	-.05	.13	-.04	.01	-.09
Insufficient Self-Control	-.07	.39	-.35	.42	.38	.26	.30	.11	.14	.24*	.47	.09	.17*	.12
Approval research	-.02	.39	-.45	.25	.43	.35	.32	.10	.24	.07	.46	.08	.28**	.08
Negativity	-.04	.41	-.41	.37	.35	.23	.28	.13	.19	.18	.45	.07	.20**	.15*
Punitiveness	.09	.05	-.01	.52	.32	-.00	.16	.17	.13	.29	.15	.09	.21**	.13

*Significant at .05
** Significant at .01

When examining the correlation between the Avoidance subscales and the Early Maladaptive Schemas for female group, one can observe that five of the fourteen Avoidance subscales correlate significantly, r ≥.50, with several Early Maladaptive Schemas.

The Denial of unhappiness" is the only subscale in this study which correlates significantly negatively, r ≥ 50, with the Early Maladaptive Schemas. The highest negative correlation for the female group in this subscale is found with the Emotional Deprivation Schema, r =.51. This means that females with the Emotional Deprivation schema use the opposite of the "Denial of unhappiness" avoidance strategy. The emotional deprived females show their unhappiness openly. However, it is also worthy to mention that this subscale also correlates negatively with the Abandonment (r= .43), the Failure (r= .40), the Vulnerability to harm or illness (r= .48), the Approval Research (r =.45) and the Negativity/ Pessimism subscales (r =.41).

The "Excessive rationality and control" subscale correlates significantly with the Emotional Inhibition, r = .58 and the Punitiveness schemas, r =.52. Females who have the Emotional inhibition

or Punitiveness schema are more likely to use the "Excessive rationality and control" than other avoidance strategies.

The "Psychosomatic symptom" subscale correlates significantly with the Vulnerability to Harm or Illness Schema, r = .52. Females who have the Vulnerability to Harm or Illness schema are more likely to avoid their schema by using Psychosomatic Symptoms more than other avoidance strategies.

The "Withdrawal from people" subscale correlates significantly with the Social Isolation Schema, r = .71. The "Self-soothing (eating, shopping, etc.)" correlates significantly with the Vulnerability to harm or illness, r = .63, the Self-Sacrifice, r = .58, the Emotional Deprivation, r = .57 and lastly with the Enmeshment subscales, r = .53.

4.2.5.4.3 The Correlation between the Early Maladaptive Schemas and the Avoidance subscales – Male Group

Table 44: The Correlation between the Avoidance Subscales and the Early Maladaptive Schemas- The Male Group

	intu	sub	dnu	exr	sua	ps	wp	dnm	avs	dia	ses	pave	paft	avue
Emotional Deprivation	-.31**	.39**	-.44**	.45**	.23**	.08	.24**	.22*	.14	-.15	.42**	.12	.12	.00
Abandonment	-.22**	.34**	-.40**	.39**	.39**	.23*	.35**	.23**	.28	-.19*	.44**	.08	.25**	.05
Mistrust abuse	-.02	-.06	-.30**	.18	.23*	.16	.21**	.09	.63**	-.04	.03	-.22	.44**	.02
Social isolation	-.01	.13	.11	.12	.30**	.06	.73**	.04	-.03	-.07	.24*	.16*	.40**	.03
Defectiveness shame	-.21*	.19	-.01	-.46**	.54**	.23**	.44**	.25*	.10	-.21	.34**	-.07	.16	-.04
Failure	-.10	-.09	-.14	.25	.03	-.02	.10	.20	.72**	-.06	-.05	-.18	52**	-.00
Dependence/Incompetence	-.02	.17	-.16	.42**	.38**	.06	.37**	.25*	.17	-.17	.19	.12	.18	.22
Vulnerability to harm or illness	-.14	.23**	-.08	.53**	.40**	.36	.23**	.40**	.17	-.11	.28**	.05	.10	.08
Enmeshment	-.13	.15	-.03	.12	.50**	.15	.26**	.01	.02	-20*	.28**	.03	-.01	-.00
Subjugation	-.09	.10	-.10	.20	.13	.17	.14*	.10	.19	.06	.06	.18	.24*	.07
Self-sacrifice		.25**	.06		.18*	17*	.06	-.05			.11		-.16	
Emotional inhibition	-.08	.15	-.12	-.08	.39**	.15*	.37**	.59**	-.17	-.49**	.34	.02	.17	-.00
Unrelenting standard	-.20*	-.04	-.21	.38**	.27**	.12	.22**	.02	.22	-.01	.10	.00	.36**	.10
Entitlement	.01	.02	.15	.06	.30**	.26**	.15	.17	.47	-.06	-.07	-.25**	.02	.10
Insufficient Self-Control	-.05	.20*	-.11	.19*	.40**	.24**	.45**	.33**	.07	-.19	.31	-.10	.24	.04
Approval research	-.34**	.20*	-.33**	.61**	.38**	.20*	.27**	.34**	.19*	-.10	.22*	.07	.11	-.03
Negativity	-.14	.18	-.10	.43**	.47**	.22*	.49**	.39**	.17	.01	.32**	.13*	.20**	.10
Puni	-.28**	.23**	-.14	.61**	.39**	-.00	.15	.12	.17	-.29**	.26**	.05	.01	.07

*Significant at .05

** Significant at .01

For the male group six of the fourteen avoidance subscales correlates significantly r≥.50 with one or more of the Early Maladaptive Schemas. The Excessive rationality and control subscale correlates

significantly for the male group with both the "Approval Research" and the Punitiveness (r= .61), as well as with the Vulnerability to Harm or Illness r= .53.

Suppression of anger correlates significantly with the "Defectiveness Shame" (r = .54) and with "Enmeshment" (r = .50). The "Withdrawal from people" subscale correlates significantly high with the "Social Isolation" schema (r = .70). Note the same correlation was found for the female group (r = .71).

The "Denial of memories" subscale correlates significantly with the "emotional inhibition" (r =.59). People who are emotional inhibited may also try to inhibit their memories.

Avoidance through sleep/ lack of energy correlates significantly with the failure" (r = .72) and the "Mistrust Abuse" (r = .63). Lastly, a significant r ≥ .50 correlation for male group is found between the "Passive distraction: Fantasy, daydreaming, television" subscale and the "Failure" schema r =.52.

The results in part 4.5.4.1, 4.5.4.2, and 4.5.4.3 show the existence of significant correlations between several Avoidance Subscales and one or more of the Early Maladaptive schemas. These results call for the rejection of the null hypothesis and at the same time the acceptance of the hypothesis Nr. 2.b: "Early Maladaptive Schemas in the schema questionnaire correlate significantly with the different types of avoidance in the Avoidance Inventory".

4.2.5.5 The Correlation between the Avoidance Subscales and the Psychiatric Symptoms

Table 45: The Correlation between the Avoidance Subscales and the Psychiatric Symptoms

Subscales	SOM	O-C	I-S	DEPR	ANX	HOS	PHOB	PAR	PSY
Intentionally not thinking about upsetting things	-.14	-.14	.04	-.26**	-.09	-.17	-.03	-.17	-.10
Substance abuse	.16	.04	.14	.16	.19	.22	.12	.11	.24
Denial of unhappiness	-.03	.02	-.01	-.50**	-.06	-.17	-.00	-.28**	-.02
Excessive rationality and control	.02	-.06	.09	.20*	.41**	.18	.22	.37**	.29
Suppression of anger	.27*	.16	.17	.26**	.45**	.24	.33**	.39**	.40**
Psychosomatic symptoms	.62**	.40**	.23	.14	.22**	.29**	.34**	.18	.49**
Withdrawal from people	.06	-.00	.11	.44**	.32	.22	.27**	.21*	.15
Denial of memories	-.03	-.05	.10	.01	.21	.11	.22	.11	.10
Avoidance through sleep / lack of energy	.16	.13	-.01	.33**	.17	.07	.17	.43**	.16*
Distraction through activity	.01	-.09	.08	-.09	-.07	-.12	-.08	.12	-.07
Self-soothing (eating, shopping, etc.)	.18	.16	.11	.27	.28*	.24	.25*	.21	.22*
Passive blocking of upsetting emotions	-.10	-.16*	.03	-.00	.01	-.13	-.01	-.02	-.06
Passive distraction: Fantasy, daydreaming, television	.10	.04	.06	.46**	.17	.05	.15	.35**	.52**
Avoidance of upsetting situations	-.04	-.10	.06	.06	.05	-.02	.07	.03	.12

*Significant at .05

** Significant at .01

In order to examine the correlations between the Avoidance subscales and the Psychiatric Symptoms the Bivariat Correlation Test was used. Table Nr 45 shows the results. Significant correlations r ≥ .50 are found between the "Psychosomatic symptom" subscale and the Somatisation dimension r =.62. A significant negative correlation is found between the "Denial of unhappiness" subscale and the Depression dimension r = .50. Lastly, a significant correlation is found between the Passive distraction: Fantasy, daydreaming, television and the Psychotic Symptom, r = .52.

The above significant correlations call for the rejection of the null hypothesis and the acceptance of the hypothesis Nr. 4.c: "Schema avoidance subscales correlate significantly with psychiatric symptoms"

4.2.5.6 The Correlation between avoidance subscales and the Personality Accentuations

Table 46: the Correlation between the Avoidance Subscales and the Personality Accentuations

Avoidance Subscales	PRN	DEP	IMP	SZD	NAR	BDL	AVD	OCP	SZT	ANT	HST
Intentionally not thinking about upsetting things	-.03	-.14*	-.11	-.04	-.20	-.11	-.02	.05	-.17	-.05	.01
Substance abuse	.14	.26	-.04	.19	.01	.20	.23	.10	.11	.31**	.27*
Denial of unhappiness	-.06	-.05	.10	-.17	-.02	-.44	-.10	-.01	-.13	-.10	-.20*
Excessive rationality and control	.47	.22	.08	.19	-.07	.23	.19	.30	.41**	.12	.35**
Suppression of anger	.40	.35	.10	.20	.03	.28	.40**	.21	.24	.27*	.47**
Psychosomatic symptoms	.08	.21	.02	.10	.25	.20	.11	.03	.15	.24*	.23*
Withdrawal from people	.38	.38	.26	.63**	.08	.23	.69**	.15*	.52**	.21*	.22*
Denial of memories	.28	.10	.04	.06	-.02	.06	.07	.11	.22*	.01	.18*
Avoidance through sleep / lack of energy	.24	.08	.01	.04	-.03	.44	.36	.10	.18*	-.01	.15*
Distraction through activity	.01	-.25	-.30	-.14	.-.16	.06	-.08	.00	-.18	-.03	21*
Self-soothing (eating, shopping, etc.)	.29	.33	.12	.43	.-.00	.34	.30	.06	.26*	.20*	.25*
Passive blocking of upsetting emotions	.04	.01	-.15*	.05	-.09	-.08	.17	.04	.01	.05	.11
Passive distraction: Fantasy, daydreaming, television	.23	.12	.05	.23	-.03	.35	.27	.14	.24*	.03	.14
Avoidance of upsetting situations	.15	.03	-.06	-.03	-.12o	.01	.05	.13	.01	.07	.17*

*Significant at .05

** Significant at .01

Table 46 shows the correlation between the Avoidance Subscales and Personality Accentuations. Only the "Withdrawal from people" of the Avoidance Subscale correlates significantly r ≥ .50 with the Personality Accentuations. The highest correlation for this avoidance subscale is found with the Avoidance Personality Accentuation, r=.69, followed by the correlation with the schizoid, r=.63 and lastly with the Schizoid-type, r=.52. It is interesting and note worthy that all the Avoidance

accentuations, the Schizoid Accentuation and the Schizoid-type accentuation share the same characteristic social isolation which are defined in the DSM4.

All remaining correlations are lower than r =.50. Worthy of mention are the correlation between the Paranoid Accentuation and the "Excessive rationality and control", r=.47, the correlation between the Borderline Accentuation and the "Avoidance through sleep / lack of energy", r = .44, and the negative correlation with the "Denial of unhappiness", r = - .44, and lastly the correlation between the Histrionics Accentuation and the Suppression of anger subscale. Histrionic people seek attention from others, thus they may try to suppress their anger in order to reach their goals.

The results above lead the researcher to reject the null hypothesis and to accept hypothesis Nr.4.d. "Schema avoidance subscales correlate significantly with personality accentuation"

4.2.6: The most significant predictors of the Early Maladaptive Schemas

Young and colleagues (2003) emphasized the role of parents in the development of the Early Maladaptive schemas. They also hypothesized that people use the maladaptive coping styles to adapt to their schemas. This section discusses the possibility of the Parenting, and the Maladaptive Coping styles (Avoidance and Compensation) subscales to predict the Early Maladaptive Schemas.

For every schema of the eighteen Early Maladaptive Schemas the corresponding Parenting Subscales (mother and father divisions), the Corresponding Compensation Subscales as well as all of the fourteen Avoidance subscale will be considered as independent variables. The most five significant predictors for each of the eighteen early Maladaptive schema are shown in Table 47, 48, 49,50 and 51 show the results.

Table 47: Regression Analysis- The Disconnection and Rejection Domain

	Schema	Predictors	R	R2	Adjusted R2
1	Emotional Deprivation	Emotional Deprivation mother Emotional Deprivation father Denial of unhappiness (–) Avoidance of upsetting situations	.85	.72	.63
2	Abandonment	Denial of unhappiness (-) Avoidance through sleep / lack of energy Psychosomatic symptoms Suppression of anger	.69	.47	.31
3	Mistrust/abuse	Avoidance through sleep / lack of energy Passive distraction: Fantasy, daydreaming, television (-) parenting Mistrust/ Abuse mother Withdrawal from people Denial of unhappiness (–)	.59	.35	.15
4	Social isolation	Withdrawal from people Avoidance of upsetting situations Psychosomatic symptoms	.77	.59	.46
5	Defectiveness/ Shame	Parenting Ds mother Parenting Ds father Passive distraction: Fantasy, daydreaming, television	.74	.55	.41

"The Denial of unhappiness (-)" Avoidance subscale is found to be predictor for the Emotional Deprivation, the Abandonment and the Mistrust/Abuse Schemas. These Schemas are three of the five schemas which comprise the Disconnection and Rejection Domain.

This study agrees partially with Grutschpalk's study (2008). She also found that the Denial of unhappiness (-)"subscale predicts the Emotional Deprivation and the Mistrust/Abuse. Both studies concur that the Denial of unhappiness (-) Avoidance Subscale appear to be a predictor for three or more of the five schemas in the Disconnection and Rejection Domain

Table 48: Regression Analysis- the Autonomy and Performance Domain

	Schema	predictors	R	R2	Adjusted R2
7	Dependence/incompetence	Parenting Dependence/incompetence father division Parenting Dependence/Incompetence mother division Denial of unhappiness (-) Passive blocking of upsetting emotions	.80	.64	.53
8	Vulnerability to Harm or Illness	Parenting Vulnerability to harm or illness mother division Intentionally not thinking about upsetting things Psychosomatic symptoms Self-soothing (eating, shopping, etc.)(-) Denial of unhappiness (-)	.82	.67	.57
9	Enmeshment	Passive blocking of upsetting emotions Parenting Enmeshment mother division Intentionally not thinking about upsetting things - Suppression of anger Denial of memories (-)	.71	.51	.36

Table 49: Regression Analysis- The Other Directedness Domain

	Schema	predictors	R	R2	Adjusted R2
16	Approval research	Intentionally not thinking about upsetting things - Suppression of anger Psychosomatic symptoms Parenting Approval research mother division	.70	.49	.33
10	subjugation	Parenting Subjugation father division Avoidance of upsetting situations Excessive rationality and control - Intentionally not thinking about upsetting things Withdrawal from people - Compensation Subjugation yci	.75	.56	.42
11	Self-Sacrifice	Parenting Self-Sacrifice father division Parenting Self-Sacrifice mother division Distraction through activity Suppression of anger	.76	.58	.45

Note also that the Parenting subscales (mother, father or both divisions) appears at least as one of the most five significant predictors for all of the four schemas which comprise the Impaired Autonomy and Performance Domain; the Dependence/Incompetence, the Enmeshment, the Vulnerability to harm or illness and the Failure schemas. Grutschpalk (2008) also found that the Parenting subscales appear as predictors of the schema in this domain. These results support Young's basic believe about the importance of the parenting in causing the development of the schemas, especially in the Autonomy and Performance Domain.

The Suppression of anger subscale serves as predictor for the Approval Research and the Self-Sacrifice schemas. These schemas are two of the three schemas which comprise the Other-Directedness domain. Note also that Parenting Subscales serve as one of the most significant predictors for all of the schemas in this domain

Table 50: Regression Analysis- The Impaired limit Domain

	Schemas	predictors	R	R 2	Adjusted R2
14	Entitlement	Intentionally not thinking about upsetting things Psychosomatic symptoms Self-soothing (eating, shopping, etc.) - Entitlement father division	.66	.44	.27
15	Insufficient Self-Control	Parenting Insufficient Self- Control mother division Intentionally not thinking about upsetting things Passive blocking of upsetting emotions Parenting Insufficient Self-Control father division Excessive rationality and control - Psychosomatic symptoms	.85	.72	.63

The "Intentionally not thinking about upsetting things" Avoidance subscale as well as Parenting and Psychosomatic Symptoms appears as predictors for both the Entitlement and the Insufficient Self-Control Schemas. Both schemas make up the Impaired Limits domain. This study also agrees with

Grutschpalk study in that the Excessive rationality and control (-) avoidance subscale is one of several predictors of the Insufficient Self-Control schema.

Table 51: Regression Analysis- The Overvigilance and Inhibition Domain

Schema	predictors	R	R2	Adjusted R2
12 Emotional inhibition	Excessive rationality and control Parenting Emotional Inhibition Father Division Suppression of anger	.85	.72	.63
13 Unrelenting standard	Avoidance through sleep / lack of energy - Passive distraction: Fantasy, daydreaming, television - Parenting Us father Denial of memories Compensation yci	.72	.51	.36
17 Negativity/ Pessimism	Intentionally not thinking about upsetting things - Avoidance of upsetting situations Parenting Np mother Excessive rationality and control Psychosomatic symptoms	.84	.71	.62
18 punitiveness	Excessive rationality and control Denial of memories Suppression of anger P father	.61	.37	.18

Finally, the Excessive rationality and control subscale appears as one of the most five significant predictors for the Emotional Inhibition, the Negativity/Pessimism and the Puniteveness schema. These schemas are three of the four schemas which comprise the Overvigilance and Inhibition domain. The Suppression of anger subscale surfaces as a predictor for two of the Overvigilance and Inhibition domain, the Emotional inhibition and Punitiveness schema. Note also that parenting subscales appear as predictors for all of the four schemas in this domain.

From the tables above, one can observe that various subscales from the Parenting, the Avoidance and the Compensation subscales predict the Early Maladaptive Schemas. One can also note that the Avoidance subscales can function as predictors in all of the eighteen schemas at least once, at the most five times. However, the Avoidance subscale does not always predict the Schema positively.

The above results indicate the importance of both the parenting and the coping styles in the prediction of the Early Maladaptive Schemas. It should be emphasized that the Avoidance Subscales surface most frequently as predictors - for all of the eighteen Early Maladaptive Schemas - followed closely by Parenting - for fifteen of the eighteen schemas. Lastly, the third predictor, the Compensation subscales appear as predictors for only two of the eighteen schemas, the Subjugation and the Unrelenting Standard schemas.

4.2.7 The Most Important Predictors for the Psychiatric Symptoms

In this section a Regression analysis will be made in order to examine the possibility of the Parenting, the Early Maladaptive Schemas and the coping styles to predict the Psychiatric symptoms. In order to examine the most significant predictors, all of the Early Maladaptive schemas, the Compensation subscales, the avoidance subscales and the Parenting subscales are considered as independent variables for each of the nine Psychiatric Symptoms. The results are shown in Table 52.

Table 52 Regression Analysis-Psychiatric Symptoms

	The Psychiatric symptoms	The predictors	R	R2	Adjusted R2
1	Somatization	Mistrust/Abuse father division Psychosomatic symptom	.69	.47	.30
2	Obsessive-compulsive	Emotional Deprivation father division Emotional Inhibition mother division Psychosomatic Symptom	.50	.25	.02
3	Interpersonal sensitivity	Approval Research Compensation(-)	.46	.22	.03
4	Depression	Social Isolation Schema Negativity/ Pessimism Schema Denial of unhappiness Avoidance (-) Avoidance through sleep / lack of energy	.87	.77	.70
5	Anxiety	Puniteveness Schema Dependence/Incompetence father division Social Isolation compensation (-) Unrelenting standard compensation	.64	.41	.22
6	Hostility	Entitlement Schema Failure mother division Insufficient Self-Control father (-)	.78	.61	.49
7	Phobic	Mistrust/Abuse father division Insufficient Self-Control compensation inventory Psychosomatic symptom avoidance	.61	.37	.17

		inventory			
8	Paranoid Ideation	Mistrust Abuse Schema Negativity/Pessimism Schema Punitiveness Schema	.59	.35	.14
9	Psychoticism	Self-Sacrifice mother dividion Mistrust Abuse father division Psychosomatic symptoms	.34	.19	.09

Only two significant predictors are found for the Somatization Symptom Dimension, the Mistrust Abuse subscale from Parenting Inventory and the Psychosomatic symptom from the Avoidance Inventory. These results support the key hypothesis of Stuart and Noyes (2006) that Somatising behavior is influenced by early childhood experiences, such as the physical illness, and the exposure to the abuse (Stuart & Noyes, 2006).

The Emotional Inhibition father division, the Emotional Deprivation mother division and the Psychosomatic symptoms are the only significant predictors for the Obsessive Compulsive symptom. These results agree with Emmons' and King'(1990) mention of Krause et al., 2002 in which Krause and colleagues found that the chronic withholding of emotional expression correlates with obsessive/compulsive tendencies (Krause et al., 2002)

The Approval Research compensation Subscale (-) is the only predictor for the Interpersonal sensitivity. Note that the Approval Research compensation inventory relates negatively to the Interpersonal sensitivity.

The Social Isolation and the Negativity/ Pessimism early maladaptive schemas, as well as the "Denial of unhappiness (-)" and the "Avoidance through sleep/Lack of energy" avoidance subscales are the only predictors of the Depression symptom. This study agrees with Grutschpalk's study (2008) in that the Social Isolation and the Denial of unhappiness (-) subscales predict the Depression.

The Puniteveness Schema, the Dependence/Incompetence in the father division, the Social Isolation compensation (-) and the Unrelenting standard compensation are the only significant predictors of the Anxiety symptom.

The Entitlement Schema, the Failure subscale in mother division and the Insufficient Self-Control in father division (-) are the only significant predictors of the Hostility symptom. The Mistrust Abuse Schema, the Negativity/Pessimism Schema, the Punitiveness Schema are the only significant predictors of the Paranoid Ideation. This study agrees with Grutschpalk's study (2008) in that the Mistrust Abuse and the Puniteviness schema are significant predictors for the Paranoid Accentuation.

Finally the Self-Sacrifice in mother division, the Mistrust Abuse father division and the Psychomatic symptoms are the only significant predictors for Psychotic symptom.

4.2.8 The Most Important Predictors of the Personality Accentuations

In this section a Regression analysis will be made in order to examine the possibility of the Parenting, the Early Maladaptive Schemas and the coping styles to predict the Personality Accentuation. In order to examine the most significant predictors, all of the Early Maladaptive schemas, the Compensation subscales, the avoidance subscales and the Parenting subscales are considered as independent variables for each of the eleven personality accentuations. The results are shown in Table 53.

Table 53: Regression Analysis- The Personality Accentuations

	The Personality Accentuation	The predictors	R	R2	Adjusted R2
1	paranoid	Mistrust/Abuse schema Emotional Deprivation father Dependence/incompetence mother (-) Entitlement father	.79	.62	.50
2	Dependent	Dependence/Incompetence schema Emotional Deprivation compensation Defectiveness shame mother (-) Avoidance through sleep/ lack of energy Dependence Incompetence mother	.89	.79	.72
3	Impulsive explosive	Entitlement schema Subjugation schema Insufficient Self-Control schema Negativity/ Pessimism schema Emotional Deprivation compensation	.71	.50	.34
4	schizoid	Withdrawal from people	.68	.46	.29

		Intentionally not thinking about upsetting things Enmeshment Schema Failure schema (-) Self-Sacrifice father			
5	Narcissistic	Entitlement schema Denial of memories Self-Sacrifice Compensation Enmeshment Compensation Subjugation Compensation	.76	.58	.45
6	Borderline	Punitiveness father division Emotional Deprivation schema Abandonment schema Mistrust abuse schema Subjugation Schema	.80	.64	.53
7	Avoidant	Social Isolation Schema Substance Abuse Suppression of Unger Subjugation schema Self-soothing (eating, shopping, etc.)	.75	.56	.42
8	Obsessive/Compulsive	Subjugation father Emotional Inhibition father	.58	.34	.13
9	Schizoid-Type	Withdrawal from people Avoidance through sleep / lack of energy Passive distraction: Fantasy, daydreaming, television Emotional Deprivation father Insufficient Self-Control mother	.76	.58	.45
10	Anti-social	Social Isolation compensation Self-Sacrifice schema (-) Emotional Deprivation compensation Self-Sacrifice compensation	.84	.71	.62
11	Histrionic	Approval Research schema Abandonment compensation(-) Suppression of anger Enmeshment schema Emotional inhibition father	.78	.61	.49

From the table above one observes that any one, or even all, of the Parenting, the Schema or the coping styles subscales can be one of the five most significant predictors of the Personality Accentuation.

The Mistrust/Abuse schema, the Emotional Deprivation in the father division, the Dependence/incompetence in the mother division (-) and the Entitlement in the father division are the most significant predictors for the Paranoid Accentuation. Note that, both the Paranoid Ideation

symptom in the previous section and the Paranoid Accentuation share only one predictor, the Mistrust Abuse schema. The Mistrust Abuse Schema is also one of the predictors of the Paranoid Accentuation in Grutschpalk's study (2008).

The Dependence/Incompetence schema, the Emotional deprivation compensation the Defectiveness shame in mother division, the Avoidance through sleep/ lack of energy and the Dependence Incompetence in the mother division are the most significant predictors for the Dependence Personality Accentuation. These results agree with Grutschpalk's study two fold, one - the Dependence Incompetence is one of the predictors of the dependence Accentuation and two - the Defectiveness shame in the mother division has negative relation to the dependence Accentuation.

The Entitlement schema, the Subjugation schema, the Insufficient Self-Control schema, The Negativity/ Pessimism schema, and the Emotional deprivation compensation can function as predictors for the Impulsive explosive Accentuation.

Withdrawal from people and the Intentionally not thinking about upsetting things in the Avoidance subscales , along with the Enmeshment Schema, the Failure schema (-), and the Self-Sacrifice in the father division are the most significant predictors for the Schizoid Accentuation.

The Entitlement schema, the Denial of memories, the Self-Sacrifice Compensation the Enmeshment Compensation and the Subjugation Compensation are the most important predictors for the Narcissistic Accentuation. These results agree with Grutschpalk only regarding one predictor, in the Entitlement Schema which is the most important predictor for the Narcissistic Accentuation.

The Punitiveness in the father division, the Emotional deprivation schema, the Abandonment schema, the Mistrust abuse schema, and the Subjugation Schema are the most significant predictors of the Borderline Accentuation. Regarding only the Abandonment schema Grutschpalk (2008) found also that this schema is one of the most significant predictors of the Borderline Accentuation.

The Social Isolation Schema, the Substance Abuse, the Suppression of anger, the Subjugation schema, and the Self-soothing (eating, shopping, etc.) avoidance subscale are the most significant predictors for the Avoidant Accentuation. This study and Grutschpalk study agree that the Subjugation Schema is one of the most significant predictors for the Avoidant Accentuation.

The Subjugation in the father division and the Emotional Inhibition in the father division are the only two significant predictors for the Obsessive Compulsive Accentuation.

Withdrawal from people, the Avoidance through sleep / lack of energy, the Passive distraction: Fantasy, daydreaming, television, the Emotional deprivation in the father and the Insufficient Self-Control in the mother division are the most significant predictors for the Schizoid- Type Accentuation.

The Social Isolation compensation, the Self-Sacrifice schema (-), the Emotional deprivation compensation, and the Self-Sacrifice compensation are the most significant predictors for the Anti-social Accentuation.

Lastly, the Approval Research schema, the Abandonment compensation(-), the Suppression of anger, the Enmeshment schema, and the Emotional inhibition in father division are the most significant predictors for the Histrionic Accentuation. Grutschpalk also found that trhe Research Approval schema is one of the most significant predictors of the Histroinic schema.

In spite of the differences between this study and Grutschpalk's study regarding the most significant predictors for the Personality accentuation, both studies agree in respect to several predictors, as mentioned above. Moreover, both studies conclude that the Schema concepts relate significantly to the Personality Accentuation.

5.0 Discussion

Introduction

The purpose of this study was to investigate the correlation between early life events and the development of the early maladaptive schemas, as well as to investigate the correlation between the early maladaptive schemas and the personality disorders. To this purpose the researcher translated and adapted several of the Young's questionnaires (the Young schema Questionnaire, the parenting Inventory, the avoidance Inventory, and the compensation Inventory) into the Arabic language. Firstly, this chapter discusses the reliability of the questionnaires in the Palestinian society. Secondly, the results of the analyses of the six main hypotheses will be discussed.

- The reliability of the questionnaire in the Palestinian society.

- The 18 Early Maladaptive Schemas of Young Schema Questionnaire correlate significantly with the corresponding schema in Parenting Inventory.

- Early Maladaptive Schemas correlate significantly with both the Overcompensation and the Avoidance Coping Styles.

- Early Maladaptive schemas correlate significantly with psychological symptoms as well as personality accentuations.

- Coping styles correlate significantly with psychological symptoms and personality accentuations.

- The German clinical sample differs from the Palestinian non-clinical sample in relation to the Parenting subscales, Early Maladaptive Schema as well as Coping Styles.

- The male group differs from the female group in relation to the Parenting subscales, Early Maladaptive Schemas and Coping Styles.

The reliability of the questionnaire in the Palestinian society

In this study the Young Schema Questionnaire, the Young Parenting Inventory, the Young Compensation Inventory, the Young Rayh Avoidance Inventory and the Clinical Personality Accentuations Inventory IKP were translated into Arabic language by the researcher.

The Arabic version of the YSQ-S3 can be considered reliable and valid. The Cronbach's coefficients for the YSQ subscales range between.71 and .88. This agrees with the Turkish and the Romanian versions of YSQ-S3 (**Soygüt** et al., 2008 & Trip, 2006).

The Young Parenting Inventory was translated and adapted to the Arabic language. The coefficient Cronbach's Alfa is found for all of the seventeen subscales for the mother division and the father division. Cronbach's Alfa for 11 subscales are ≥ .70. The coefficient Cronbach's Alfa for four subscales are ≥ .63, the coefficient Cronbach's Alfa for two subscales are even lower; the Entitlement and the Self-Sacrifice subscales. Similar results are found by (Grutschpalk 2008) who found that the coefficients for 11 subscales on a clinical sample are ≥.70. Similarly she also found a low Cronbach's Alfa for the subscales Entitlement and Self-Sacrifice.

The reliability analyses for both the Young Compensation Inventory subscales and the Young Rayh Inventory subscales present insufficient coefficient Cronbach's Alfa. Only three of the 17subscales of Young Compensation Inventory register Alfa ≥ .70. Several subscales possess very weak reliability, such as the Approval Seeking subscale which registers Alfa = .14.

Insufficient reliability is found for the Young Rayh Inventory subscales. Only three of the 14 subscales register alfa ≥ .70. Seven of the 14 subscales display very week reliability, even less than .50. Similar results were found by Grutschpalk, 2006. In Grutschpalk's study as well as in this study both inventory subscales exhibit insufficient coefficient reliability. The researcher agrees with Grutschpalk's suggestion that these questionnaires should be modified to fit research purposes. Originally the Inventories were designed to assess individual patients' coping styles in practice and not for research purposes.

Lastly, the reliability for all of the eleven subscales of the Clinical Personality Accentuation Inventory (IKP) are good and agree with other studies. The coefficients for the eleven IKP subscales range from .70 to .88.

Hypothesis 1: The 18 Early Maladaptive Schemas of Young Schema Questionnaire correlate significantly with the corresponding schema in Parenting Inventory

In this study the results show that the Early Maladaptive Schemas correlates significantly with the Parenting. For the total group there are significant correlations between all of the subscales in the schema questionnaire and their corresponding subscales in the Parenting Inventory. Seven of the seventeen Early Maladaptive Schemas correlate significantly ≥.50 with the corresponding Parenting subscales. Furthermore, no Early Maladaptive Schema correlates ≤ .20 with the corresponding subscale in the Parenting Inventory for the total group.

Several differences are found when investigating the correlation between the Early Maladaptive Schema and the corresponding Parenting subscales for both the male and female groups. For the female group no correlation is less than r =.14. In contrast, three Early Maladaptive Schemas correlate insignificantly ≤ .05 with the corresponding Parenting subscales for the male group. For the male group the Punitiveness, the Mistrust Abuse the Vulnerability to Harm or Illness, the Subjugation, the Enmeshment and the Self-Sacrifice schemas correlate the best ≤ .50 with parenting. In contrast, the above mentioned schemas correlate highly with their corresponding subscales in the Parenting Inventory for the female group.
Such schemas for the male group could very well originate from the occupation rather than from parenting. The male group often experiences physical abuse, as well as, subjugation from the occupation, more than the female group. The developing of the Vulnerability to Harm or Illness schema could also lie in experiencing the abuse from the occupation army as well. In the same vein, the Enmeshment schema could be a result of the occupation.

The male group Negativity schema correlates significantly high, ≥ .80, with the corresponding Parenting subscale. In comparison, the Negativity schema for the female group correlates just significantly, ≤ .50, with the corresponding Parenting subscale. In this point, one can observe the greater effect of tradition and society in the developing of this schema in the female world.

The parenting subscales are found to be some of the most significant predictors for several Early Maladaptive Schemas in the Regression Analysis. This supports the hypothesis that the Early Maladaptive Schemas correlate to their Parenting corresponding subscales.

Hypothesis 2: Early Maladaptive Schemas correlate significantly with both the Overcompensation and the Avoidance Coping Styles.

In this study, significant correlations are found between the Early Maladaptive Schemas and the corresponding subscale in the compensation Inventory. All of the correlations for the total group were ≤ .50.

The weak reliability of Compensation Subscales could possibly be the cause of the weak correlations between the schemas in Schema Questionnaire and the corresponding compensation subscales. Another possible explanation is that the Compensation Inventory items are not uniformly formulated, at times explicitly and at other times implicitly. Participants, who answered the items in Schema Questionnaire on the higher range of the scale from one to six, would have then answered the corresponding compensation items - which are explicitly formulated - on the lower range. This then should have led to a high negative correlation which obviously is not found.
In contrast, the participants are not aware that they are confronted with the schema when answering the implicit compensation items, and therefore the participants do not necessarily give a contradictory answer.

Overall, there are significant correlations between the Early Maladaptive Schemas and Compensation Coping Styles. Furthermore, the Dependence schema, the Vulnerability to harm or illness, and the Negativity schemas for male group correlate significantly higher with their corresponding subscales in the Compensation Inventory than for the female group.

Significant correlations ≥.50 are found between the Social Isolation schema and the withdrawal from people Avoidance subscale, between the Mistrust/Abuse schema and the avoidance through sleep/lack of energy and between the Failure schema and the avoidance through sleep/lack of energy for the total group.

For the female group the Denial of unhappiness subscale correlates significantly negatively with the Emotional Deprivation Schema. The Excessive rationality and control subscale correlates significantly with the Emotional inhibition and also the Punitiveness schemas. The Psychosomatic symptom subscale correlates significantly with the Vulnerability to harm or illness schema. The Withdrawal from people subscale correlates significantly with the Social Isolation schema. Lastly, the Self-soothing (eating, shopping, etc.) subscale correlates significantly with the Vulnerability to harm or illness, the Self-Sacrifice, the Emotional Deprivation and with the Enmeshment subscales.

For the male group the Excessive rationality and control subscale correlates significantly ≥.50 with the Approval Research schema. The Suppression of anger subscale correlates significantly with the Deffectiveness/ Shame and with the Enmeshment. The Withdrawal from people subscale correlates significantly high with the "social Isolation" schema. The "Denial of memories" subscale correlates significantly with the Emotional Inhibition schema. The Avoidance through sleep/ lack of energy subscale correlates significantly with the failure" and the Mistrust/Abuse schemas. Lastly, the Passive distraction: Fantasy, daydreaming, television subscale correlates significantly with the Failure schema.

These results indicate that the Early Maladaptive Schemas correlates significantly with the Coping styles, in spite of some differences between the avoidance strategies that male and female use to avoid their schemas.
Moreover, the Avoidance Subscales surface most frequently as predictors for all of the eighteen Early Maladaptive Schemas in the regression analysis.

Hypothesis 3: Early Maladaptive schemas correlate significantly with psychological symptoms as well as personality accentuations

In this study both the Bivariate Correlation and the Regression Analyses indicate that Early Maladaptive schemas correlate with the Psychiatric symptom. The Biriviate Correlation analysis shows that the Depression Symptom correlates with the Negativity/Pessimism, the Insufficient Self-Control and the Emotional Deprivation Schemas. The Anxiety Symptom correlates with the Emotional Inhibition, the Negativity/ Pessimism, the Insufficient Self-Control and the Punitiveness Schemas. The Hostility Symptom correlates with the Entitlement Schema and with the Negativity/ Pessimism Schema. Lastly, the Paranoid Ideation Symptom correlates with the"Negativity/

Pessimism, Punitiveness, the Enmeshment, the Mistrust abuse, the Emotional Inhibitions and the Vulnerability to Harm or Illness.

Moreover the regression analysis shows that the Social Isolation and the Negativity/Pessimism schemas predict the Depression Symptom. The Punitivesness Schema predicts the Anxiety Symptom. The Entitlement schema predicts the Hostility Symptom. And lastly, the Mistrust Abuse, the Negativity/Pessimism and the Punitiveness schemas all predict the Paranoid Ideation Symptom.

Likewise for the psychiatric Symptoms, both the Biviarite and the Regression analysis show that the Early Maladaptive Schemas correlate significantly with the Personality Accentuations. The Narcissistic personality accentuation correlates highly with the Entitlement Schema. The Dependence Personality Accentuation correlates highly with the Dependence Incompetence Schema. The Schizoid Personality Accentuation correlates significantly with the Social Isolation Schema. The Avoidance Personality Accentuation also correlates significantly with the "Social Isolation Schema. The Borderline Personality Accentuation correlates with the Emotional Deprivation, Abandonment, Mistrust /Abuse, Vulnerability to Harm or Illness and Enmeshment. The Histrionic Personality Accentuation correlates significantly with the Insufficient Self-Control Schema, Approval/Research Schema, Vulnerability to Harm or Illness, "Negativity/Pessimism, Enmeshment, Self-Sacrifice and Subjugation.

The Early Maladaptive schemas also predict the Personality Accentuations. This indicates that Young's basic concept is in line with the Palestinian sample. These results also agree with Grutschpalk results in the German sample.

Hypothesis 4: Coping styles correlate significantly with psychological symptoms and personality accentuations

Coping styles are used by people to adapt to their schemas. Thus, similarly to the Early Maladaptive Schemas the coping styles are expected to correlate significantly with the Psychiatric Symptoms and the Personality Accentuations.

Middle correlations are found between the Hostility Symptom and the compensation of the Emotional Deprivation, the Mistrust Abuse and the Subjugation schemas. Also a middle correlation is found between the Anxiety Symptom and the Negativity and between the Paranoid and the Negativity schema. The Compensation subscales are found to be predictors for the Psychiatric Symptoms. However the predictors are not always positive. Such predictors show that the compensation subscale correlates negatively with the Psychiatric Symptoms.

High to middle correlations are found between several compensation subscales and the Personality Accentuations. Additionally, the compensation subscales are found to be predictors for several Personality Accentuations. The frequency of the correlations between the compensation subscales and the personality Accentuation, as well as, the Psychiatric symptoms are less than the correlations between the Early Maladaptive schemas and the personality accentuations and the psychiatric symptoms. This indicates that the correlation between the Early Maladaptive Schemas and the personality pathology are more visible than with the coping styles.

Concerning the Avoidance Inventory Subscales one can observe only three correlations of ≥ .50 with the psychiatric symptoms. Only one Avoidance subscale correlates significantly ≥ .50 with three different personality Accentuations. Moreover, the avoidance subscales surface as predictors for both the Psychiatric Symptoms and the Personality Accentuation.

All in all, the results indicate that both the Compensation and the Avoidance coping styles correlate significantly with the Personality Accentuations and the Psychiatric Symptoms.

Hypothesis 5: The German clinical sample differs from the Palestinian non-clinical sample in relation to Parenting Subscales, Early Maladaptive Schemas as well as Coping Styles

Clinical individuals are expected to have experienced worse treatment from their parents than the non-clinical individuals, and as a result, to have higher level of the Early Maladaptive Schemas and coping styles.

Concerning the Parenting Inventory, the major results show higher mean scores for the German clinical female group. However the Palestinian non-clinical female group registers higher mean scores than the German clinical female group for the Emotional Deprivation and the Self-Sacrifice Schemas in the father division. The German clinical male group exhibits higher mean scores than the Palestinian non-clinical male group in both the mother and father divisions except for the Self-Sacrifice in the father division schema which is found to be almost equal for the two groups.

Regarding the Schema Questionnaire, the German clinical female group registers a higher level in most of the early maladaptive schemas, except for the Negativity Schema which is found unexpectedly to be higher for the Palestinian non-clinical sample. The society and the occupation circumstances are expected to be the reasons why Palestinian non- clinical females show a higher negativity than German clinical females. Moreover, the German clinical male group shows a higher level than the Palestinian non-clinical male group in all of the Early Maladaptive Schemas, except for the Vulnerability to Harm or Illness Schema which is found to be at the same level for both groups.
The German clinical female group utilizes most of the compensation strategies more than the Palestinian non-clinical group, except for the Social Isolation and the Failure Compensation Subscales. The higher mean scores of the Palestinian female group in the Social isolation Subscale can be explained as a result of the economic austerity. The German clinical male group registers higher mean scores in most of the compensation subscales. Moreover, it is worth noting that no compensation strategy is used more by the Palestinian non-clinical male group than by the German clinical male group.

Lastly, the German clinical female group has significantly higher mean scores than the Palestinian non-clinical group in ten of the fourteen Avoidance Subscales. The Palestinian non-clinical female group registers significantly higher mean scores than the German clinical female group regarding the subscales “Intentionally not thinking about upsetting things”, “Denial of unhappiness” and the “Passive blocking of upsetting emotions”. The German clinical male group registers significantly higher mean scores than the Palestinian non-clinical male group in seven of the fourteen Avoidance Subscales. The Palestinian male group registers higher mean scores than the German clinical male group concerning the subscales “Intentionally not thinking about upsetting things”, “Denial of unhappiness”, “Passive blocking of upsetting emotions”, “Self-soothing (eating, shopping, etc.)” and the “Passive blocking of upsetting emotions”.

Generally the following can be said: The German clinical sample has a higher level in most of the Early Maladaptive Schemas than the Palestinian non-clinical sample. Also, the German clinical sample experiences less favorable treatment from parents. Moreover, the German clinical sample utilizes compensation and the avoidance strategies more than the Palestinian non-clinical samples. However there are several exceptions. These can be understood in the context of the extenuating circumstances that the Palestinian non-clinical sample lives under as well as cultural differences.

Hypothesis 6: The male group differs from the female group in relation to the Parenting subscales, Early Maladaptive Schemas and Coping Styles

The sample of this study is taken from a society in which it is assumed that males and females are to be treated differently. Furthermore, the members of this society live under occupation. According to Young, cultural influences play a role in the development of the Early Maladaptive Schemas. The results in this study indicate that the male and female groups differ regarding their responses to Parenting, Early Maladaptive Schemas and coping styles. Generally, males show from their responses to the parenting inventory that they receive more attention from their parents. In compression, the female group registers higher levels in subscales which measure the lack of attention and affection.
Concerning the Early Maladaptive Schemas, the female group shows a higher level in eleven of the eighteen Early Maladaptive Schemas. Furthermore, the correlation between the Early Maladaptive schemas and parenting are more visible for the female group than for the male group. Other experiences, such as the occupation, seem to play a greater role in the development of several schemas for the male group than the female group. The explanation could lie in the fact that the male group is more exposed to conflict.

In their responses to the compensation coping style subscales, the female group shows a higher level in five of the seventeen compensation subscales. On the other hand, the male group shows a higher level only in the Entitlement compensation subscale. The female group seems to utilize the compensation coping styles more than the male group.
In their response to the Avoidance types, the female group uses the Passive distraction: Fantasy, daydreaming, television" avoidance subscale significantly more than the male group. In contrast, the male group uses the Avoidance of upsetting situations, the Denial of unhappiness, the Substance abuse, and the Intentionally not thinking about upsetting things more than the female group. It's worthy to mention that the reliability of most of the Compensation and the Avoidance Inventories' subscales are insufficient, therefore these results are questionable. Furthermore, in spite of the significant differences between the two groups in the mean scores of the above mentioned Avoidance subscales, one observes that the differences in the mean scores are almost equal.

One concludes that the Palestinian males and females differ in their EMS, Parenting and coping styles. This is probably due to the culturally based gender differences, differential role vis a vis the occupation, and the differential treatment from parents.

Conclusion

The six hypotheses in this study are verified in general with only minor exceptions in some of the hypotheses. Young's main concepts are found to applicable to the Palestinian society. However, several circumstances could play a major role in the development of the Palestinian's Early Maladaptive Schemas such as the military occupation, economic conditions and culture.
The researcher suggests that the hard economic conditions, as well as from the experience of loss of autonomy could result in the development of additional Early Maladaptive Schemas. This comes from outside the family and even outside the society itself.

Young hypothesizes that the loss of autonomy leads to the development of several schemas. He emphasizes the role of the family in the development of such schemas. The loss of autonomy for the sample of this study comes from the family, and also outside the family and even outside the Palestinian society. This kind of loss of the autonomy as well as the general prevailing insecurity could very well lead to an additional Early Maladaptive Schemas. Possibly all of Young's Early Maladaptive Schemas could be affected to some degree from the prevailing situation in Palestine.

6.0 Recommendation

Numerous studies investigate the effect of early negative experiences in the development of the Early Maladaptive Schemas. The emphasis of most of these studies was in context of the physical, sexual abuse or the emotional maltreatment, for example the study of Lumley and Harkness (2007). Another example is the study of Grubaugh et al., (2008). They examine variables that may be related to the formation or maintenance of maladaptive schemas with a sample of 375 acutely battered women.

However, the researcher feels that several important circumstances were hardly considered such as the economic conditions, military occupation, and frequent wars. To have more comprehensive view of schema therapy it would be interesting to study the early maladaptive schemas for those people who live under such conditions.

In the present study the researcher investigated the Early Maladaptive schemas using student sample. However, non-student groups may suffer from additional negative experiences. It would be also worthy to investigate the early maladaptive schemas of non-student groups in Palestine.

The present study suggested that there are additional Early Maladaptive schemas for the Palestinian people without defining them. The researcher recommends further studies to identify these expected schemas.

Nothing in this world is harder than seeing children sufferance. But the bitter truth is that a considerable number of children around the world are suffering to a great extent. Stallard & Rayner (2005) designed the Schema Questionnaire for Children (SQC). 47 school children aged from 11-16 years were asked to complete both the (SQC) and a British version of the 75 item Young's Schema Questionnaire Short Form (YSC-S). Significant correlations were found for 10 of the 15 schemas. The researcher recommends further studies to identify the Early Maladaptive Schemas of children in different cultures, especially children who experience difficult circumstances. Further studies could also investigate the effectiveness of schema therapy in healing such schemas early in life, before they perpetuate themselves.

7.0 Literature

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8.0 Abbreviations

Clinical Personality Accentuation's Abbreviations:

IKP: The German abbreviation of the Clinical Personality Accentuations Inventory (Inventar Klinischer Persönlichkeitsakzentuierungen)

PRN: Paranoid

DEP: Dependent

IMP: Impulsive- Explosive

SZD: Schizoid

NAR: Narcissistic

BDL: Borderline

AVD: Avoidant

OCP: obsessive/compulsive

SZT: Schizoid- Type

ATS: Antisocial

HST: Histrionic

Clinical Personality Accentuations -additional abbreviations used by Grutschbalk (2008)

DPR: Depression

PAG: Passive Aggressive

Early Maladaptive Schemas' Abbreviations:

EMS: Early Maladaptive Schema

YSQ: Young Schema Questionnaire

YSQ-S3: Young Schema Questionnaire Short Form Version 3

ed: Emotional Deprivation

ab: Abandonment

ma: Mistrust/Abuse

si: Social Isolation

ds: Defectiveness/Shame

fa: Failure

di: Dependence/Incompetence

vh: Vulnerability to Harm or Illness

em: Enmeshment

sb: Subjugation

ss: Self- Sacrifice

ei: Emotional Inhibition

us: Unrelenting Standard

et: Entitlement

is: Insufficient Self-Control

ar: Approval Research

np: Negativity/Pessimism

Pu: Punitiveness

Psychiatric Symptoms' Abbreviations:

SCL-90-R: Symptom Checklist 90 Revised

SOM: Somatization

O-C: Obsessive Compulsive

I-S: Interpersonal Sensitivity

DEPR: Depression

ANX: Anxiety

HOS: Hostility

PHOB: Phobic Anxiety

PAR: Paranoid Ideation

PSY: Psychoticism

GSI: Global Severity Index SCL

Disconnection Cluster (dc)

YRAI Abbreviations

YRAI: Young Rgyh Avoidance Inventory

intu: Intentionally not thinking about upsetting things

sub: Substance abuse

dnu: Denial of unhappiness

exr: Excessive rationality and control

sua: Suppression of anger

ps: Psychosomatic symptoms
wp: Withdrawal from people
dnm: Denial of memories
avs: Avoidance through sleep / lack of energy
dia: Distraction through activity
ses: Self-soothing (eating, shopping, etc.)
pave: Passive blocking of upsetting emotions
paft: Passive distraction: Fantasy, daydreaming, television
avus: Avoidance of upsetting situations

Other Abbreviations
SQC: Schema Questionnaire for Children (SQC)
YPI: Young Parenting Inventory
YCI: Young Compensation Inventory

9.0 List of Tables

10.0Diagramms