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EARLY MALADAPTIVE SCHEMAS, ATTACHMENT, NEGATIVE AFFECT AND
RELATIONSHIP SATISFACTION

by
Nicole McDermott

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
Rowan University
November 19, 2008

Approved by _____
Advisor

Date Approved 11/19/08

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ABSTRACT

Nicole McDermott

EARLY MALADAPTIVE SCHEMAS, ATTACHMENT, NEGATIVE AFFECT AND RELATIONSHIP SATISFACTION

2007/08

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Master of Arts in Mental Health Counseling and Applied Psychology

This study examines early maladaptive schemas (EMSs), attachment styles, depression and anxiety, and relationship satisfaction. A sample of 47 (61.7% females, 38.3% males) college students who were in a current relationship completed standardized measures for each study variable. As predicted, depression and EMSs were related to decreased relationship satisfaction. Unexpectedly, attachment styles were under-represented and therefore could not be examined in the study. Contrary to hypotheses, anxiety and relationship satisfaction were not significantly related to one another.

ACKNOWLEDGEMENTS

Thank you to my thesis advisor, Dr. Haugh, and fellow student colleagues for working with me and helping me through this process. Thanks also to my family and friends who provided me with support and encouragement.

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CHAPTER I

Introduction

The current study aims to examine the relationships between the following constructs: early maladaptive schemas (EMSs), attachment styles, negative affect, and relationship satisfaction. Previous research has found relationships between several of these constructs; however no study has examined all these constructs collectively in one study. By combining these constructs in one comprehensive study, a greater variance of relationship satisfaction may be predicted.

This study aims to contribute to clinical work as well. Many psychotherapy clients experience problems with their relationships. Thus, understanding what causes these problems is important. If the dissatisfaction is due to EMSs, attachment style, and/or negative affective condition, an appropriate treatment plan can be developed which specifically addresses the etiological factor in question.

Schemas, EMSs, and Relationship Satisfaction

A number of constructs have been examined as potential predictors of relationship satisfaction. Of relevance to the current study, one of those constructs that is hypothesized to predict relationship satisfaction are EMSs. The relationship between EMSs and relationship satisfaction has rarely been studied in adult populations of non-clinical status. Although there has been a limited amount of research conducted on the hypothesized relationship between EMSs and relationship satisfaction, Young's Schema Theory provides a reason to believe a relationship may exist.

Young (1999) defined EMSs as pervasive themes regarding oneself and one's relationships with others that are developed during childhood and elaborated on

throughout life that are dysfunctional to a significant degree; these 18 EMSs are listed in Table 1. According to Young's Schema Theory (1994), maladaptive schemas are a result of enduring patterns of unhealthy interactions with family members and peers. These EMSs may influence relationships and relationship satisfaction later in life. Therefore these dysfunctional beliefs, formed from early parental relationships, may hinder one's ability to feel satisfied in romantic relationships.

Amongst the limited research between EMSs and relationship satisfaction one study by Sumer and Cozzarelli (2004) found that people who possess EMSs form maladaptive interpretations of themselves and others. In contrast, people who possess positive schemas perceive relationships in an adaptive fashion and view themselves and others more adaptively. Therefore, our positive or negative schemas may be predictive of the perceptions we have of relationships.

Another study examined EMSs but defined them using the term irrational relationship beliefs. Stackert and Bursik (2003) examined irrational relationship beliefs and relationship satisfaction in an undergraduate student sample. Irrational relationship beliefs were measured using the Relationship Belief Inventory (RBI) and relationship satisfaction was measured using the Relationship Assessment Scale (RAS). It was found that strong adherence to relationship-specific irrational beliefs was associated with lower relationship satisfaction for both men and women.

Although the research is limited, there is reason to believe a relationship exists between EMSs and relationship satisfaction. EMSs encompass one's maladaptive views of self and others, therefore, EMSs should be related to the amount of satisfaction one

gets from their romantic relationships. According to theory, EMSs affect one's overall functioning therefore one's relationship satisfaction should be affected as well.

Negative Affect and EMSs

A number of constructs have been examined as potential predictors of negative affective conditions. Of relevance to the current study, one of those constructs that has been hypothesized to predict negative affective conditions are EMSs. The relationship between EMSs and negative affect has been studied in adult populations of clinical and non-clinical status. Typically, EMSs have been measured using the Young Schema Questionnaire (YSQ); depression and anxiety have typically been measured by the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).

With regard to depression, the evidence supports the relationship between depression and schemas in adult, non-clinical samples. For example, Harris and Curtin (2002) examined the relationship between EMSs and depression in a sample of undergraduate students. They found that the EMSs: defectiveness/shame (DS), insufficient self-control (ISC), incompetence/inferiority (II), and vulnerability (VUL) were significant predictors of depression. A number of other studies support this relationship, such as Schmidt and Joiner (2004). It was found that participants with higher SQ scores reported more negative affective symptoms, such as anxiety and depression.

The relationship between EMSs and negative affect has also been supported in clinical samples. For example, McGinn, Cukor, and Sanderson (2005) examined this hypothesized relationship in a sample of patients presenting for outpatient treatment. EMSs were measured by the domain scores of the Young Schema Questionnaire (YSQ).

Specifically, there were five domains assessed, Disconnection/Rejection, Overvigilance, Other-Directedness, Impaired Autonomy /Performance, and Impaired Limits domains. The results indicated that depression was significantly related to all five schema domains. In contrast, greater anxiety symptoms were only significantly associated with the Overvigilance/Inhibition Domain.

With regard to anxiety, the evidence supports the relationship between anxiety and schemas in adult samples. For example, Riskind et al. (2000) examined the influence of EMSs on anxiety in a non-clinical sample of undergraduate students. EMSs were defined as “looming maladaptive style” that represents cognitions that produce vulnerability and anxiety. Therefore EMSs were measured using the Looming Maladaptive Style Questionnaire (LMSQ) and the BAI was used to measure anxiety symptoms. A significant relationship was found between EMSs/LMSs and anxiety symptoms.

In summary, studies have found EMSs are related to depression and anxiety. This relationship between specific EMSs and depression varies. Specifically, Harris and Curtin (2002) found the EMSs: defectiveness/shame (DS), insufficient self-control (ISC), incompetence/inferiority (II), and vulnerability (VUL) were significant predictors of depression. McGinn, Cukor, and Sanderson (2005) found that depression was significantly related to all five schema domains (Disconnection/Rejection, Overvigilance, Other-Directedness, Impaired Autonomy /Performance, and Impaired Limits domains) and that anxiety symptoms were only significantly associated with the Overvigilance/Inhibition Domain. Overall, all studies found that people with high EMS

scores report more negative affect symptomology or vice-versa (Soygut & Savasir, 2001; Riskind et al., 2000; Schmidt & Joiner, 2004).

Negative Affect and Attachment

A number of constructs have been examined as potential predictors of negative affective conditions. Of relevance to the current study, one of those constructs that has been hypothesized to predict negative affective conditions is attachment. The relationship between attachment and negative affect has been studied in adult populations of clinical and non-clinical status.

Typically, attachment has been defined in two ways. One way is through the model of self and model of other. Bowlby (1969/1982) explained that one's attachment style is developed from one's working model of self and other. These working models are formed in infancy and are dependent on whether the caregiver is perceived as a reliable source of protection and support (model of other) and whether the self is perceived as a worthy recipient of the protection and support (model of self). The second way of defining attachment is through various attachment styles. The most commonly used attachment styles are secure, anxious-ambivalent, and avoidant.

Negative attachment experiences can predispose a person to develop negative affect, such as depression. Negative attachment experiences can lead to the development of maladaptive models of the self and other which impact the way life experiences are interpreted (Shaw & Dallos, 2005). With regard to depression, the evidence supports the relationship between depression and attachment styles in adult, clinical samples. For example, Heene, Buysse, and Van Oost (2007) examined the relationship between attachment and depression in a sample of clinical patients with major depression

diagnoses. Attachment styles were measured using the Adult Attachment Scale (AAS; Collins & Read, 1990) and depression was measured using the Symptom Checklist (SCL-90). Results indicated that insecure attachment was associated with depression.

Specifically, results indicated that couples with one depressed partner reported significantly higher depressive symptoms and ambivalent and avoidant attachment, regardless of gender and in-patient status, compared to non-clinical partner couples.

Pielage, Luteijn, and Arrindell (2005) also examined adult attachment and depression in a clinical, out-patient sample and a non-clinical, community sample. Attachment was measured using the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) and the Adult Attachment Scale; each attachment scale measured the following attachment styles: secure, dismissing, preoccupied, and fearful. Depression was measured using the Center of Epidemiological Studies Depression Scale (CES-D). Secure attachment was negatively related to depression. However, it was found that insecure attachments (i.e., preoccupied and fearful) were positively related to depression. Specifically, results indicated that fearful attachment in the clinical sample and preoccupied attachment in the non-clinical sample predicted depression.

Evidence has also been found to support the relationship between depression and attachment in non-clinical populations. Wei and Ku (2007) examined the relationship between attachment and depression in a sample of undergraduate students. Attachment anxiety and avoidance was measured using the Experiences in Close Relationships Scale (ECT; Brennan et al., 1998) and depression was measured using the Depression Anxiety Stress Scales- Depression subscale-short form (DASS-D-short-form). Results indicated

that insecure attachments (anxiety and avoidance) are related to depression due to the adherence of self-defeating patterns learned from maladaptive attachment experiences.

In summary, studies have found that attachment styles are predictive of negative affective conditions. Overall it was found that insecure attachment styles (anxious, avoidant, preoccupied, dismissing, fearful, etc.) have been found to be predictors of depression in clinical and non-clinical populations. However research that does exist, examines only depression and attachment styles, not anxiety and attachment styles.

Attachment and Relationship Satisfaction

A number of constructs have been examined as potential predictors of relationship satisfaction. Of relevance to the current study, one of those constructs that has been hypothesized to predict relationship satisfaction are attachment styles. The relationship between attachment styles and relationship satisfaction has been studied in adult populations of non-clinical status.

With regard to attachment style, Collins and Read (1990) examined the relationship between attachment style and relationship satisfaction in a sample of undergraduate couples. Attachment styles were measured using an Adult Attachment Scale designed for the study. Relationship satisfaction was measured using an adaptation of Spanier's (1976) Dyadic Attachment Scale. No significant gender differences were found between male and female partners' attachment dimensions (close, depend, anxiety). Attachment style of partner was found to be a strong predictor of relationship satisfaction. Female partners reported being more satisfied with their relationship if they had a partner that possessed a secure attachment style rather than an insecure attachment style. Male partners reported more satisfaction with their relationship if their partner had

a close/secure or depend attachment style. Results revealed that men were dissatisfied with their relationships when their partner possessed an anxious attachment style.

Attachment has also been studied using the model of self and model of other. The model of self is defined as one's view of themselves and the extent to which one is worthy of relationships. Model of other is defined as one's view of others. Kachadourian, Finchman, and Davila (2004) examined attachment styles through the model of self and model of other perspective and relationship satisfaction. The participants were undergraduate students who were involved in a dating relationship. Attachment was measured using the Relationship Questionnaire (RQ) and relationship satisfaction was measured using the Relationship Quality Components Inventory (PRQC). They found that positive models of self and other predicted relationship satisfaction. People who viewed themselves as worthy of relationships and viewed others as trustworthy reported greater relationship satisfaction than those who fear abandonment in relationships and have anxiety about relationships.

Sumer and Cozzarelli (2004) also studied the model of self and model of other in relation to relationship satisfaction. Participants in this study were undergraduate students who were involved in romantic relationships. Attachment style was measured using the Relationship Scale Questionnaire (RSQ) and the RQ, relationship satisfaction was measured using the Quality of Marriage Index (QMI) and the Relationship Happiness Scale (RHS). It was found that both models of self and other had significant direct effects on relationship satisfaction. A positive model of self and other was related to a higher level of relationship satisfaction. Meanwhile, a negative model of self and other was related to a decreased level of relationship satisfaction.

Simpson (1990) examined the effect of attachment styles on romantic relationships. Participants were undergraduate dating couples. Attachment was measured using Hazan and Shaver's attachment measure and relationship satisfaction was measured using a scale designed for the study. It was found that both men and women with secure attachment style had greater relationship satisfaction than individuals with anxious or avoidant styles. In addition, people with anxious or avoidant styles reported less frequent positive emotions and more frequent negative emotions associated with their relationship compared to people with secure attachment.

In summary, previous research has found a relationship between attachment and relationship satisfaction. Specifically, research has found that people with positive models and self and other are more likely to experience greater relationship satisfaction than people with negative models of self and other. More specifically, people with insecure attachment styles (e.g., anxious and avoidant) were found to be less satisfied in their relationship than people with secure attachment.

Negative Affect and Relationship Satisfaction

A number of constructs have been examined as potential predictors of relationship satisfaction. Of relevance to the current study, one of those constructs that has been hypothesized to predict relationship satisfaction are negative affective conditions, specifically depression and anxiety. The relationship between negative affect and relationship satisfaction has focused almost exclusively on depression and relationship satisfaction in previous literature.

Tolpin, Cohen, Gunthert, Farrehi (2006) examined depressive symptoms and relationship satisfaction in a sample of 119 college students involved in exclusive dating

relationships. Depression was measured using the Center for Epidemiological Studies Depression Scale and the Positive and Negative Affect Schedule- Expanded Form, and relationship satisfaction was measured using a modified version of the Dyadic Adjustment Scale and the Relationship Assessment Scale. They found that people with depressive symptoms experienced more stress from their relationships which negatively affected their relationship satisfaction compared to people with fewer depressive symptoms.

Along with relationship satisfaction and depression, Lynch, Robins, and Morse (2001) examined the role of autonomy in a clinical sample. Autonomy was defined as a high need for independence and achievement. The sample was comprised of psychiatric patients diagnosed with either major depressive disorder, dysthymia, or adjustment disorder with depressed mood. All participants reported being in a current intimate relationship for at least 6 months. Relationship satisfaction was measured using the Dyadic Adjustment Scale (DAS). Results found that autonomy was significantly and negatively related to relationship satisfaction. This means that autonomous, depressed people who perceive their partner as demanding and find themselves as withdrawing from the relationship report feeling dissatisfied with their relationship.

In addition, Cramer (2004) examined the relationship between emotional support, depression, and relationship satisfaction using a sample of 111 undergraduate students involved in dating relationships for a mean length of 2.35 years. Relationship satisfaction was measured using the Relationship Assessment Scale (RAS) and depression was measured using the Symptom Checklist (SCL-90R). Results found that support had a significant, direct effect on relationship satisfaction by lowering depression levels.

In the follow-up to the previous Cramer (2004) study, Cramer (2004) again examined relationship satisfaction, depression, and support and conflict in a sample of 107 undergraduate students with a mean relationship length of 1.89 years. Again, relationship satisfaction was measured using the Relationship Assessment Scale (RAS) and depression was measured using the Symptom Checklist (SCL-90R). Results were consistent with the previous literature and found that support significantly effects relationship satisfaction. In addition, it was also found that depression was associated with relationship satisfaction.

The link between depression and relationship satisfaction was also supported by Burns, Sayers, and Moras (1994). They used a clinical sample of 115 participants, the majority of whom were married. Depression was measured using the Beck Depression Inventory (BDI) and relationship satisfaction was measured using the Relationship Satisfaction Scale (RSAT). Results yielded a significant and negative relationship between depressive symptoms and relationship satisfaction.

Similarly, Whisman, Sheldon, and Goering (2000) examined the association between psychiatric disorders and dissatisfaction in relationships in a sample of 4,933 married couples. Psychiatric diagnoses were given based on the Composite International Diagnostic Interview (CIDI), diagnoses included in this study were 9 psychiatric disorders, including major depression and generalized anxiety disorder. Dissatisfaction with one's relationship was measured by one question on a 5-point Likert scale. Results indicated that a marital dissatisfaction is significantly associated with psychiatric disorders. Of the 9 psychiatric disorders assessed, generalized anxiety disorder was most strongly associated with marital dissatisfaction while major depression also had a strong

association. These findings reveal that negative affect, specifically anxiety and depression, can have a detrimental effect on one's relationship satisfaction.

In summary, depression has consistently been found to be negatively related to relationship satisfaction. In contrast, the relationship between anxiety and relationship satisfaction has seldom been studied. However, Whisman et al. (2000) found a significant relationship between anxiety and relationship satisfaction which provides some preliminary evidence suggesting that a relationship exists between these variables.

Attachment and Schemas/EMSs

A number of constructs have been examined as potential predictors of attachment style. Of relevance to the current study, one of those constructs hypothesized to be related to attachment styles are EMSs. There is limited research that examines the relationship between attachment and EMSs. However, there are reasons to believe a relationship between these variables exists since attachment styles provide a framework for future interactions with romantic partners and EMSs are the maladaptive beliefs one holds about the self and others. Both of these variables should impact the amount of satisfaction one gets from their romantic relationship (Bowlby, 1969; Stackert & Bursik, 2003).

Stackert and Bursik (2003) examined attachment styles and schemas in a sample of 118 undergraduate students. They found that attachment styles and schemas provide a framework for how people interpret relationships. Attachment begins with the primary caregiver and shifts to romantic partners in adulthood. Results found that insecure attachment may predispose a person to EMSs. Both insecure attachment style and strong adherence to EMSs contribute to diminished relationship satisfaction in adulthood.

Baldwin, Keelan, Fehr, Enns, and Koh-Rangarajoo (1996) examined whether one's attachment style leads to the formation of schemas about relationships. Results revealed that people with secure attachment styles expected significantly more positive outcomes from relationships (trust, dependency, and closeness) than participants with insecure attachment styles. Specifically, having a secure attachment style caused people to possess positive schemas about future relationships.

Stackert and Bursik (2003) examined the influence of attachment style on relationship beliefs. It was found that insecurely attached people (anxious-ambivalent or avoidant) held significantly more relationship-specific irrational beliefs than people who were securely attached. It was also found that men and women with insecure attachment styles held more relationship-specific irrational beliefs than people with secure attachment. Relationship-specific irrational beliefs are similar to EMSs since both are maladaptive beliefs one has about relationships.

In summary, while research on EMSs is limited, theory and research have shown a possible link between attachment styles and EMSs. Overall, people with insecure attachment styles (anxious-ambivalent and avoidant) tended to possess EMSs and view relationships negatively (Stackert & Bursik, 2003; Baldwin, et al., 1996)

Summary and Rationale for the Current Study

In summary, several of the study variables have been studied in relation to one another in previous literature (e.g., depression and relationship satisfaction, attachment styles and relationship satisfaction, and EMSs and negative affect); however, there are also variables that have been studied minimally in the literature. For the variables with limited research, theory predicts a relationship between these variables (e.g., EMS and

relationship satisfaction, attachment and EMSs). Finally, there has been no study that has included negative affect, EMSs, attachment styles, and relationship satisfaction in one study.

From the past literature, we can conclude overall that specific EMSs are related to negative affect and that holding negative core beliefs can predict depression or anxiety (Harris & Curtin, 2002). Although the specific EMSs that have been found to predict depression and anxiety are not the same across studies, there is evidence that EMSs predict regarding negative affect.

Meanwhile, the research on EMSs on both relationship satisfaction and attachment styles is limited. However, we can look at EMSs theory and see that irrational, dysfunctional beliefs can lead one to have unhealthy views of relationships and therefore have decreased relationship satisfaction. Similarly, just as dysfunctional relationships with early caregivers can predispose a person to have beliefs about relationships and form EMSs, they can also form insecure attachment styles.

Research on attachment styles and relationship satisfaction has found that people with positive models and self and other are more likely to experience greater relationship satisfaction than people with negative models of self and other (Sumer & Cozzarelli, 2004). In contrast, people with insecure attachment styles are more likely to experience decreased satisfaction in their relationships compared to people with secure attachment style (Simpson, 1990).

Relationship satisfaction can also be affected by negative affective conditions, especially depression. Depression has consistently been found to be negatively related to relationship satisfaction. The relationship between anxiety and relationship satisfaction

has seldom been studied with the exception of Whisman et al. (2000) who found that a significant relationship between anxiety and relationship satisfaction exists.

Taken together, previous literature suggests that the study variables together may predict relationship satisfaction. By combining these variables, we might get a more clear and complete picture of the factors that predict relationship satisfaction.

Specific Research Questions and Hypotheses to be Addressed in the Current Study

Overall, the goal of the study is to better understand why people are satisfied with their romantic relationships. Multiple factors affect one's relationship satisfaction. For the purpose of this study, we are questioning whether EMSs, attachment styles, and negative affect influence one's relationship satisfaction.

EMSs and Relationship Satisfaction

- H1: EMSs will account for a significant percentage of the variance in relationship satisfaction.
- H2: The specific EMSs from the disconnection and rejection domain will account for more variance in relationship satisfaction compared to the EMSs from the impaired autonomy and performance, other directedness, impaired limits, and overvigilance and inhibition domains.
- H3: People with EMSs will be less satisfied in their romantic relationships than people with no EMSs.

Attachment Styles and Relationship Satisfaction

- H4: People with preoccupied, fearful, and dismissing attachments will experience less satisfaction in their romantic relationships than people with secure attachment.

- H5: People with secure attachments will experience higher satisfaction in their romantic relationships than people with preoccupied, fearful, and dismissing attachments

Negative Affect and Relationship Satisfaction

-H6: Depression and anxiety will account for a significant percentage of the variance in relationship satisfaction.

EMSs, Attachment Styles, Negative Affect, and Relationship Satisfaction

-H7: All variables, EMSs, attachment styles, and negative affect, will predict a greater percentage of the variance in relationship satisfaction collectively than each variable will individually. However, all of them will contribute significant, unique variance to the model.

CHAPTER II

Method

Participants

There were 102 participants with 52% females and 48% males. All participants were college undergraduate students from a medium sized university in the northeast. However, for the purpose of this study, only participants who identified their dating status as “in a relationship,” “engaged,” or “married” were used. Therefore, the participants used in the analyses were 47 undergraduate students with 61.7% females and 38.3% males. The participants ranged in age from 18 to 26, with a mean age of 19.87. A majority of the participants were Caucasian (87.2%). Thirty-six percent of the participants were freshman, 25.5% of the participants were sophomores, 25.5% of the participants were juniors, and 12.8% of the participants were seniors. Participants

were selected using a convenience sample from the undergraduate subject pool and received course credit for participation in this study.

Instrumentation

Materials

Early Maladaptive Schemas. EMSs were measured using the Young Schema Questionnaire- Short Form 3 (YSQ-S3; Young & Brown, 2005). The YSQ-S3 contains 114 items and measures 18 EMSs. The YSQ-S3 was adapted from the original, 205-item Young Schema Questionnaire (YSQ). All items were rated on a 6-point Likert scale

(1 = “completely untrue of me;” to 6 = “describes me perfectly”). Scoring for each EMS was calculated by summing the items for each specific EMS scale. Higher scores on a subscale indicate a stronger presence of that specific EMS. Each EMS subscale consists of five items that range in scores from 5 to 30. The 18 EMSs proposed by Young (1994) are listed and described briefly in Table 1.

Internal consistencies for all 15 EMS subscales range from .70 to .93 (Glaser, Campbell, Calhorn, Bates, & Petrocelli, 2002).

Attachment Styles. Attachment styles were measured using the Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998). The ECR is a 32-item self-report inventory. Participants rate how each item applies to how they feel in their romantic relationship on a 7-point Likert scale (1 = “disagree strongly;” to 7 = “agree strongly”). The ECR assesses three dimensions: Anxiety, Avoidance, and Security. The Anxiety dimension represents a fear of rejection, preoccupation with abandonment, and negative feelings associated with a partner’s perceived lack of

responsiveness. The Avoidance dimension represents a fear of intimacy and discomfort with getting close to others. The Security dimension represents low anxiety and avoidance feelings. The ECR has two subscales: anxiety and avoidance. Each subscale consists of 18 items that measure each dimension. The scores on each subscale range from 18 to 126.

The ECR has been found to be internally consistent with coefficient alphas of .92 (Anxiety) and .93 (Avoidance) in a sample of undergraduate students (Brennan, Clark, & Shaver, 1998).

Relationship Satisfaction. Relationship satisfaction was measured by the Perceived Relationship Quality Components Inventory (PRQC; Fletcher, Simpson, & Thomas, 2000). The PRQC is an 18-item self-report inventory. Items are measured on a 7-point Likert scale (1 = “not at all;” to 7 “extremely”). The PRQC has six subscales: satisfaction, commitment, intimacy, trust, passion, and love. Each subscale consists of three items that assesses the relevant construct (i.e. commitment, intimacy, etc.). The range of scores on each subscale range from 3 to 21. Therefore, the relationship satisfaction score is calculated by summing the satisfaction subscale score.

The PRQC has been found to be a reliable measure of relationship quality with Cronbach alphas of .90 for males and .94 for females (Fletcher, et al., 2000; Kachadourian et al., 2004).

Depression. Depression was assessed using the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report measure designed to assess severity of depressive symptoms. It is scored by summing the

responses of all the items. Item responses range from 0 (absence of symptoms) to 3 (severe symptom), and the total score ranges from 0 to 63.

The BDI-II has been found to be internally consistent with a coefficient alpha of .91 (Dozois, Dobson, & Ahnberg, 1998).

Anxiety. Anxiety was assessed using the Beck Anxiety Inventory (BAI; Beck, Steer, & Brown, 1993). The BAI is a 21-item self-report measure designed to assess severity of anxiety symptoms. It is scored by summing the responses of all the items. Item responses range from 0 (absence of symptoms) to 3 (severe symptom), and the total scores range from 0 to 63.

The BAI has been found to be reliable and valid with an internal consistency coefficient of .82 (Contreras, Fernandez, Malcarne, Ingram, & Vaccarino, 2004).

Demographics. Participants were asked to give their age, gender, ethnic background, year in college, marital status, length of current relationship, and sexual orientation (heterosexual, homosexual, or bisexual) of their relationship. Length of the current relationship was defined by the number of days people had been in their current relationship.

Design

This study utilized a correlational design and survey methodology. The independent, or predictor variables, was attachment style, EMSs, anxiety, and depression. The dependent, or criterion, variable was relationship satisfaction.

Procedure

Participants were given an informed consent form upon arrival and asked to read along while the experimenter explained the information to them. Once informed

consent was obtained, the participants were given seven self-report questionnaires (YSQ-S3, RQ, ECR, BDI-II, BAI, & PRQC) and a brief demographic information sheet. Questionnaires were administered to groups of 2-35 participants and were completed individually. The questionnaires took approximately 60 minutes to complete. The questionnaires were distributed in four different orders at each administration. Once the participants had completed the questionnaires, they were debriefed. This study was approved by the university's Institutional Review Board and the procedures conformed to the ethical codes of the American Psychological Association.

CHAPTER III

Results

The first goal of the study was to describe the parameters of the sample. Specifically, the range of scores on each variable, the average scores on each variable, and the variability associated with each variable are described. Thus, frequencies, measures of central tendency (e.g., means, medians, and modes) and measures of variability (e.g., variability, ranges, and standard deviations) for each variable were calculated. The results of these analyses are displayed in Table 2.

In the present sample, 100% reported being in a heterosexual relationship. The length of the current relationship ranged from 5 days to 5 years. The mean score on the BDI-II was 11.38, the mean score on the BAI was 11.04, the mean score for satisfaction was 17.27, and the mean score for the YSQ-S3 was 213.38. The attachment style results were 93.6% fearful and 6.4% preoccupied; no participants exhibited a secure or dismissing attachment style.

Due to the limited amount of attachment styles represented in this sample, attachment styles were not used in the analyses. Attachment styles in the present study overrepresented fearful attachment style, and therefore hindered our ability to examine all attachment styles as a variable in this study.

The second goal of the study was to examine the relationship between study variables using the Pearson-r correlation coefficient. More specifically, Pearson-r correlation coefficients were calculated to examine the relationship between EMSs, negative affect, and relationship satisfaction. Correlations between relationship satisfaction and study variables are shown in Table 3.

As predicted, depression was significantly and negatively related to relationship satisfaction ($r = -.36, p < .05$). This indicates that those who report depressive symptomology were less likely to experience relationship satisfaction. In contrast, the relationship between anxiety and relationship satisfaction was not statistically significant ($r = -.16, p < .05$). However, the relationship between anxiety and relationship satisfaction was in the predicted, negative direction.

Four of the 18 EMSs were significantly and negatively related to relationship satisfaction: mistrust/abuse ($r = -.34, p < .05$), emotional inhibition ($r = -.34, p < .05$), entitlement ($r = -.39, p < .01$), and insufficient self-control/self-discipline ($r = -.40, p < .01$). The total YSQ-S3 score was also significantly and negatively related to relationship satisfaction ($r = -.33, p < .05$). These results indicate that some EMSs are related to decreased relationship satisfaction. More specifically, people who endorsed a fear of abuse in relationships, an expectation that others will not be emotionally supportive, a belief that one deserves special treatment, and/or a belief that it is

difficult to delay gratification in the service of a long-term goal endorsed less relationship satisfaction. The overall YSQ-S3 score and relationship satisfaction were significantly and negatively related, suggesting that overall endorsement of EMSs was related to decreased relationship satisfaction.

The third goal of the study was to examine the predictive qualities of the study variables using multiple regression analyses. More specifically, multiple regression analyses were calculated to examine whether EMSs and negative affect predict one's romantic relationship satisfaction. Multiple regression analyses were conducted using anxiety, depression, and EMSs as the predictor variables and relationship satisfaction as the criterion variable.

Negative affect and EMSs predict a significant amount of variance in relationship satisfaction, accounting for 44% of the variance ($F [20, 78] = 3.11, p < .01$). These results show that combined, the study variables predict a significant amount of the variance in relationship satisfaction.

Negative affect, depression and anxiety, predicted a significant percentage of the variance in relationship satisfaction, accounting for 17% of the variance ($F [2, 96] = 10.03, p < .01$). However, individually, depression predicted 18% of the variance in relationship satisfaction ($F [1, 45] = 9.93, p < .01$) compared to anxiety which only predicted 7% of the variance in relationship satisfaction ($F [1, 45] = 3.35, p > .05$). As shown from looking at depression and anxiety individually, depression was a unique predictor of relationship satisfaction while anxiety only approached significance.

In regard to the specific EMSs, Vulnerability to Harm/Illness, Self-Sacrifice, and Emotional Inhibition were significant, unique predictors of relationship satisfaction.

The results of these analyses are displayed in Table 4. More specifically, the endorsement of the following beliefs: expectation of injury or becoming ill, attention to others' needs at the expense of one's own, and/or the belief that it is necessary to achieve extremely high standards to avoid criticism are predictive of relationship satisfaction.

CHAPTER IV

Discussion

Hypotheses one through three in this study were that people with EMSs would experience decreased relationship satisfaction. These hypotheses were partially supported. Results confirmed that people with EMSs were less satisfied in their relationships. More specifically, four EMSs were strongly related to decreased relationship satisfaction: mistrust/abuse, emotional inhibition, entitlement, and insufficient self-control/self-discipline. These findings extend past research that indicated a possible relationship between EMSs and relationship satisfaction could exist (Dattilio, 2006; Baldwin, 1992; Sumer & Cozzarelli, 2004; Stackert & Bursik, 2003). The current study was an extension of past research since it combined these variables into one study and found that a significant and negative relationship exists between EMSs and relationship satisfaction.

Hypotheses four and five in this study were that people with insecure attachment styles would experience decreased relationship satisfaction. Although this was a variable of interest, the reporting of attachment style results was excluded from the study. This variable was excluded because comparisons amongst different attachment styles and relationship satisfaction could not be made since the vast majority of the

participants reported fearful attachment style. Fearful attachment styles may be due to the age and relationship experiences of this college sample or to other unknown factors. Therefore, due to the purpose of this study, attachment styles were removed from the final analyses and results.

Hypothesis six was that depression and anxiety would account for a significant percentage of the variance in relationship satisfaction. This hypothesis was partially supported. Only depression was found to be significantly and negatively related to relationship satisfaction. These findings are similar to findings by Overbeek, Vollebergh, Engels, and Meeus (2003) who found that mood disorders are related to relationship difficulty. However, the present findings suggest that only depressive symptomology is negatively related to decreased relationship satisfaction. In regard to anxiety and relationship satisfaction, significant relationships were not found although results for anxiety were relatively high. These results may have occurred at the same level with depression or there may not be a link between anxiety and relationship satisfaction.

Hypothesis seven was that all study variables (EMSs, attachment styles, and negative affect) would predict a greater percentage of the variance in relationship satisfaction collectively than each variable would individually. It also predicted that all study variables would contribute significant and unique variance to the model. This hypothesis was also partially supported since anxiety was not significant and attachment styles were discarded from the study. However, there was support for EMSs and depression, collectively, in predicting a decrease in relationship

satisfaction. Also, both EMSs and depression were significant, unique predictors of variance individually.

Limitations & Future Directions

This study also has some limitations. In regards to the sample, there was a very small sample size and the majority of the sample was Caucasian, freshmen, and female. Attachment styles were excluded from the study due to inadequate representation of attachment styles. Perhaps the inadequate representation of attachment styles was due to the small sample size. Also, since the sample composition is limited, one should be cautious of how the findings from this study are generalized across other populations.

The study used a cross-sectional design; thus, one cannot infer from these findings that the factors study cause relationship satisfaction. Future studies should employ a longitudinal design to correct for this limitation.

Finally, relationship length, which may be an important predictor of relationship satisfaction, was not used as a variable in this study. Future studies should measure this variable.

Recommendations

Future research in this area may examine whether the length of one's romantic relationship plays a significant role in one's relationship satisfaction. Perhaps in the beginning phase of a relationship people may report more satisfaction when getting to know their partner and feel excitement as the relationship is forming. As opposed to people in long-term relationships who may feel less satisfied due to feeling more comfortable and pressure to stay committed.

Other aspects of relationship quality, such as commitment and intimacy, could be studied in relation to EMSs, negative affect, and attachment styles. For example someone who holds an abandonment schema may fear commitment in relationships as well. A depressed person may have trouble committing to a relationship or achieving intimacy with their partner.

Since a significant relationship between anxiety and relationship satisfaction was not found, perhaps more specific anxiety disorders could be studied with relationship satisfaction. For example, Social Anxiety or Panic Disorder with Agoraphobia and relationship satisfaction, if a person is fearful of social situation or leaving his or her house they will have a difficult time meeting people and achieving satisfaction in relationships.

As shown from the discussion above, there is a room for improvement and expansion in this research area. However, the results from this study have yielded some new information that will be helpful for future researchers, clinicians, and people experiencing relationship dissatisfaction.

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Table 1

Scales from the Young Schema Questionnaire – Short 3

Sub-Scale	Description of High Scores
<u>Domain:</u> <i>Disconnection and Rejection</i>	
Emotional Deprivation	Expects others will not be emotionally supportive
Abandonment	Expects that others will abandon the respondent
Mistrust/Abuse	Expects that others will harm the respondent
Social Isolation	Feels different and isolated from others
Defectiveness/Shame	Believes one is unlovable and invalid
<u>Domain:</u> <i>Impaired Autonomy and Performance</i>	
Failure	Believes one has failed and will never achieve
Dependence/Incompetence	Believes one cannot care for oneself
Vulnerability to Harm and Illness	Expects to be injured or become ill
Enmeshment	Believes one is excessively involved with close others at the expense of independent development
<u>Domain:</u> <i>Other Directedness</i>	
Subjugation	Suppresses one's needs and emotions due to feeling controlled by others
Self-Sacrifice	Attention to others' needs at the expense of one's own
Approval-Seeking/ Recognition/Seeking	Excessive emphasis on gaining approval, recognition, or attention from other people, or fitting in, at the expense of developing a secure and true sense of self

Domain: *Impaired Limits*

Entitlement	Believes that one deserves special treatment
Insufficient Self-Control/ Self-discipline	Believes it is difficult to delay gratification in the service of a long-term goal

Domain: *Overvigilance and Inhibition*

Punitiveness	Belief that people should be harshly punished for making mistakes
Negativity/Pessimism	A lifelong focus on the negative aspects of life (pain, death, loss, disappointment, conflict, guilt, resentment, unsolved problems, potential mistakes, betrayal, things that could go wrong, etc.) while minimizing or neglecting the positive or optimistic aspects
Emotional Inhibition	Believes it is necessary to inhibit emotional expression to avoid disapproval
Unrelenting Standards	Believes it is necessary to achieve extremely high standards to avoid criticism

Table 2

Measures of Central Tendencies and Measures of Variability

	Mean	Median	Mode	Std. Deviation	Variance	Range
Total BDI-II	11.38	9.00	7.00	8.05	64.81	33.00
Total BAI	11.04	7.00	6.00	9.79	95.91	39.00
Total YSQ-S3	213.38	210.00	149.00	55.47	3077.07	228.00
Satisfaction Score	17.28	19.00	21.00	4.12	16.99	14.00

Table 3
Correlations with Study Variables and Relationship Satisfaction

Variables	Relationship Satisfaction
Total BAI	-.163
Total BDI-II	-.36*
Total YSQ-S3	-.33*
Mistrust/Abuse	-.34*
Emotional Inhibition	-.34*
Entitlement/Superiority	-.39**
Insufficient Self-Control/Self Discipline	-.40**
Emotional Deprivation	-.27
Abandonment	-.19
Social Isolation/Alienation	-.13
Defectiveness/Unlovability	-.15
Failure to Achieve	-.08
Practical Incompetence/Dependence	-.20
Vulnerability to Harm or Illness	.08
Enmeshment	-.11
Subjugation	-.18
Self-Sacrifice	-.24
Unrelenting Standards	-.04
Admiration/Recognition-Seeking	-.17
Pessimism/Worry	-.26
Self-Punitiveness	-.27

* $p < .05$, ** $p < .01$

Table 4

Variables Predicting Relationship Satisfaction

Predictor Variables	B	SE	Beta
Total BDI-II	-.17	.08	-.33*
Total BAI	.06	.06	.14
Total YSQ-S3	-.01	.00	-.19
Vulnerability to Harm or Illness	.33	.17	.34*
Insufficient Self-Control/ Self Discipline	-.09	.10	-.10
Mistrust/Abuse	.02	.13	.02
Emotional Inhibition	-.23	.10	-.29*
Entitlement/Superiority	.04	.11	-.05
Emotional Deprivation	-.20	.15	-.22
Abandonment	.04	.11	.05
Social Isolation/Alienation	-.11	.13	-.13
Defectiveness/Unlovability	.14	.20	.15
Failure to Achieve	.06	.14	.07
Practical Incompetence/ Dependence	-.28	.16	-.25
Enmeshment	.15	.12	.15
Subjugation	.01	.11	.01
Self-Sacrifice	-.31	.10	-.29**
Unrelenting Standards	.07	.12	.02
Admiration/Recognition-Seeking	-.12	.11	-.14
Pessimism/Worry	.09	.15	.12
Self-Punitiveness	.01	.13	.01

* $p < .05$, ** $p < .01$