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A COMPARATIVE STUDY OF ATTACHMENT STYLES AND EARLY MALADAPTIVE SCHEMAS AMONG TONEKABON PATIENTS WITH GENERALIZED ANXIETY DISORDER AND PATIENTS WITH MAJOR DEPRESSION

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ABSTRACT

The present study aimed at comparing the attachment styles and early maladaptive schemas among patients with generalized anxiety disorder (GAD) and patients with major depression. This study was of post-hoc causal-comparative (retrospective) type. The population under study included all the patients suffering from generalized anxiety disorder and major depression referred to Counseling and Psychiatric Centers in Tonekabon during the time span of June to October, 2012 (N=140). Of these 74 suffered from depression and 66 of them felt anxious. According to Morgan table, the total sample of the two comparative groups comprised of 100 participants divided into two groups of patients with generalized anxiety disorder (50) and patients with major depression (50) who were selected through convenient random sampling. The instruments adapted include Cattell's Anxiety Inventory, Beck's Depression Inventory (2nd edition) and Adult Attachment Style Scale and Young's early maladaptive schemas questionnaire (short form). To analyze the data, multivariate analysis of variance or MANOVA was undertaken. The findings revealed that insecure attachment style (avoidant) was more prevalent in patients with generalized anxiety disorder while insecure attachment styles (ambivalent) was observed mainly in patients with major depression. Moreover, regarding the schema areas studied the areas of mistrust / abuse, social isolation/ alienation, vulnerability, subjugation, self-sacrifice, emotional inhibition, unrelenting standards and entitlement were appeared more among the patients with generalized anxiety disorder whereas areas of defectiveness / shame, failure, dependency, incompetency, abandonment and emotional deprivation were more pervasive in patients with major depression.

Keywords: *Attachment Style, Early Maladaptive Schemas, Generalized Anxiety, Major Depression*

INTRODUCTION

Generalized anxiety disorder (GAD) is one of the most prevalent psychiatric disorders (Wells & Carter, 2006). The fourth revised edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) define generalized anxiety disorder as excessive anxiety and stress toward several events or activities which will last in most days and at least for 6 months, the control of which is difficult and it is accompanied by some physical symptoms such as muscle tension, irritability, difficulty in sleeping and restlessness (Sadock & Sadock, 2007; translated by Rezai, 2011). The estimated incidence of this disorder is reported to be 2.8 to 8.5% in general medical centers while it is to be 1.6 to 5% among the general population (Nainian *et al.*, 2011). Due to its chronic process, high prevalence and association of GAD with other psychological disorders, GAD has been proposed as one of the most disabling disorders in adults (Borkovec, 2006). Predicating GAD on a baseline anxiety disorder some researchers assert that better understanding of the factors involved in the etiology of GAD add to our knowledge of other sources of anxiety disorders or probably depression disorders (Roemer *et al.*, 2002).

Depression is also one of the problems that threaten human health and it is indeed widespread to the extent that among the psychological discomforts it could be conceived as the cold of mental illnesses (Nilchi, 2005). The World Health Organization has ranked depression in the 4th place of the list of the most acute public health problems throughout the world (Akiskal, 2005). At any given point of time, 15-20% of adults suffer from a significant level of depressive symptoms. At least 12% of them are engaged

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with some amount of depression which bring them to treatment at some point in their lives and it is estimated that approximately 75% of the cases hospitalized in mental hospitals encompass depression cases (Soleimani *et al.*, 2012).

Cognitive theories of emotional disorders are built on the principle that mental disorders are associated with disturbances in thinking. In particular, disorders such as anxiety and depression are determined through automatic negative thoughts and distortions in interpreting stimuli and events (Farnam *et al.*, 2011). Schemas are the variables that can affect these disorders.

Schemas are those beliefs people hold about themselves, others and the environment and they are typically derived from dissatisfaction of basic needs especially emotional needs during childhood (Zhang & He, 2010). Such schemas are constant and persistent throughout life and form the individual's cognitive structures. They assist the person to organize their experiences about their surrounding world and process the obtained information (Maltby & Day, 2004; Thimm, 2010). Researchers have the opinion that early maladaptive schema acts as a filter to prove or confirm the childhood experiences leading to clinical symptoms such as anxiety, depression, personality disorders, loneliness due to destructive interpersonal relationships and abuse of alcohol and drugs (Greenhaus *et al.*, 2003; Seligman *et al.*, 2007). According to Young's theory, one of the childhood's needs which have an impact on maladaptive schemas is secure attachment (Andouz & Hamidpour, 2006). Attachment is a relatively stable emotional relationship which is established between the child and a number of relatives or a trusted relationship with a person who is mainly responsible for the child. Attachment deals with the process of emotionally forming and breaking (Abol-Ghasemi, 2011). Andouz and Hamidpour (2006) indicated that secure attachment style has a significant relationship with maladaptive schemas. Platts *et al.*, (2005) also demonstrated that insecure attachment style has a greater degree of maladaptive schemas in it and in terms of having a maladaptive schema; ambivalent attachment style is placed in the next step. Studying schemas and attachment styles among patients suffering from generalized anxiety disorder, Cassidy (1995) found out that these patients established less efficient relationships with their primary caregivers. Moreover, Pincus and Borkovec (1994) came to the conclusion that such patients have more interpersonal relationship. Insecure attachment style is more prevalent among people suffering from generalized anxiety disorder (Cassidy, 1995).

In their work, Shaker and Hamili (2011) revealed that there is a significant difference ($P > 0.05$) among the three groups of patients with generalized anxiety disorder, depression and obsessive regarding attachment styles and bonding with parents. Insecure anxiety attachment styles are associated with anxiety and mood disorders and avoidant attachment styles have rarely been reported among these disorders.

Eng and Heimberg (2006) also stated that people suffering from generalized anxiety have plenty of interpersonal problems and these problems have been formed in their minds due to schemas as domination, revenge, emotional inhibition, shyness, radical subjugation, self-sacrifice and intervention. Shariati and Ghasemian (2014) found a significant relationship between early maladaptive schemas and anxiety. They reported that early maladaptive schemas of defectiveness / shame are a predictor of anxiety and self-sacrifice early maladaptive schemas has an inverse correlation with anxiety.

Investigating the schemas of people with depression, Nilsson (2012) demonstrated that the schema of social isolation, dependency, vulnerability to risk, emotional control, poor self-control, and cynicism could predict 28% of the variance happened in depressed patients with bipolar disorder.

Given the high prevalence of these two disorders and sometimes their combination with each other, the need for research on factors contributing to these disorders is manifested since it helps identify the most effective treatment. In line with this, the present study was an attempt to determine the difference between attachment styles and early maladaptive schemas among the patients with generalized anxiety disorder and patients with major depression so that a more comprehensive approach toward the differences between the two disorder types could be derived by a more accurate detection and subsequently appropriate treatment could be planned.

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MATERIALS AND METHODS

This study was of post-hoc causal-comparative study (retrospective) type. The population under study included all the patients suffering from generalized anxiety disorder and major depression referred to Counseling and Psychiatric Centers in Tonekabon during the time span of June to October, 2012. The population comprised of 140 (66 of whom suffered from anxiety and 74 of them suffered from depression). 100 patients were then selected as the research sample through convenient random sampling (50 patients with generalized anxiety disorder and 50 patients with major depression).

Instrument

Adult Attachment Style Scale (AAS): this scale was developed by Hazan and Shaver (1987) and was standardized on a group of nurses working in public hospitals of the city Esfahan, Iran (Rahimian *et al.*, 2007). It contains 15 items that the three secure, avoidant and ambivalent attachment styles are granted five items each. It is a Likert point type scale ranging from never (given the value of zero) to almost always (given the value of 4). The test developers reported a Test-retest reliability of 81% for their instrument and a reliability of 87% using Cronbach alpha. Hazan and Shaver (1987) reported an acceptable face and content validity and also desirable construct validity for their instrument. Rahimian Bargar *et al.*, (2007) reported a Cronbach's alpha reliability of 0.75, 0.83, 0.81 and 0.77 for the total test of ambivalent, avoidant and secure attachment style respectively which shows a satisfactory reliability.

Young's Schema Questionnaire-Short Form (YSQ-SF): this questionnaire consists of 75 items evaluating fifteen early non-adaptive schemas.

Developed by Young and Brown (1994), the first form contained 205 items. The short form of this questionnaire was designed in 1998 in order to make the test shorter (Wellborn *et al.*, 2002 as cited in Young *et al.*, 2003, translated by Hamidpour & Andouz, 2007).

Each item is scored on a scale of 6 degrees and every 5 figures assess one schema in this questionnaire. In a study by Wellborn *et al.*, (2002), all the 15-fold sub-scales of the short form of Schema Questionnaire enjoyed a good internal consistency. Cronbach's alpha was calculated for all schemas to range from 76% to 93%.

Moreover, the test-retest reliability of the short form of this questionnaire was computed to be 64%. Fatehizadeh and Abasian (2003) examined the concurrent validity of the questionnaire and schemas through analyzing the relationship between schemas' tests and irrational beliefs' test (IBL). The result was a significant correlation of 39%.

Cattell's Anxiety Inventory: it is comprised of 40 questions each of which has a score of 0 to 2. Questions 1 to 20 measure state anxiety and questions 20 to 40 measure trait anxiety and the sum of these two measures the general anxiety level which is specified based upon converting the raw score to an aligned level of anxiety in all three scales.

A score of 0 to 3 is an indication of calm and stress free individual, scores of 7 to 8 shows an anxious and neuroticism person and 9 to 10 is a person who is clearly in need of counseling and psychotherapy. In a study conducted by Faraji (2001) the reliability of this test was reported to be 80/0 using alpha coefficient. To assess the reliability of this scale, Cronbach's alpha and split – half coefficient were used which are estimated to be 0.65 and 0.51 respectively. The test validity also was obtained to be 61.0.

Beck's Depression Inventory (2nd edition): this questionnaire has got 21 items and includes various symptoms of depression.

The answer to each question consists of 4 alternatives which are scored from 0 to 3 and are summed up at the end. Scores of 11 and 16 indicate slightly depressed, 60 to 20 require consultation with a psychiatrist, scores of 21 to 30 relatively depressed, 31 to 40 severe depression and more than 40 indicates excessive depression. Consistency coefficient of this instrument was 82% and test-retest reliability was estimated to be 86% (Sharifi, 1996).

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RESULTS AND DISCUSSION

Results

Table 1: The mean and standard deviation of attachment styles and early maladaptive schemas of patients with generalized anxiety disorder and patients with major depression

Variables	patients with generalized anxiety disorder		patients with major depression	
	mean (\bar{X})	standard deviation (S)	mean (\bar{X})	standard deviation (S)
Attachment styles				
Secure	10.58	3.78	11.16	3.98
Avoidant	12.66	3.53	8.48	2.98
Ambivalent	9.78	4.82	13.26	3.75
Early maladaptive schemas				
Emotional Deprivation	17.20	5.46	24.18	3.16
Abandonment				
Mistrust / abuse				
Social isolation / alienation	6.90	17.56	22.74	4.23
Defects and Shame	20.54	6.49	5.48	7.14
Failure				
Dependency / Incompetency	21.12	4.13	13.96	6.23
Vulnerability	12.78	6.61	21.16	13.96
Entangled	13	5.91	19.98	5.11
Subjugation				
Self-sacrifice	12.40	5.70	19.16	5.35
Emotional unrelenting standards				
Entitlements	20.54	4.57	15.30	6.16
Self-control	12.96	7.17	14.18	7.22
	20.50	5.89	13	6.48
	21.44	5.37	15.68	6.8
	20.78	6.68	15.60	6.88
	20.52	5.51	15.88	6.21
	19.86	5.89	4.56	5.22
	17.46	7.07	16.42	6.03

Table 2: The effect of (Eta) based upon Wilks’s Lambda test for the combined variable

Variable	Value	F	df ₁	df ₂	Significance level (p)	Effect size (Eta)	Test power
Group	0.188	19.449	18	81	0.001	0.812	1.000

Eta square as the proportion of variance is associated with a new combined variable and the new combined variable could be called attachment styles and early maladaptive schemas that is a value of

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0.812 which represents the effect size of generalized anxiety disorder and major depression disorder. Since it is higher than 0.14, the generalized anxiety and major depression disorders could measure the degree of attachment styles and early maladaptive schemas.

Table 3: Analysis of variance results for the variables of attachment styles and early maladaptive schemas in two groups of patients with generalized anxiety disorder and major depression disorder

Dispersion source	Sum of squares	of degree of freedom (df)	Mean square (ms)	F	significance level (P)	effect size (Eta)	test power
secure	8.410	1	8.410	0.557	0.457	0.006	0.115
avoidant	436.810	1	436.810	40.781	0.0001	0.294	1.000
ambivalent	302.760	1	302.760	16.194	0.0001	0.142	0.979
Emotional Deprivation	1190.250	1	1190.250	59.651	0.0001	0.378	1.000
Abandonment	670.810	1	670.810	20.454	0.0001	0.173	0.994
Mistrust / abuse	640.090	1	640.090	13.730	0.0001	0.123	0.956
Social isolation / alienation	1281.640	1	1281.640	45.753	0.0001	0.318	1.000
Defects and Shame	1755.610	1	1755.610	48.999	0.0001	0.333	1.000
Failure	1218.010	1	1218.010	39.802	0.0001	0.289	1.000
Dependency / Incompetency	1142.440	1	1142.440	37.336	0.0001	0.276	1.000
Vulnerability	686.440	1	686.440	23.286	0.0001	0.192	0.998
Entangled	37.210	1	37.210	0.718	0.399	0.007	0.134
Subjugation	1406.250	1	1406.250	36.667	0.0001	0.272	1.000
Self-sacrifice	829.440	1	829.440	22.081	0.0001	0.184	0.996
Emotional Inhibition	670.810	1	670.810	14.598	0.0001	0.129	0.966
unrelenting standards	538.240	1	538.240	15.598	0.0001	0.137	0.974
Entitlements	702.250	1	702.250	22.636	0.0001	0.188	0.997
Self-control	27.040	1	27.040	0.625	0.431	0.006	0.123

In order to analyze the dependant variables of attachment styles and early maladaptive schemas of the two groups of patients with generalized anxiety and major depression disorders, Bonferroni's Alpha level (0.0005) was employed. According to the results presented in table 3 and also regarding the F values and significance levels obtained for the variables, early maladaptive schemas of self-control and entangle possess higher levels of significance than Bonferroni's Alpha level (0.0005) among secure attachment style variables. As a result, the F calculated for these variables are not statistically significant. Therefore, it could be concluded that there is not any significant difference between the scores on secure attachment styles and early maladaptive schemas of entangled and self-control in patients with generalized anxiety disorder and patients with major depression disorder.

Based upon the results demonstrated in table 3, regarding the F's and significance levels obtained for the variables, all the significance levels obtained are lower than Bonferroni's Alpha level (0.0005) Consequently, the calculated Fs are statistically significant. Therefore, it could be stated that there exists a significant difference among the scores of avoidant and ambivalent attachment styles as well as early maladaptive schemas of emotional deprivation, abandonment, mistrust / abuse, social isolation / alienation, defectiveness / shame, failure, dependency / incompetency, vulnerability, subjugation, self-

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sacrifice, emotional inhibition, unrelenting standards and entitlement in patients with generalized anxiety disorder and patients with major depression disorder. And comparing the means of each variable in the two groups revealed that avoidant attachment style is more prevalent among patients with general anxiety disorders while ambivalent attachment styles is shown to be more pervasive among patients with major depression disorder. Also regarding the early maladaptive schemas, the schemas of emotional deprivation, defectiveness / shame, failure, dependency / incompetency and abandonment are more prevalent among patients with major depression than patients with generalized anxiety disorder while schemas of mistrust / abuse, social isolation / alienation, vulnerability, subjugation, self-sacrifice, emotional inhibition, unrelenting standards and entitlement are appeared more among patients with generalized anxiety disorder than patients with major depression disorder. Considering the significant difference between the means, it could be declared with 99% of certainty that the research hypothesis saying that attachment style and early maladaptive schemas present differently between patients with generalized anxiety disorder and patients with major depression disorder is confirmed.

Discussion and Discussion

The present study aimed at investigating the difference between attachment styles and early maladaptive schemas among the patients suffering from generalized anxiety disorder and patients suffering from major depression disorder. The findings indicated no significant difference between the two groups of patients with generalized anxiety disorder and major depression disorder in their secure attachment styles. However, the avoidant attachment style was seen to be more prevalent among patients with generalized anxiety disorder while ambivalent attachment style was observed more among patients with major depression disorder.

The findings are in agreement with those of Kamkar and Markiewicz (2012) who indicated that depressed people possess ambivalent attachment style. In a study by Muris *et al.*, (2001), insecure anxiety attachment style is associated with symptoms of depression and high level of anxiety.

Due to the fact that people suffering from generalized anxiety disorder complain about the low levels of love and maternal reversed role, rejection and negligence from their mothers during their childhood (Viana & Rabian, 2008), they own insecure attachment style. The significant difference of avoidant attachment style between the two groups of patients with major depression and anxiety demonstrated that anxious people present more of avoidant attachment style features than depressed people. Such anxious people cannot be attached to others and also find it difficult to trust others. They feel uncomfortable being close to people and vice versa, if someone wants to be close to them, they get annoyed. This problem might take place in order to avoid fear or avoid rejection by others. These features have caused anxious people to mostly enjoy the avoidant attachment style. However, ambivalent styles favored are worried to be rejected and abandoned by others resulting in a cycle of irrational beliefs about themselves, others and their surrounding world. These thoughts and attitudes are important components in the etiology of depression. Therefore, due to such thinking style these people cannot establish a secure attachment with others. The significant difference of ambivalent attachment style between depressed and anxious patients lead us to the conclusion that depressed people own much of an ambivalent attachment style compared to anxious people.

There are still some findings, however, which are in contradiction with the findings of the present study. For instance, Shaker and Hamili (2011) revealed that based on frequency the insecure anxiety attachment style initially belongs to people suffering from generalized anxiety disorder while avoidant insecure attachment style is more common among depressed people. In a work by Besharat *et al.*, (2013), it was found that the dominant attachment style is to be avoidant, ambivalent and secure among depressed, anxious and normal patients, respectively. Such contradictory findings could be due to the fact that a range of depressed people or people suffering from anxiety disorders were surveyed in other studies while in this study only subjects with generalized anxiety disorder and major depression disorder were investigated.

Other findings indicate early maladaptive schemas between the two groups of patients with generalized anxiety and major depression disorders. These results demonstrated no significant difference between the

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two groups in their early maladaptive schemas of entangled and self-control while schemas of defectiveness / shame, emotional deprivation, abandonment, failure, dependency / incompetency were observed more in patients with major depression and schemas of mistrust / abuse, social isolation / alienation, vulnerability, subjugation, self-sacrifice, emotional inhibition, unrelenting standards and entitlement were appeared more in patients with GDA.

Defectiveness and shame belong to the first category of schemas i.e. disconnection and exclusion which represent failure to satisfy the needs such as security and sympathy through predictable manners in families. Defectiveness and shame schemas demonstrate that the individual holds a negative view of himself in relation to self-control and tolerance of failure. This perspective is an important component in the Beck's Cognitive Triangle in the etiology of depression (Shahamat, 2010). Due to their feelings of worthlessness, these people know themselves as an imperfect and inefficient person. They think that their emotional and needs are not supported by others. That is why the schemas of defectiveness/ shame and emotional constraints are taken shaped in them more than in anxious people. Those individuals possessing schemas of abandonment also have the experience of cut and rejection in childhood. The experience of loneliness, cuts and rejection in a child leads to this outcome that the child feels abandoned without receiving any love or control by his family. He feels lost and does not find a safe spot in times of crisis and turns skeptical and distrustful towards others and such negative opinion to others is another component of the Beck's Cognitive Triangle in the etiology of depression (Beck, 1983).

As noted, depression is characterized by negative thoughts about themselves, others and the world. The influx of negative thoughts causes feelings of failure. Negative thoughts result in restless spirit in the person justifying the sense of failure and frustration (Bronze translated by Gharacheh, 2004) and this can vindicate the higher presence of failure schema among depressed people than anxious ones. In order to address the schemas of dependency/ incompetency of depressed people, the theory of learned frustration in the etiology of depression could be used. According to this theory, depression is caused when the person feels that achieving desired outcomes or relieving from adverse consequences is not possible and he is not able to change such situation (Abramson, 1989); therefore, he feels extreme helplessness and incompetency reflecting it through radical fatigue. This could be the reason for the high existence of dependency / incompetency schemas among depressed people than anxious ones.

Characteristics of anxious individuals include distrust, excessive worry about the others, future events and vigilance. They feel that their rights have been evaded by others and they have been subject to persecution. These individuals have often been harassed by their parents during their childhood. They have the understanding that they need to outreach and aggress others sooner than they do or criticize or humiliate them (Young *et al.*, 2003; translated by Hamidpour & Andouz, 2007). It would be a justification for shaping and existing of mistrust/ abuse schemas among these people. Those individuals having mistrust schema hold a negative attitude toward others and consider relationship as a risk factor for themselves. To this end, the existence of this schema makes the person attempt to avoid social situations.

Other schemas existed more among anxious individuals were the schema of subjugation and self-sacrifice. These schemas are fit into the group of other-directedness which focuses on paying too much attention to others and ignoring your own needs. Subjugation schema is to feel the need to be controlled by others. This result is in consistent with theoretical classification of Kazyvna (2004) regarding the content of maladaptive schemas associated with anxiety. Anxious people feel more valuable to see the reactions of others toward themselves than their natural tendencies. Therefore, they easily disregard their own needs in order to gain approval, persistence and emotional relationship or to avoid revenge. These individuals were not free as a child to follow their own natural tendencies and they follow others' demands and get influenced from outside in adulthood rather than getting self approval. To this end, self-sacrifice and subjugation schemas are seen more among them than depressed people.

Taking into account the fact that overestimation of threat, fear of losing control and being vigilance to danger are important issues in cognitive structure of individuals with anxiety disorders (Hosseini *et al.*, 2013); it could be declared that due to serious flaws in the sense of relaxation, joy and being valuable;

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anxious people proceed to make extreme predictions (e.g. vocational, economic or interpersonal tasks might turn miserably wrong) or they have to take care of every detail in order to avoid adversity and to do everything rightly. Due to the fear of being criticized and fear of unpleasant risky events to occur, they are always vigilance and consider life unbearable. Thus, anxious people develop avoidant emotional schema and unrelenting standards more in themselves than depressed people so that the errors, damages and criticisms they feared of, do not take place. On the other hand, due to hidden inferiority and inability to take responsibility anxious people persistently look for obtaining whatever they want regardless of others' rights. They consider themselves special right and cannot stand typical and ordinary discomfort. Anxious people do not believe in their everyday decisions and judgments and they extremely hate change and cannot perform reasonably when confronting environmental conditions; consequently, the schemas of entitlement and dignity seem prevalent among them than anxious people.

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