Mediating Role of Early Maladaptive Schemas Between Maternal and Peer Rejection & Self-Defeating Interpersonal Style Among Adults





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Quaid-i-Azam University Islamabad, Pakistan 2018

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The Research Report submitted in
Partial Fulfillment of the requirements of
The Degree of Masters of Science in Psychology

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2018

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Dedicated to all the Great English Teachers, and my Mother, Farzana Masood, the Greatest among Them All

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Acknowledgements

I hereby, in the completion of my thesis report, am privileged to acknowledge all those who deserve due credit in supporting me through this project. I would like to begin by expressing gratitude to my supervisor, Ms. Sara Imtiaz, without the softness & phenomenal passivity in nature of whom, I would have felt inclined to bring this piece of art to its fate in lesser time. However, it is her well-deserved credit in reminding me that every sentence I write must be cited with an authentic reference,

'I humbly thank you for't!' (Shakespeare, 1892; p. 1676)

On a more pressing note, this is to my dad for his invaluable guidance (I'm sorry-I'll keep in mind about the race next time), for the unending stream of generous phone reloads and bearing my hefty study funds, my brother Osama for his stimulating taunts, my sister Mahnoor for her belief that psychologists can solve all the world's problems, my friend Sahar for the hilarious meme supply, my grandmother for the scarlet lip color and my grandfather on his thoughtful remedies over my study-struck skin, your care and concern are among my most treasured possessions. A shout-out to the legendary 'Rida Tahir', the savior hardcore Queen of all time, your inspirational badass demeanor has revolutionized my person for good.

A especially big cheers to my beloved mother, whose devotion and effort is something I shall be indebted to, for my entire life. Her blind faith in me, as unwavering as it always has been, took to the unbelievable extent that she had me writing this thesis on a road trip to Gujranwala, somewhere about halfway through Chapter 3, completely convinced that I'd somehow still do it.

I love you people with all my heart!

Most importantly, this is to the entity whose miraculous gifts have come to the rescue every so often, it now leaves me at a loss for words to express how immensely thankful I am to Allah Ta'ala, whose loving being has always been there for me in all of

the distressing nights, and has carved my way through the years of existential crisis. What, on the face of this strange planet, would I ever do without *you*!?

Special regards to Justin Bieber & Ahmad G. Chagla for providing addictive you-gotthis-music-beats, you guys totally rocked it!

On a conclusive note, with all due sincerity & disrespect, I shall express absolutely NO gratitude whatsoever, to the Government of Pakistan and Quaid-i-Azam University; National Institute of Psychology, for burdening my family (& of several friends of mine) with financial expenses beyond that which is reasonable in exchange for a basic right to education, but it is my promise to you that no barrier you put shall ever halt my pursuit for knowledge and learning.

Proudly raising my cup of Milo to the person who put the final brick into this research's sample wall; in hopes for another upcoming thesis in the enlightening, empowering and incredibly supportive companionship of Faraz Ahmed Khan!

To infinity and beyond! (Buzz Lightyear, 1995)

Anum Tahir

Abstract

The present study was conducted with the aim to explore the predictors of self-defeating interpersonal style among a sample of adolescents and adults (N = 350). Maternal and peer rejection were investigated as being the predictive risk factors and specific early maladaptive schemas (emotional deprivation, abandonment, social isolation. defectiveness and self-sacrifice) that function as mediating variables. Survey method of research was used, which was spread over two stages, first being the try-out phase to bring about the linguistic adaptation of research scales into culturally comprehendible forms, and the latter stage consisted of administration of questionnaires and collection of data from the sample. Quantitative data was collected through standardized instruments; Mother-Father-Peer Scale (Epstein, 1983), The Urdu Version of Young Schema Questionnaire Short Form Version 3 (Young & Brown, 2005) and Self-DISS (Atkinson, 2017) were used for measuring the constructs of maternal and peer rejection, early maladaptive schemas, and self-defeating interpersonal style respectively. Results indicated that maternal and peer rejection both had a significant positive correlation with early maladaptive schemas of emotional deprivation, abandonment, social isolation, defectiveness, and also with the construct of self-defeating interpersonal style. Also, the results of mediation analysis showed that early maladaptive schemas (emotional deprivation, abandonment, social isolation and defectiveness) significantly mediate the relationship between maternal and peer rejection, and self-defeating interpersonal style. Maternal and peer rejection were greater in graduates whereas the maladaptive schemas were more prevalent in late adolescents. Among the ethnic groups, rejection was significantly lower among Punjabi's, whereas peer rejection was significantly higher in minorities.

INTRODUCTION

Introduction

"It is easier to build strong children than to repair broken men" Frederick Douglass

Among the creatures of superior intellect, human beings are a species which is recognized for its peculiar need of belonging and affection from the very cradle and for having a powerful aversion to the idea of being rejected (Baumeister & Leary, 1995). Humans spend most of their lifetimes in closeness with the company of other people while carrying out the essential tasks of life, for instance, making a living, fending food and resources for survival, or the more leisurely activities of amusement and entertainment, however, it is a feature of all interaction that humans instinctively desire to be accepted by others at some minimal level. Although it is understood that one may not be liked by all people, but individuals do expect that they will, in the least, not be judged by others to be so defective or undesirable that their fellows out rightly reject them, and exclude them from social group. However, at occasions when individuals are subjected to rejection and social/interpersonal exclusion, the event brings them great emotional and psychological distress (Safran, 1990). Hence, people generally make an effort to fit in with others and not be rejected.

As humans have evolved primarily due to their characteristics of sociability, the nature of their ties with each other inexplicably defines ways in which they develop and thrive, beginning from the point of infancy to adulthood and later. Familial and peer experiences that dominate an individual's childhood contribute to formation of memories that have a long-lasting effect on him for the rest of his/her life. These experiences, that may be both emotionally warming and pleasant, or hostile and rejecting, determine the resulting impact on thoughts, cognition, personality development and intellectual growth.

Beginning from an individual's early interaction, social scientists have identified that fulfilling associations with one's parents and friends, as well as gaining approval within these relations are crucial aspects of an individual's mental and emotional growth. Psychodynamics (Freud, 1933) and cognitive behavioral perspectives (Watson, 1928), both

proclaim the importance of environment in which the child is brought up, such that it contributes how an individual relates to other people in subsequent interpersonal relations as well as to his emotional and behavioral regulation. However, it is an unfortunate incident that one third portion of the younger generation claim to have gone through some form of parental/peer rejection, which left them with feelings of being undesirable and defective, amounting to psychological unease (Lev-Wiesel, Shwartz, & Sternberg, 2006).

Such individuals who have undergone rejection from important attachment figures within their interpersonal relations, such as from the mother, or peers – whose role gains more significance as one approaches adolescence – then these individuals tend to have a lack of belief in their capability to maintain satisfying interpersonal relations, as well as adequately understanding and conducting themselves in various social interactions (Liu, 2006). This belief is basically a representation of the underlying consequences of rejection on an individual's thoughts, memories and feelings. Beliefs such as these manifest themselves as early maladaptive schemas that are developed early in a child's life, and center around the most defining and dominant aspect of childhood experiences, for example, mistrust, abuse, rejection etc. (Young, 1994). These mental conceptualizations are dysfunctional for the most part, and act as filters for appraisal of ongoing interactions (Liu, 2006).

Furthermore, it is observed that individuals who are brought up in the supervision of disapproving and rejecting caretakers tend to develop self-defeating interpersonal style of relating to others in their subsequent interpersonal relations, with essentially an underlying insecure attachment and a negative mental view of themselves (Atkinson, 2017). Such individuals also have a lower self-esteem, underlying their Self-defeating Interpersonal Style, as a result of which they fail to deliver in life to the best of their true potential, yet further they are more vulnerable to various psychological difficulties (Hartzler & Brownson, 2001). In addition to the long-term damage that may be brought on by the self-defeating interpersonal style itself, additionally such people are susceptive to emotional distress, anxiety, depression, drug abuse, and some forms of delinquency (Myers, 2002).

Maternal Rejection

Growing up, it is a primary need of children to receive love and warmth from individuals with whom they hold significant relationships i.e. mother and father figure (Rohner & Rohner, 1981). Although it is an established fact that both parents act as the binding force in a family who fulfill the physiological and psychological needs of children, however, in comparative importance of either parent, the mother figure has been regarded as most significant in terms of the relationship that she fosters with the child from the very period of birth. The child looks forward to the mother for his/her basic emotional needs of warmth, acceptance, and belongingness.

Maternal rejection is defined as the subjective experience of rejection undergone by an individual which involves one's perception of the degree to which one feels devalued by his/her maternal figure, such as being ignored, excluded or banished by her (Leary, 2001).

Maternal rejection is defined as an individual's subjective experience of going through rejection from the maternal figure (Rohner & Rohner, 1981). It is characterized by the absence of or significant withdrawal of the display of love, affection, support and nurturance as well as the physical, verbal, non-verbal gestures and behaviors that the mother engages in to display her affection for the child, and also the presence of a wide range of physically and mentally abusive or damaging behaviors. The sentiment of rejection from a mother can be displayed by any combination of interactive expressions directed towards the child i.e. cold, unaffectionate, hostile and aggressive, indifferent or neglecting. These emotional states are conveyed through actions such as refraining from giving physical comforting to the child, cuddling, hugging, lack of attention and compliments, using verbal abuse, being cruel, harsh and unkind towards the child etc. (Rohner & Rohner, 1981).

The relationship a child has with his/her mother plays a significant role in aspects of personality development, socially, psychologically, and emotionally. As Bowlby remarked: *Mother love in infancy and childhood is as important for mental health as are vitamins and proteins for physical health.* Here, it must be noted that sometimes the child

feels neglected even though an outside neutral observer might not notice anything questionable in the mother's behavior. On the other hand, an observer may detect neglectful patterns in mother's behavior patterns yet the child may be oblivious to it, thus indicating that it is the phenomenological experience of rejection, and its results that hold greater importance (Rohner, 1999). In support of which, Kagan (1978) also remarks that maternal rejection is not determined by certain behavior of the parents but by the youngling's belief and perception of the adult's behavior.

The maternal impact teaches a child the interpretation of life and the impression of it, with which the child grows up (Way & Rossmann, 1996). To quiet a large extent, it is the maternal figure in a child's life that imposes parental guide onto the child by explaining and interpreting different phenomenon of life for them, which ultimately helps the child to develop a better understanding of the surrounding world and his/her own capabilities (Hall, Kelly, Hansen, & Gutwein, 1996). As for the experience of maternal rejection, its impact is discussed as under theoretical underpinnings of the following theory.

Interpersonal parental acceptance-rejection theory (IPAR theory)

The interpersonal parental acceptance-rejection theory is a theory of socialization, put forth by Rohner (1986), which explains an individual's development through the course of life in the lights of the phenomenon of Parental Acceptance/Rejection i.e., the factors which precede its occurrence and its later impact on the different aspects of life of an individual, such that it is applicable universally. To present a logical scheme of these factors, IPAR Theory is divided into three sub-theories; personality sub-theory, coping sub-theory and socio-cultural systems sub-theory (Rohner, 1999). These sub-theories have been explained below.

Personality sub-theory. The personality sub-theory, as evident by its name, predicts an individual's reaction to the experience of maternal acceptance/rejection, in terms of effects on psychological aspects and development of personality. It is based on the assumption that over the evolutionary course, humans have come to possess a persistent need for positive feedback from their significant relations, which originates from a biologically advantageous prospect (Baumeister & Leary, 1995). This need incorporates

an emotional desire, may it be conscious or unintended, to attain feelings of security, comfort, support, care and nurturance, from indulging in interpersonal relationships. This need manifests itself in adulthood such that one wishes for a positive appraisal of himself by the relations with whom one shares an affectional bond. Typically, these relations are those with individual's parents, but may include significant others and non-parental figures, such as peers, friends, and partners for adolescents and adults.

According to personality sub-theory, an individual undergoing experiences of dislike and rejection from either parental figure has an impact on personality outcomes, in addition to the individual becoming excessively dependent on the attachment figure to the point of unhealthy development of self. Several dispositions may emerge in individual due to the psychological pain caused by perceived rejection. These effects on personality may include hostile nature, anger, active aggression, passive aggression, or failed regulation of one's emotions; emotional indifference; excessive immature dependence or defensive independence. These effects on personality are determined by the type and intensity of perceived rejection, time-span, and repetition of its occurrence. The individual may also end up with a low self-esteem; impaired sense of self-adequacy and initiation; emotional vulnerability and a negative perspective of the world in general. The aspects of personality are essential elements which dominate the mindset and social functioning of rejected persons.

Coping sub-theory. The coping sub-theory is about the characteristics that might be inherent in individuals, which make rejected individuals be able to bear the psychological damage which may occur owing to their negative experiences with parental figures. The IPAR theory takes on a behavioral perspective to this and states that putting up and enduring perceived rejection without negative consequences is due to interaction between biological characteristics and traits of a person, features of the parental figure/attachment figure who is exhibiting rejection, and the other environmental, social, and situational conditions that the individual is in. As endorsed by researches, it is concluded that the chances of an individual to be able to cope with perceived parental rejection is amplified if that individual has some alternate presence of a supportive and nourishing attachment figure. Also, the differentiated mental representations among

individuals as well as particular social cognitive skills may allow some individuals to put up with perceived rejection more effectively than others. Among these skills are a strong and clearly defined sense of self, self-determination, and the capability to depersonalize (Rohner, 1986).

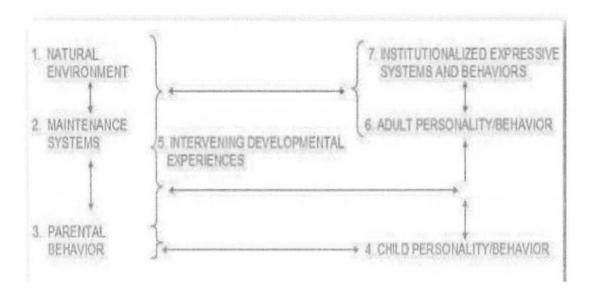


Figure 1. IPAR Theory's Sociocultural Systems Model (Kardiner, 1939)

Sociocultural system's sub-theory. It is proposed in the theory that parental rejection occurs in a social context which is inclusive of familial environment, social community, and sociocultural surroundings. The sociocultural systems model (shown in Figure 1) intimates a pathway of perquisite and consequential factors of parental acceptance/rejection within the context of societal environment. It shows that the manifestation of rejection from parents of an individual is originated and influenced by the underlying system of social setup in which they reside. It constitutes social institutions, for instance, family structure, household organization, economic organization, political organization, and system of defense. Hence, these are the aspects which have a direct impact on survival value of a social and cultural unit of people. As mentioned earlier, the model confirms the impact of parental acceptance/rejection on an individual's personality. Furthermore, the model displays that personal features of children such as traits and temperaments, articulate the parental attitude and behavior toward them, whereas young people also have a variety of two-way interactions that have mutual effect in the context of

their natural environment and the social inclusion of their peers, other adults in the society, as well as the institutional foundations of their society.

Peer Rejection

As a child moves out of the familiar bounds of home environment and familial relations, his/her fellow members, friends' and peer group come into play. The word 'peer' can have various implications; it can refer to a small group of friends, or a group of unfamiliar people with whom an individual attempts to establish acquaintance, and it can also be used to describe relative strangers sharing the same activity or experience in a specific setting. However, it owes to some common aspect, such as same age group, social class, gender, or common interests, which makes individuals' identify themselves with to the same peer group.

As adolescents turn to their peers, they crave for close friendships which could offer support formerly provided by the family (Cashwell & Vace, 1996). Moving across the psychosocial stages of development, the child eventually begins developing other social contacts, and desires to assert his/her identity within the peer group while gaining their approval and appreciation (Erickson, 1994). One tends to demand relationships with peers that are a genuine source of comfort, care, and affection for him, and a cohesive trust bond among friends who can be relied upon in times of need (Garrison & Garrison, 1975).

Peer rejection is defined as the subjective experience of rejection undergone by an individual, which involves one's perception of the degree to which one feels devalued by one's peers (Leary, 2001). It is manifested in behavior such as refused to being included in peer group, facing explicit dislike, being ignored, not having objects shared with them, being given less valuable resources than those given to others, being mocked, and physically or verbally assaulted by the peer group (Leary, 2001).

With reference to Leary's (2004) conceptualization of Rejection/Acceptance, different degrees of intensity of Rejection/Acceptance are explained through a seven-category index of inclusionary-status continuum (see Figure 1). Along this continuum, peer rejection may occur such that the peer group may altogether exclude the individual from regular social interactions and express open hatred and bullying towards the individual,

which is the highest degree of exclusion. On lesser extremes, the individual may physically remain with one's peer group but is subjected to verbal and gestural indications of being ignored and his/her opinion being disregarded.



Figure 2. The Acceptance/Rejection Inclusionary Status Continuum (Leary, 2001)

As given by Leary, the different intensities of acceptance/rejection (as depicted in Figure 2) along the continuum have been described below:

- Maximal Inclusion. It is such that the others make an effort to seek out the individual's company.
- Active Inclusion. It occurs when other people welcome the individual's company but do not actively seek out him/her.
- Passive Inclusion. It is such that other people allow the individual to be included, but do not ask for it, or welcome it with warm sentiment.
- Ambivalence. It exists when others do not care whether the individual is included or excluded from their company.
- Passive Exclusion. It occurs when others chose to ignore the individual.
- Active Exclusion. It occurs when others deliberately avoid the individual's company.
- Maximal Exclusion. Others physically reject, ostracize, abandon or banish the individual.

Thus, according to Leary, rejection from peers can be manifested in various different forms such as ostracism, ignoring, not being warmly responded to, or being subjected to gestures of outright exclusion from social groups or interaction. On the other end of the continuum, the phenomenon of acceptance exists which also has different levels

of intensity, such as that an individual is given great deal of attention, approval, and love etc. from others.

Generally, it is found that peer interactions which are affectionate, approving and supportive can help an individual gain a clearer image of their person, an improved sense of self-worth (Hunt & Hardt, 1965). In the light of a shared commonality within peer group, an individual's adjustments to the group's collective values and exercises may be important, because otherwise, the individual may encounter feelings of being misfit among his/her peers, and unwelcomed or disapproved by them (Bynum & Thompson, 1996). The peer groups collectively help an individual in establishing a reasonable character and transitions into an evolving personality (Marcus, 1996). As the individuals need to identify with a group and avoid rejection, they may imitate their friends' attitude despite it being in contradiction to their own (Larson, 1994). Therefore, in addition to the significant members of family, the acceptance or rejection from the peer group also has a great amount of impact on the child's personality development.

As children grow up, one of the most significant aspects in their social and psychological development are their peer relations, which contribute towards their personality development, learning, social competence and the kind of aspects that they internalize as parts of their personalities. Through this development, peer acceptance and rejection play an important role in the establishment of a social identity of an individual. As for the experience of rejection, its impact is discussed as under theoretical underpinnings of the following theory.

Peer Rejection Model

A four-stage peer rejection model has been proposed by Cole (1990).

Distal precursor phase. It is the first stage accompanied with the development of specific behavior patterns. First children are exposed to 'distal' precursors involving socializing process. Such as, social orientation is effected by early parenting, which resultantly alters their social status. As observed, children with interactive warm parents are more likely to be socially happy whereas children with interpersonal troubles who tend to have controlling mothers do not. Further, anxious personalities are also associated with

inappropriate social interactions, increasing the chance of peer rejection. Thus, children who encounter controlled parenting construct maladaptive perceptions and further introduce these to their social interactions, ultimately becoming the 'proximal' cause of non-acceptance.

Precursor phase. This phase is the arising phase during which the child behaves to his/her peer group in a manner that is socially unsuitable therefore, experiences refusal. Consistent rejection gives birth to deviant attitudes, unable to engage socially, or act out in socially immature ways.

Maintenance phase. It is the next step where stable peer rejection takes place and is maintained all through the change of peer groups. In Cole's opinion it is not the child's personal characteristics leading to refusal rather his/her reaction towards it is the cause. Thus, the effected child tends to carry a behavior that fulfills the negative bias, creating a self-fulfilling prophecy.

Consequence phase. Being the last phase, long term adjustment issues are quite common as suggested by Cole. The consequences of peer rejection have been the center of attention in research literature for a very long time. As per those researches, a link between peer rejection and detrimental outcomes in adolescence involves poor school settlement, school dropout, and mental instability (Sandstrom & Coie, 1999).

Another study was conducted which examined the link between availability of dependable peer and future depressive behavioral issues among children. Such experiences during the childhood phase lead to deprivation of emotional and psychological need for care and support. The need for belongingness may not be fulfilled leading the individual to believe and anticipate that he/she will always remain deprived of nurturance. The lack of social and peer acceptance automatically causes the individual to experience emotional pain and develop memories associated with it, which further strengthens their belief of their personal defectiveness.

Early Maladaptive Schemas

The term 'schema' is employed across several different areas of study, it generally refers to a framework, a plan or an outline. In early Greek philosophy, schema was defined as a procedural rule; which is as a way to associate pure concepts with sensory impressions of objects. Within the field of Cognitive Psychology, the term schema was first used by the theorist Jean Piaget (1959) to refer to an abstract cognitive framework which forms in the early developmental stages of children, and helps in organizing and interpreting information which they get from the environment. He further explained schemata as systematic patterns which are fitted upon the experiences one goes through in one's life, to help in perceiving, comprehending and responding to those life experiences. The schemas may be about specific individuals, general social situations, knowledge about self, behavior in certain events etc.

Within the context of cognitive therapy, as noted by Beck (1997), most schemata form in early stages of a person's life and are continually elaborated and superimposed on one's later experiences in life, although they may have become irrelevant over the passage of time. However, as per an individual's need for cognitive consistency i.e., despite the schemas becoming irrelevant, one may still believe in it to maintain a stable view of oneself and the world. Thus, schemas are maintained by an individual through exaggerating information that confirms them and by minimizing information that is inconsistent with them. Therefore, a schema can be either positive, negative, adaptive or maladaptive.

With further progression in the study of schemas, the theorist Jeffrey Young (1999) came forward with the proposition that from the schemas which develop primarily in the childhood phase, some of these are specifically formed due to damaging childhood experiences and may be at the heart of characterological problems and personality disorders which exist in people. He labeled them as early maladaptive schemas (EMS). The early maladaptive schema is defined as a broad, pervasive theme about oneself and one's relationship with others, developed during childhood or adolescence and elaborated throughout one's lifetime, and dysfunctional to a significant degree. These maladaptive schemas consist of memories, emotions, cognitions and bodily sensations.

Young, Weishaar and Klosko (2003) have stated that formation of maladaptive schemas stems from a set of unsatisfied core emotional needs of an individual. These five core emotional needs include; secure attachment in interpersonal relations; autonomy, competence and self-identity; freedom for emotional expression; spontaneity; realistic boundaries and self-control. In an individual's early experiences, he/she may face either a deprivation or an excessive indulgence of these requirements, which both ultimately lead to formation of maladaptive schemas (Young, Weishaar & Klosko, 2003). In elaboration of this idea, Young defined a subset of 18 maladaptive schemas that are categorized as under 5 domains of core needs.

Early maladaptive schema domains

Young, Weishaar, and Klosko (2003) put forth the categorization of 'Schema domains' as 5 broad categories of unmet emotional desires, and under those domains, he/she conceptualized the 18 maladaptive schemas. Given below (see Figure 3) is an overview, each of these is explained in elaborative manner as conceptualized by Young.

Domains	Early Maladaptive Schemas	ACTOR N
I	Abandonment/ instability	
	Mistrust/ abuse	
	Emotional deprivation.	
	Defectiveness /shame	
	Social Isolation /alienation	
	Dependence /incompetence	
II	Vulnerability to harm or illness	
11	Enmeshment /underdeveloped self	
	Failure to achieve	
III	Entitlement /grandiosity	
	Insufficient self-control/Self-discipline	
	Subjugation	
IV	Self-sacrifice	
	Approval-seeking /recognition-seeking	
V	Negativity /pessimism	
	Over control /emotional inhibition	
	Unrelenting standards /hypercriticalness	
	Punitiveness	

Figure 3. Early Maladaptive Schema Domains

Domain I: Disconnection and rejection. This domain includes the supposition by the individual that his/her security, empathy, stability, and reassurance needs will not be met as per the expectations. Disconnection and rejection typically leads to lonely and unpredictable individuals.

Abandonment/instability. This schema provokes the fear in effected individual that the significant other or the close ones might abandon them or they might stop giving emotional support and the whole connection might end. The suffering individual is unpredictable and emotionally unstable which forces them into the illusion that they would not be able to keep up with close ones. It is characterized by a lack of faith in people and one's self. This schema occurs as a result of inconsistent fulfillment of child's needs.

Mistrust/abuse. This schema forces the child into believing that others will hurt, cheat, lie, take advantage, or intentionally harm them and they will be the ones always suffering or getting the short end of stick. This schema is actually characterized by mistrust and abuse for people. Humiliation is what this behavior revolves around. One assumes that they are always being played and manipulated. The phantoms in their head make them live in their very own shell putting barriers to their social adjustments.

Emotional deprivation. Such children are over sensitive in nature and tend to ask for more affection, protection, and empathy from others. The emotional instability among children is because of their close ones somehow lack the sense to handle their fragile ego. Children with this schema need to be given a fair amount of attention and reassurance as this can possibly reduce their haunting fear of remaining deprived.

Defectiveness/shame. Defectiveness schema is the bodily sensation that one is flawed, bad, unwanted, inferior, or bad in essential matters or that one would be unlovable or unacceptable to better halves if uncovered. This schema usually involves hypersensitivity to criticism/disapproval, rejection, and blame; self-consciousness, comparisons, and insecurity around others; or a sense of shame regarding ones assumed flaws. These flaws may be private like selfishness, angry impulses, and unacceptable sexual desires or can be public like undesirable physical appearance and social awkwardness. The feeling of being inadequate often leads to an immense sense of shame.

Generally, others are very condemning of these individuals during childhood and make them experience not worthy of being infatuated.

Social isolation/alienation. Social isolation is the condition in which a person feels different from the rest of world or feels like he/she does not fit in with the surroundings. They believe that they cannot be a part of any group or gathering as they do not belong with them. This is caused by individual's own life experiences that give the individual an impression or make him/her believe that he/she is inherently different in nature from the rest of the people.

Domain II: Impaired autonomy and performance. This domain consists of the individuals lacking the abilities to function independently or survive on their own, rather they constantly feel dependency. This ultimately lowers their confidence and weakens the ability to act normal before public or crowds. They feel under confident and shy to general audience. This domain is about the individual and his/her reaction to environment. The individual is unable to rely on him/herself and resultantly never shows their true self to others.

Dependence/incompetence. This schema is the deception that one is not capable enough to handle oneself and one desires constant help along with reassurance. Such a condition leads to indecisive attitude and the person gets a hard time making correct judgements. One feels helpless and insufficient. The cause behind this delusion is parents or adults not boosting ones confidence as a child and not encouraging them to take initiatives on their own rather they are spoon fed from the very beginning making them feel that they can never take a step independently.

Vulnerability to harm or illness. The assumption of harm or illness increases as one fears that some serious catastrophe might strike them at any point. Fears regarding the following sustain: (A) Medical catastrophes like heart attacks or AIDS etc.; (B) Emotional catastrophes like going crazy; (C) External catastrophes like elevators collapsing, victimization by criminals, airplane crashes, earthquakes, and so on. This is usually due to some past experience where one might have lost a close one with the same belief that the world is a dangerous place.

Enmeshment. This schema holds an the unusual closeness with a specific individual making one believe that their life is incomplete without him/her or one cannot function properly without them. This excessive emotional attachment is at the expense of normal social development. This feeling of dependency eventually results in one's aimlessness and emptiness. They lose direction and flow with the other person. Controlling parents and restricted atmospheres where not enough breathing space is given and the child is compelled to feel dependent on a specific person, turn out to be the cause behind this situation. It is because parents never gave child the sense of a separate self. Once this condition has been established the child may feel smothered by other individuals and feel safe with perhaps the one he/she chose to be with. Ultimately limitations are set in place in the rest of child's life.

Failure to achieve. Failure to achieve is the belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers in areas of achievement (school, career, sports, etc.). This schema often involves the beliefs that one is stupid, inept, lower in status, and less successful. This belief often originates from early experiences in which the child was either not allowed opportunities to achieve or was exposed to repeated failures.

Domain III: Impaired limits. This domain consists of lack in responsibility to others. In these schemas one might face issues in respecting the rights of others, committing with others, cooperating with them, or meeting realistic personal goals. Such beings are observed with sense of superiority. Rather than appropriate confrontation, they lack discipline and carry themselves in a rather differently rebellious manner. The main cause observed behind this attitude is because during childhood, they are not pushed to tolerate normal levels of discomfort and so they are less likely to do anything that is not in their comfort zone. Such cases need strong supervision and constant brainstorming to adapt in all kind of situations.

Entitlement/grandiosity. The schema contains thinking of one-self as superior to others. It forces the child into thinking that they deserve special rights and privileges and are not bound to any rules of reciprocity needed for normal social interaction. Children with feelings of superiority tend to be dominant and commanding and possess excessive

competitiveness. They are in a habit of being assertive over others. They stand by their own point of view, also compelling their perspectives on others without empathy or concern for others. As a matter of fact this dominating and assertive attitude is a cover for their emotional deprivation. They spend their time imitating a heartless person. It is their immune system working against social desirability.

Insufficient self-control. Inadequate self-control or refusal exercising patience and lack of tolerance often cause frustration to achieve one's personal goals. Children who are not made to practice appropriate judgment and the ability to adapt to pleasant as well as rough situations develop this schema in their adulthood. In a milder form it is characterized by avoidance of discomfort and emphasis on one's personal needs. Such people are haunted by responsibilities and commitment. They do not allow any activity at the expense of their solace. All of this maladaptive behavior is a reflection of their lack of exposure to normal world, which keeps them from adjusting to situations and they instead become stubborn to their own convenience.

Domain IV: Other-directedness. This domain consists of hypersensitivity with respect to feelings and responses of others at the cost of one's own needs in order to gather love and avoid retaliation. They keep the connection intact with others to reassure themselves of affection. Such children need to lower their expectations with the world. These children are usually from the families that consider social acceptance and are inconsiderate about individual feelings and love to an undesirable point.

Subjugation. Subjugation is another aspect of this domain. It is the practice of surrendering before others to avoid anger, retaliation, or abandonment. It is featured by the doubt of one's invalid desires. One feels that his/her feeling might not be important to others. Surrendering excessively leads to buildup of anger manifested in maladaptive symptoms like passive-aggressive behavior, uncontrolled outbursts of temper, psychosomatic symptoms, withdrawal of affection, acting out, substance abuse and the like. Hypersensitivity of trapped feelings evoke in one's personality.

Self-sacrifice. Self-sacrifice is the uncontrolled attitude on voluntarily agreeing to the needs of others in daily situations at the cost of one's own pleasure. Some causes behind

this attitude could be to avoid hurting someone, to spare oneself from guilt, to not feel selfish, or to keep the connection with others intact. This schema is equivalent to the concept of codependency.

Approval-seeking/recognition-seeking. Approval seeking is the act of gaining approval and attention from other people to ensure a secure sense of self. Ones ego and self-esteem are merely dependent on the opinion and approval of others. It sometimes causes sensitivity regarding appearance, social acceptance, status, or money as means of achieving admiration or attention. It frequently results in major life decisions that are unsatisfactory or invalid.

Domain V: Over-vigilance and inhibition. This domain comprises of an excessive emphasis on suppressing one's spontaneous feelings, impulses, and choices or on meeting rigid, internalized rules and expectations about performance and ethical behavior, often at the expense of happiness, self-expression, relaxation, close relationships, or health. Typical family origin which breeds such feelings is grim, demanding, and sometimes punitive in nature. That is, performance, duty, perfectionism, following rules, hiding emotions, and avoiding mistakes all predominate over pleasure, joy, and relaxation. There is usually an undercurrent of pessimism and worry that things could fall apart if one fails to be vigilant and careful at all times.

Emotional inhibition. Emotional inhibition is the excessive inhibition of spontaneous action, feeling, or communication, usually to avoid disapproval by others, feelings of shame, or losing control of one's impulses. The most common areas of inhibition involve the following: (a) inhibition of anger and aggression; (b) inhibition of positive impulses like joy, affection, sexual excitement, play etc.; (c) difficulty expressing vulnerability or communicating freely about one's feelings, needs, and so forth; or (d) excessive emphasis on rationality while disregarding emotions. Persons with this schema may lack spontaneity or be viewed as uptight. This theme may originate because as a child, the person was made to feel that any mistake is going to lead to terrible consequences so they have to watch and control over everything to keep from an occurring problem.

Unrelenting standard /hypercriticalness. Unrelenting standards /hypocriticalness is the underlying belief that one must strive to meet very high standards of behavior and performance, usually to avoid criticism. It typically results in feelings of pressure or difficulty slowing down and in hypocriticalness toward oneself and others. It may involve significant impairment in pleasure, relaxation, health, self-esteem, and sense of accomplishment, satisfying relationships, and the like. Unrelenting standards typically present as (a) perfectionism, inordinate attention to detail, or an underestimate of how good one's own performance is relative to the norm; (b) rigid rules and 'should haves' in many areas of life including unrealistically high moral, ethical, cultural, or religious precepts; or (c) preoccupation with time and efficiency, the need to accomplish more. This schema usually develops as overcompensation for a core issue of defectiveness.

Punitiveness. It is the belief that people should be harshly punished for making mistakes. It involves the tendency to be angry, intolerant, punitive, and impatient with those people (including oneself) who do not meet one's expectations or standards. It usually includes difficulty forgiving mistakes in oneself or others, because of a reluctance to consider extenuating circumstances and allow for human imperfection or empathize with feelings.

As mentioned previously, these schemas which begin in early childhood or adolescence are reality-based representations of the child's environment, however, their dysfunctionality becomes most evident at later period in life, when individuals continue to perpetuate their schemas in their interactions with other people even though their perceptions are no longer accurate (Young, 2003). When an individual is exposed to a stimulus, through which any schema is triggered, the individual experiences emotions and bodily sensations associated with it, and although one may not consciously connect this experience to the original memory, but one adopts certain maladaptive coping styles and responses in order to adapt to the schemas. Young hypothesized that the development of these schemas might be the root of characterological problems, personality disorders, as well as many chronic Axis 1 disorders – such as anxiety and depression in people, as per the DSM-V directory. It is to be clarified that schema itself has been distinguished from the behaviors manifested by individuals with those schemas, as their actions are basically

driven by the underlying schema and are a response to it, rather than part of the schema itself.

Interpersonal Style

The primary means by which human beings interact with each other and exchange information is through communication, using both behavioral, verbal and non-verbal cues for the satisfaction of various personal and relational needs. People establish and maintain their interpersonal relationships through set communication patterns, which are referred to as their interpersonal styles. Since the late 1970's, a number of concepts have emerged in an attempt to examine the specific patterns of human interaction among themselves, as guided by their personality types, and to define the models of interpersonal styles.

Interpersonal communication is a cyclic process with both interactional partners alternatively assuming the role of communicator and recipient (Schramm, 1954). Individuals may verbally or para-verbally interact with the other person, and the pattern of this interaction is relatively stable and influenced by the expectations of their particular cultural roles (Norton, 1978). With reference to communication and interpersonal relational styles, the behavioristic and humanistic psychologists who study personality also focus on the concept as that which is based on the behavior of the individual, and simultaneously, the interpersonal approach focuses on interpersonal interactions or on transactions between two or more individuals, inclusive of their ways of relating to one another, their mutual communication and interaction.

The construct of interpersonal style is defined by Kiesler (1996) as the patterns of interpersonal behaviors enacted by an individual, which are enduring and persist over long periods of time. The interpersonal style of an individual is presumed to demonstrate considerable temporal stability and consistency across several situations. Sullivan (1956) asserted that it is the interpersonal style through which the personality of an individual manifests itself, characterized by enduring patterns and styles that determine how people view themselves and how they react to their immediate environments. However, the interpersonal approach focuses on human transactions and their manner of relating, rather

than on individual behavior. This human transaction involves at least a dyad or more than two people in a group.

The Self-defeating Interpersonal Style

In the conceptualization of interpersonal behaviors and characteristics, Leary (1957) assumes that all interpersonal behaviors are attempts to avoid anxiety or to establish and maintain self-esteem in interpersonal interactions. He proposed an Interpersonal Circumplex Model (IPC). It consists of a circular continuum of personality formed through the convergence of two major axes which are Power and Love. The power axis has dominance on one end, and submission on the other, whereas the opposing sides of the love axis are love and hate (Wiggins & Broughton, 1996). IPC demonstrates 16 basic interpersonal themes, of which each theme expressed various amounts of power and affiliation as per the point of its location along the axes.

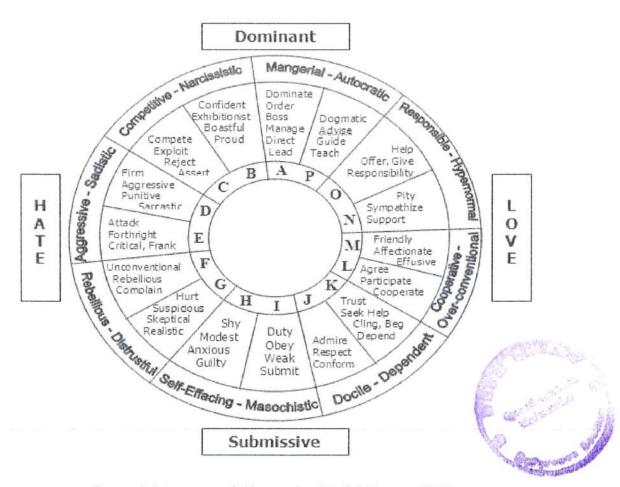


Figure 4. Interpersonal Circumplex Model (Leary, 1957)

As shown in the Figure 4, Leary (1957) collapsed the 16 sections into 8 octants, whereby each octant is the amalgamation of two adjacent segments, and is distinguished by adjectival labels. Among the various octants, Leary distinguished a Self-Effacing – Masochistic categorization as well. This category is described by the adjectival terms of shy, modest, guilty, anxious, duty, obey, weak, and submit, which are the primary traits of individuals who possess this interpersonal style.

Approaching towards the differentiating features of an adjusted individual from a maladjusted with reference to social (i.e., interpersonal) interaction, it is said to be based on the range of accessible, alternate ways that a person may have at his/her disposal for feeling and acting in relation to the various stimuli presented to him by other people in varying situations, and also the relative freedom with which a person may choose to move across these alternatives (Rausch, 1972). Therefore, the maladjusted individual's problem is recognized as being that he/she rigidly adheres to a restricted range of behavioral choices, as defined in terms of Interpersonal Circle categories, which prevents an optimal mutual exchange and the equitable negotiation of need satisfaction.

Referring to rigid and pervasive ways of relating to people that are essentially maladaptive, the self-defeating interpersonal style is defined as a constant manner of associating with other people, in such a fashion that it is typically powered by the aspects of maladaptive attachment styles, a belief in the undeserving self-image and an inclination to accept and reason with mistreatment, may it be on physical, psychological, emotional, or financial grounds (Atkinson, 2017). This construct is proposed to be formed by related underlying factors which act as motivators, such that individuals become inclined to ignore the long-term negative outcomes in relationships (i.e., repeated mistreatment), for the mere attainment of short-term goals of psychological and emotional need fulfillment in the short term, that is perceived to be of greater importance by individuals.

Looking into the past conceptualizations of Self-defeating behaviors, it is noted that these were identified as collective behaviors, common in their nature of bringing harm upon the individual himself. The Self-defeating personality disorder (SDPD or also known as masochistic personality disorder), which was a proposed personality disorder in the DSM-III-TR, was inclusive of all self-harm tendencies. It was defined as having pervasive

patterns of self-defeating behavior, beginning by early adulthood and presenting in a variety of contexts, such that the person may continue to avoid or and reject experiences that offer physical, emotional, or any form of pleasure and satisfaction. On the contrary, an individual with SDPD may be attracted to situations or relationships in which it is likely that they will suffer through psychological or emotional unease and pain, while also preventing others from helping them. Although, it was discussed in an appendix of revised third edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R, 1997) but the lack of clarity on conceptualization of these features as a distinct disorder lead to its exclusion as a formal disorder, thus, as of now, it is recognized as 'personality disorder not otherwise specified' in the DSM-V.

As stated, psychiatrists and clinical psychologists working on personality disorders had inconsistent opinions in support of the Self-defeating Personality Disorder. Yet, as the diagnostic criteria of this disorder has high sensitivity, thus it continues to be explored and elucidated in subclinical constructs so as to identify its underlying components. More recently, self-defeating behavior patterns were described as enduring set of behaviors which reflect pervasive and inflexible traits, and are primarily characterized by paying long-term psychological consequences for perceived immediate short-term benefits (Wei & Ku, 2007). Distinguished from the general term of self-defeating behaviors, the Self-defeating Interpersonal Style was identified as a separate construct that could help clarify and distinguish the different behaviors, as per their underlying motivators, within the umbrella of the Self-defeating Personality Disorder. Thus, Self-defeating Interpersonal Style essentially constitutes ways of relating to people in such a way it is principally motivated by an undeserving view of self, insecure attachment and self-sacrificing nature (Atkinson, 2017).

It is also importantly noted here that masochistic behaviors and self-defeating behaviors are not stated as to be synonymous, as they have been in the past consideration of self-defeating behavioral patterns. It is different in terms that psychiatry generally regards masochism as the condition in which individual's pleasure depends on one's physical pain or suffering, thus termed as self-defeating patterns of self-harm, however, self-defeating patterns in interpersonal relationships cannot overall be defined as

intentionally masochistic, because goal pursuit is often not related with intentional self-harm, but rather with some repression of consideration for longer term consequences, often in favor of more immediate outcomes (Atkinson, 2017). Thus, the individuals exhibiting the self-defeating interpersonal style may not necessarily be consciously performing acts of self-damage but become indulged into it because these acts are in line with their feelings of lack of security with attachment figures, a negative view of self, such that it makes one rationalize the misbehavior of others.

As Benjamin (1979) had observed that ultimately it is the maladaptive social behavior of people which is the cause for most psychiatric and psychological problems, it is noted that people who engage in self-defeating behaviors or build guards to defend themselves are more vulnerable to psychological problems (Hartzler & Brownson, 2001) and these patterns eventually cause emotional vulnerability and depressive tendency in people.

Theoretical Model and Framework

As theorized by Young (2005), the development of maladaptive cognitive schemas is rooted in specific childhood experiences in relation to the satisfaction of primary needs of an individual. Categorized under Domain I, the primary need for secure attachments in interpersonal relations and desire for safety, stability, nurturance, and acceptance is defined for an individual, the deprivation of which leads to the development of maladaptive schemas within this domain; abandonment/instability, Mistrust/Abuse, emotional deprivation, defectiveness/shame and social isolation/alienation. These schemas are proposed to have rejecting familial origin i.e., from mother, father, and early interpersonal interaction i.e., siblings and friends. These interactions are supposed to inconsistent, abusive, cold, and rejecting towards the child. These features within a family system are basically behavioral manifestations of showing Rejection, as recounted by Leary (2001) along the continuum of varying intensities. Among other schemas theorized as having originated from rejecting environment, there is also a self-sacrifice schema which is presumed by Young that it is formed when an individual is subjected to conditional acceptance. This requires the child to suppress important characteristics of him/her in order to gain love, attention, and approval.

According to Young, beliefs are rooted in underlying schemas. Moreover, the Cognitive Theory states that an individual's personal beliefs impact their perception, interpretations, feelings, and behavior towards situations (Beck, Emery, & Greenberg, 1985). Researchers noted that the underlying maladaptive schemas developed at a young age and have the same influence as core beliefs (James, Southam, and Blackburn, 2004) Maladaptive schemas developed later in life and are prone to change where as those developed in early life are far more persistent so theoretically, it is extremely difficult to give up these beliefs if left unattended (Young & Lindemann, 1992). Such is the case for selected schemas as they originate mostly during childhood period and may become strengthened over time. Early maladaptive schemas give rise to thoughts, emotions, and instincts which are in turn held responsible for certain behaviors and coping mechanisms (Ball & Young, 2000). These can result badly in disruptive affect, self-defeating behavior, and significant harm (Young, 1992). Anxiety and depression, which are included in psychiatric symptoms, are also developed under the strong influence of early maladaptive schemas (Young, Klosko, & Weishaar, 2003). High levels of such schemas also have been credited to be the cause of Axis I psychiatric disorders and Axis II personality disorders in the DSM-V directory (Young, 1994).

Foundation for the connection of maternal and peer rejection with the development of specific schemas is mentioned above, it can therefore be noted that the behavioral manifestation of these schemas, as described by Young, may be in line with self-defeating tendencies. The way in which an individual behaves under the influence of a particular schema is referred to as his/her coping response, may it be surrendering, avoiding, or overcompensating in the wake of stimuli that trigger that schema. These coping styles are usually adaptive in childhood acting as healthy survival mechanisms; however, they become maladaptive as the child grows older.

An underlying abandonment schema may present itself as individual who unconsciously so, chooses partners who are not committed, and remains in the relationships as well as showing clinginess and becoming unnaturally restless or desperate at the slightest sign of separation from other people. The insecure attachment underlying this behavior constructs the self-defeating interpersonal style. Similarly, for the emotional deprivation

schema, an adult may withhold expressing his/her desire for fulfillment in emotionally depriving and distorted relationships. For a defectiveness schema, the individual may degrade or put oneself down in relations with others. In case of a social isolation schema the individual may try to change oneself from time to time wanting to fit into and be accepted in all social groups. Lastly, the individual with self-sacrifice schema may give a lot to others and asks for nothing in return, putting even trivial demands of others above their own important ones, as they avoid hurting people and not make themselves feel selfish by not responding to their demands.

The feature which is common among the combination of above mentioned behavioral patterns in response to the maladaptive schemas, is that these are all pervasive patterns and are exhibited by an individual to attain short term goals like feelings of security and affection that the individual may perceive as more important in exchange for long-term negative psychological consequences including damage due to maintaining abusive relations. Moreover, they underlie disordered attachment style, undeserving image of self, and self-sacrificing tendency (Atkinson, 2017). Therefore, these all are representative of self-defeating interpersonal style in the underlying beliefs as well as behavioral manifestation, and these have been selected for empirical testing in the present research, such that it is hypothesized that early maladaptive schemas will mediate the relationship between maternal and peer rejection and self-defeating interpersonal style as depicted in Figure 5.

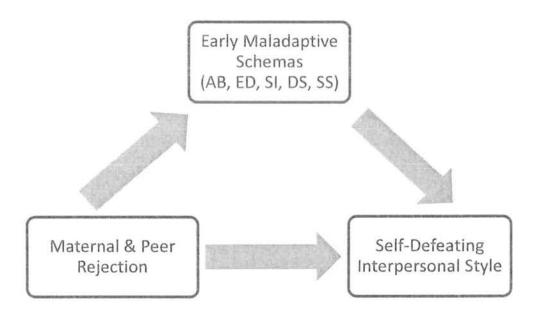


Figure 5. Relationship between Maternal & Peer Rejection, Early Maladaptive Schemas, and self-defeating interpersonal style.

According to the theory presented by Erickson (1994), the psychosocial development which underlies the development of an individual's personality across years, focuses on social and cultural impact on ego at different stages of life. As per theory, the growth is spread out over eight stages, and each one of them is characterized by a crisis faced by the individual that must be overcome to successfully move to the next stage, these crises basically include a significant milestone which has to be achieved for self-growth and personality development. If the individual fails to overcome the challenges posed by each stage, one may become fixated, leading to different emerging problems in personality development. These stages also pay heed to how social need for acceptance and belongingness must be fulfilled by the parental figures and peer group, and the individual must be assured of his/her capacity and skill to carry out different tasks in a consistent and stable manner. In support of the proposed model, this theory also suggests that the deprivation in the growing phase causes hindrance in healthy personality development and may cause the person to develop feelings of self-doubt and shamefulness etc.

Maternal and Peer Rejection, and Early Maladaptive Schemas

With concern to the empirical associations of maternal and peer rejection and development of early maladaptive schemas that have been drawn, one of the researches was carried out on a sample of undergraduate students which explored the role of disapproving and rejecting parents on the cognitive belief structure of children with regard to themselves and the other people. It was found that this rejecting behavior conferred risk in overall personality growth of individual by causing the strengthening of maladaptive schemas, and leaving the individual with firmly set negative beliefs. The perception of greater parental rejection was associated with increased levels of both intra and interpersonal maladaptive schemas (Quirk, Wier, Martin & Christian, 2015).

Previous researches on young adults have shown that individuals' experience of peer rejection in childhood is linked with greater prevalence of faulty cognitions and the development of early maladaptive schemas (EMS's), since it greatly effects the formation of their beliefs and emotions related to self-worth and social competitiveness. Also, feeling unwelcomed in one's social and peer group was specifically found to have a high correlation with schemas of social isolation, followed by emotional deprivation, defectiveness, and finally, mistrust/abuse. (O'Hoyt, 2010).

In accordance with Schema Therapy Model, negative parenting strategies, coupled with a child's temperament contribute to development of early maladaptive schemas (EMSs), which in turn causes high risk for the child to develop pathology. Particularly, disconnection/rejection and impaired autonomy were the schema domains which were identified as playing a mediating role between perceived parenting styles and depressive tendency in individuals (Haugh, Miceli & DeLorme, 2017).

Moreover, a study among Lebanese college students indicated perceived parental warmth and acceptance as being positively correlated with subjective happiness whereas parental rejection tended to correlate positively with use of maladaptive humor styles and negatively with subjective happiness (Kazarian, Moghnie & Martin, 2010). The fact that perceived warmth alone also influences the contentment of individual is indicative of the fact that it holds significant impact on thinking processes of an individual.

Maternal and Peer Rejection, and Self-defeating Interpersonal Style

The far ranging impact of maternal and peer rejection has made itself evident across several empirical findings claiming direct impact on personality. People who report having unstable or rejecting caretakers exhibit more self-defeating behavior patterns, thus indicating for a relation between the two (Zampelli, 2000).

Parental Rejection is identified as influential in altering pathways of both interpersonal, as well as intrapersonal motivations that may lead an individual towards a self-defeating behavior, such as self-injury. It is owing to the dysfunctional nature of these significant relations that causes negative self-views and disrupts one's capability of emotional regulation. Also, this interpersonal aspect is highly correlated to the individual doing more severe and variety of forms of self-harm (Quirk, Wier, Martin & Christian, 2015).

The findings from laboratory settings also confirmed that individuals experiencing rejection in peer relationships and thereby having their belongingness needs thwarted, engage in self-defeating behavior, which, unfortunately, leads to further social exclusion and rejection, throwing an individual into the cyclic process of being rejected and engaging in behavior which inherently brings more rejection their way (Twenge, Baumeister, DeWall, Ciarocco, & Bartels, 2007).

Furthermore, results of a meta-analysis, which was based on 33 studies from 15 countries, revealed that perceived parental neglect was substantially related with psychological maladjustment, development of negative personality features and behavior patterns of children, regardless of their differences in ethnic group, culture, and geographical states (Khaleque, 2015).

Early Maladaptive Schemas and Self-defeating Interpersonal Style

As for the connection of EMS's with self-defeating interpersonal style, the maladaptive cognitive beliefs have empirically been found in close association with interpersonal issues and are suggested to lay the foundational core of personality disorders (Young, 2003).

Experimental research has also indicated correlation of anticipated peer rejection with (unintentional) self-defeating behavior. The belief of being socially rejected caused people to take irrational, self-defeating risks i.e., choose unhealthy behaviors, and procrastinate longer with pleasurable activities (Twenge, Baumeister, DeWall, Ciarocco, & Bartels, 2007). Within the organizational setup, it was similarly found that employees who perceived that their relational value with respect to their colleagues fell short of their desired level were reported, by their supervisors, as exhibiting more interpersonally harmful and fewer interpersonally helpful behaviors (Thau, Aquino & Poortvliet, 2007).

A recent study has found permissive and authoritarian styles of parenting as leading to personality disorders in adulthood through the mediating role of specific early maladaptive schemas which include those of the domain of acceptance and rejection. However, it focuses on the father's role (Batool et al., 2017). Although children are more likely to associate greater with the mother figure but in some cases the child relates more to the father figure, depending upon the family dynamics, which leads the child to become more sensitive to the acceptance or rejection from the father figure.

Role of Demographic Variables

Studies examining maternal and peer rejection have established its association with later internalizing psychological symptoms with mixed results in both genders however, in support of theoretical literature suggesting the greater emotional sensitivity of women, a body of work also has revealed that girls report that they experience more hurtful feelings and distress than boys do, when they are subjected to rejection or rebuff within their interpersonal relations (Galen & Underwood, 1997). This perspective holds true universally, however, from a more culture specific approach, it is a frequent observation that women are assigned less value in comparison to their male counterparts. Explored through an interview analysis in Pakistan, it is observed that numerous women stay in abusive relationships despite noting its harms, which shows the self-sacrificing tendency among Pakistani women (DAWN; Zahid, 2017). This ultimately leads to the cyclic process of these people internalizing the undeserving image of themselves and keeping up with their self-sacrificing practices despite its psychological harms in the long-term.

A research has found the role of specific EMS's as predictors of the patterns of personality disorders among adults. The schemas of abandonment/instability, emotional deprivation, insufficient self-control/self-discipline, self-sacrifice, unrelenting standards, and social isolation/alienation have been highly correlated with clusters of self-defeating patterns of behavior (Petrocelli, Glaser, Calhoun & Campbell, 2001). Similarly it was noted in a study conducted on Pakistani children that emotional and psychological abuse were fairly prevalent in the young generation in comparison to older ones, however, the level of education of the parents was negatively correlated with the frequency of abuse reported by their children (Deeba, 2001).

Children who are brought up in families that have suffered from the death of one or both parental figures, or from a distorted marital relation of parents i.e., the divorce/separation, are more vulnerable to psychoneurosis (Illsley & Thompson, 1961) and their social development is negatively affected in addition to a reported association with features of emotional instability and aggression in personality (Devi, 2014).

With reference to the supervision of mother figure for a child, it is established through previous work that a mothers continued presence within the home environment is essentially correlated with adequate emotional fulfillment of child, whereas her absence would be damaging to the holistic development of child. Children of non-working mothers were recognized as having a greater emotional maturity, self-awareness, empathetic feelings, self-initiation, emotional stability and altruistic behavior than the children of working mothers (Khan & Hassan, 2012).

Rationale of Study

Human beings are a species that are identified particularly as 'social beings'. Social and interpersonal interaction is an essential feature of their lives, which serves to fulfill both physiological and psychological needs necessary for survival, growth, and wellbeing across different domains of life. People are said to exhibit different interpersonal styles based on how they communicate and interact in their interpersonal relationships. The nature of this interactional style used by individuals for communication with their significant relations has a great deal of influence on their physical, mental, and emotional

health (Collins & Feeney, 2004). The degree of its positive effect can be seen from the fact that it causes a boosted mood, less risk for depression, decreased mortality rate (House, Landis, & Umberson, 1988), a sharper mind and reduced risk for chronic conditions such as cardiovascular problems and even some cancers (as cited in Stibitch, 2018). Similarly, a maladaptive interpersonal style of communication can be intensely toxic to the individual, negatively effecting, and hindering growth in every sphere of life.

Self-defeating Interpersonal Style is a distinct interactional style that can be primarily harmful and damaging to the individuals who develop and exhibit it in their daily lives, as they are motivated to sacrifice their long term psychological wellbeing in exchange for immediate benefits i.e., such as, being tolerant of/keeping abusive relations intact (Wei & Ku, 2007). From a cultural perspective, the South-Asian approach to ethical values and those of Pakistani culture in particular, incorporate a feature of advocating obedience and submission as desirable traits, while it also glorifies excessive humility; individualism and assertiveness breeding from it are typically frowned upon (Kandidata Asia, 2015). It is to the extent that such individuals are praised, who put their personal interests and essential needs aside for even the most non-essential or trivial family demands. Also for women sometimes, it is expected of them to be submissive in their interpersonal relationships, considering it a noble thing. Self-sacrificial acts, and tolerance in the face of any form of abuse, are reinforced as attributes of 'good people'. Underlying such behavior, there also exists a declining level of self-esteem and an undeserving selfimage which is fed by the self-defeating conduct and vice-versa (Lachmann, 2013), giving rise to an endless loop of self-defeating behavior.

Since it is established by theoretical foundations that the prevalence of such behavior could be predicted by maternal and peer rejection which individuals experience in their childhood and the consequent development of early maladaptive schemas therefore this research aims to investigate maternal and peer rejection as the possible risk factors for the development of self-defeating interpersonal style while considering a mediating role of early maladaptive schemas in the cognitions of a growing individual.

Moreover, this research holds significance as it ventures to scrutinize a phenomenon i.e., self-defeating interpersonal style, which is one of the underlying

integrative constructs which comes together with masochistic self-harm tendencies and other related aspects in an individual, to lead to Self-defeating Personality Disorder (Millon, 1997), previously distinguished as a personality disorder that was duly discussed in the appendix of DSM-III-R, and is categorized as the 'Personality Disorder Not Otherwise Specified' in DSM-5. Considering the degree of importance that self-defeating interpersonal style holds, it is essential that its predictive risk factors are explored, especially those having origin in the developmental trajectory. Once identified, steps could be taken for appropriate methods to prevent the exposure of individuals to these risk factors and thus prevent development of self-defeating interpersonal style.

Also, personality disorders have been recognized as an important condition in mainstream psychology and psychiatry across the world, because they are known to affect approximately 6% of the world population and are marked among the most frequently diagnosed psychological problems, with 40-60 % mental health patients suffering from it (Tyrer et al., 2010). As for the Self-defeating Personality Disorder, psychiatrists have been somewhat vague and inconsistent in their conceptualization of this disorder in the DSM-III-R. Nonetheless, this research attempts to bring clarity in the concept by studying a subclinical construct; such as self-defeating interpersonal style, to allow detailed exploration of the concept itself as well as its predictive factors.

Therefore, this study aspires to find the culture specific patterns of the self-defeating interpersonal style, as it occurs in the Pakistani society, while also weighing whether maternal and peer rejection and the early maladaptive cognitive schemas act as risk factors in its development. Once the development pattern is identified, it can direct for the possible psychosocial interventions for the avoidance of individuals to the risk factors. This research focuses to make practical contribution within both educational and clinical setup, through highlighting the significance of maternal and peer rejection in later development of Interpersonal styles as well as adding to the knowledge of cognitive psychology by empirically testing a theory driven model for the early maladaptive schemas.



Method

Objectives

Following are the research objectives for the current study.

- 1. To study the role of early maladaptive schemas as mediators between the relationship of maternal and peer rejection, and self-defeating interpersonal style.
- To examine the role of various demographic variables i.e., age, gender, education, ethnicity, employment status, relationship status, family system, parental marital status, and parental employment status in relation to study variables.

Hypotheses

Following are the research hypotheses for the current study.

- Specific early maladaptive schemas (abandonment, emotional deprivation, social isolation, defectiveness, and self-sacrifice) will mediate the relationship between maternal and peer rejection, and self-defeating interpersonal style.
- Maternal and peer rejection and self-defeating interpersonal style will be greater in women as compared to men.
- Early maladaptive schemas of social isolation will be greater in individuals living in nuclear family system as compared to joint family system.
- 4. Early maladaptive schema of emotional deprivation will be greater in individuals having separated/divorced parents as opposed to parents living together.
- Specific early maladaptive schemas (abandonment, emotional deprivation, social isolation) will be greater in individuals whose mother is employed as compared to being unemployed.

Conceptual and Operational Definitions

The conceptual definitions of study variables are given below along with their operational definitions.

Interpersonal rejection Interpersonal rejection is a state of low relational evaluation, in which people may regard their relationship with another individual as worthless or assign it a negative value, the behavioral manifestation of which is that they exclude, ostracize, abandon, or banish the individual. The phenomenon of rejection exists on a continuum reaching from ambivalence towards maximal exclusion, where less intense rejection involves ignoring, avoiding, and investing little or nothing in sustaining the relationship and the greater extreme involves physical rejection and abandonment (Leary, 2001).

Maternal rejection. It is the subjective experience of rejection undergone by an individual which involves one's perception of the degree to which one feels devalued by his/her maternal figure, such as being ignored, excluded or banished by her (Leary, 2001).

In this study, maternal rejection is operationally defined through scores obtained on the Mother subscale of Mother-Father-Peer Scale, such that low score indicates less rejection and high score indicates more rejection.

Peer rejection. In this study, peer rejection is operationally defined as the subjective experience of rejection undergone by an individual which involves one's perception of the degree to which one feels devalued by one's peers, manifested in behavior such as refused to being included in peer group, facing explicit dislike, being ignored, not having objects shared with them, being given less valuable resources than those given to others, being mocked, and physically or verbally assaulted by the peer group (Leary, 2001).

In this study, peer rejection is operationally defined through scores obtained on the peer subscale of Mother-Father-Peer Scale, such that low score indicates less rejection and high score indicates more rejection.

Early maladaptive schemas Early maladaptive schemas are defined as broad, pervasive themes about self and an individual's own relationship with other people. These maladaptive schemas develop through negative childhood experiences as well as ongoing damaging experiences and are impaired to a significant level (Young, Klosko, & Weishaar, 2003).

Emotional deprivation (ED). The emotional deprivation schema is constituted of the supposition that an individual's desire for a normal degree of emotional support will not be sufficiently fulfilled by others. The three major forms of deprivation are; deprivation of nurturance, empathy, and protection (Young, Klosko, & Weishaar, 2003).

Abandonment/instability (AB). The abandonment/instability schema incorporates the perceived unreliability of one's relation to significant others. Individuals with this schema believe that the significant people in their life will not remain with them or will be inconsistent in their availability for support and connection, because they are emotionally inconstant and unpredictable; because they might die soon; or because they will abandon the individual in favor of someone better.

Social isolation/alienation (SI). The social isolation schema incorporates the notion that one is isolated from the rest of the world, different from other people, and/or not part of any group or community.

Defectiveness/shame (DS). The defectiveness/shame schema is the feeling that one is defective, bad, inferior, or valueless and that one would be unlovable to others if their true self is exposed. A sense of embarrassment regarding one's perceived defects is often involved the schema. The flaws may be private (e.g., self-obsession, aggression, unacceptable sexual desires) or public (e.g., unappealing physical appearance, social awkwardness).

Self-sacrifice (SS). The self-sacrifice schema is the unreasonably increased focus on voluntarily fulfilling the needs of others in day-to-day situations, at the expense of one's own gratification. The underlying reasons for such behavior may include; to avoid causing pain to others, to prevent evoking guilt from feeling selfish, or to maintain the connection with others judged as being needy. Often results from an acute sensitivity to the pain of others and leads to a sense that one's own needs are not being adequately met and to resentment of those who are taken care of (overlaps with concept of codependency).

In this study, early maladaptive schemas are operationally defined through scores obtained on the respective subscales of YSQ (3rd Edition—Short form-Urdu Version), such that higher the score, greater will be the maladaptiveness of the given schema.

Self-defeating interpersonal style The Self-defeating patterns are described as an enduring set of behaviors reflecting pervasive and inflexible traits, primarily characterized by paying long-term psychological consequences for perceived immediate short-term benefits (Wei & Ku, 2007). Self-defeating interpersonal style is held to represent a persistent manner of relating to others, typically motivated by disordered attachment styles, a negative working model of the self, and a tendency toward accepting and/or rationalizing various forms of mistreatment (Atkinson, 2017).

In this study, self-defeating interpersonal style is operationally defined through the scores obtained on Self-DISS Scale, such that higher the score, greater will be the self-defeating style of an individual, and vice versa.

Research Design

The present research seeks to study the effect of early maladaptive schemas as mediators between the relationship of maternal and peer rejection, and self-defeating interpersonal style. The Mother-Father-Peer Scale, YSQ 3-Short Form (*Urdu* Version) and The Self-DISS Scale were used to measure maternal and peer rejection, specific early maladaptive schemas and self-defeating interpersonal style respectively. The study consisted of two phases; the first part comprised of a tryout phase after which the main study was conducted. The tryout phase was carried out with an aim of assessing the cultural appropriateness of the scales, ease of comprehension, and the level of difficulty of items for the proposed sample, that is, adolescents and young/middle aged adults. After the completion of the tryout phase, the final phase was done to test the proposed hypotheses using empirical data.

Instruments

The instruments utilized in the study have been described below.

Mother-Father-Peer Scale (MFPS). The Mother-Father-Peer Scale (Epstein, 1983) (see Appendix A) is a 70 item, self-report questionnaire which is designed to assess interpersonal acceptance and rejection exhibited by mother, father, and peer group, through an adult's recollections of childhood experiences (Hock & Lutz, 2001). The MFP consists

of 3 subscales i.e., mother, father, and peer. The scale items are based on 3 dimensions that are; Acceptance vs. Rejection, Encouragement of Independence, and Idealization of Parent. For the purpose of the current study, 2 subscales i.e., mother and peer were used focusing only on Acceptance vs. Rejection dimension. Keeping this in view only pertinent items were taken from the whole MFPS. There were a total of 20 items of the Acceptance vs. Rejection dimension for each subscale (i.e., 10 for mother and 10 for the peer). The items 3, 4, 5, 6, 9, 12, 14, 18, 19, and 20 respectively were reverse items (see Appendix F-1) Participants were required to rate separately on each of these subscales using a five-point Likert-type scale. (1 = strongly disagree to 5 = strongly agree). The process of permission acquisition from the author for the use of instrument was carried out via e-mail. (see Appendix D-1)

The Cronbach's alpha reliability for the Mother and Peer Scales were found to be good (George & Mallery, 2003), with values of .85 and .88, respectively (Hock & Lutz, 2001). On the original scoring system of the scale, higher scores were representative of more accepting mother/peer of the individual. The items were reverse coded such that a low score indicated high acceptance/low rejection and a high score indicated high rejection and low acceptance.

Young Schema Questionnaire Short Form Version 3 (Urdu Version). Young Schema Questionnaire-Short Form (see Appendix B), third Edition (Young, Klosko & Weishaar, 2003), is a 90-item self-administered questionnaire that analyzes the presence and dysfunctional level of 18 early maladaptive cognitive schemas. The scale consists of 18 subscales, with each subscale consisting of 5 items that assess the degree of dysfunctionality of the 18 maladaptive schemas. In the present research, items for only 5 particular maladaptive schemas were used: emotional deprivation, abandonment/instability, social isolation, defectiveness/shame and self-sacrifice, as chosen in accordance to the theoretical relevance to the main variables. Participants were required to rate on a 6-point Likert type scale based on how well an item described them, (1 = completely untrue of me, to 6 = describes me perfectly). If an item is rated '5' or '6', it indicates degree of maladaptiveness of the schema, with higher scores indicating increasingly dysfunctional levels of that schema (Castille, Prout, Marczyk & Shmidheiser,

2007). The author of the scale was contacted via e-mail, and the permission for the use of scale was successfully acquired. (see Appendix D-2)

Self-defeating Interpersonal Style Scale. The self-defeating interpersonal style Scale (Atkinson, 2017) is a 35-item self-administered questionnaire that assesses the propensity of individuals to manifest the self-defeating interpersonal style (see Appendix C). The scale consists of 3 subscales i.e., Insecure attachment, Undeserving self-image and Self-sacrificing nature. The subscales consist of 14, 12 and 9 items respectively, all of which were employed in the current research. The items numbered 14, 20, and 25 respectively are reverse items. The participants were required to rate on a 10-point Likert type scale based on the extent to which each item described them, (1 = strongly disagree, to 10 = strongly agree). Higher scores indicated greater self-defeating interpersonal style of an individual and vice versa. The permission for use of the Self-DISS scale was acquired via e-mail. (see Appendix D-3)

The scales yielded excellent reliabilities (George and Mallery, 2003); an alpha of .97 was obtained for the total SELF-DISS scale, .97 for the Insecure Attachment subscale, .92 for the Deserving Self-Image subscale, and .87 for the Self-Sacrificing Nature subscale (Atkinson, 2017).

Stage I: Tryout Phase

The tryout phase was carried out as a preliminary analysis of research instruments in preparation for the main study. The objective was to test the research instruments so as to identify any linguistic and comprehension difficulties that the participants may come across during the data collection stage, and to modify the instrument to suit the cultural needs where required.

Objective. The tryout phase was designed to analyze the extent to which the items of instruments were comprehendible for the participants and the level of difficulty of items.

Sample. Data was collected through convenience sampling, from 20 individuals (10 men, 10 women) who qualified for the proposed inclusive criteria, that is, participants who had completed 14 years of education and ages above 20 years. After data collection

from participants, field experts who had both proficiency in subject matter and a sound understanding of English and *Urdu* languages were approached for instrument modification recommendations. The experts' panel consisted of two professionals (PhD faculty members) and 3 PhD scholars from National Institute of Psychology, Quaid-i-Azam University.

Procedure. This initial phase consisted of several steps beginning from the process of approaching the participants and briefing them about the aim of the survey, they were asked to provide their opinion about the level of difficulty and the ease of comprehension of each item in the scale, in accordance to the response categories designed to measure the difficulty level. Also, participants were instructed to single out words or phrases that they could not understand in the given context.

Once the opinion of 20 people had each been recorded on the scale items, these were put together in the form of a collective list of words/phrases that were most frequently rated as difficult and required culturally appropriate changes to be made before the main study (see Appendix E).

A separate form was prepared for the expert analysis which was then taken up to the field experts. The experts provided easier phrasal replacements and culturally appropriate suggestions for the difficult words/phrases or sentences pointed out by participants. The items were provided with easier synonyms in parenthesis. The experts agreed upon the best alternate terms for replacement that they deemed most appropriate for the proposed sample age group for the present study. The process then proceeded towards the final step in the tryout phase in which the recommendations of experts were incorporated in the existing scales, producing linguistically and culturally suitable versions prepared to be used in the main study (see Appendix F).

Stage II: Main Study

The main study was carried out to achieve the research objectives and test the proposed hypotheses, the most fundamental of which was to identify the role of specific early maladaptive schemas as mediators between maternal and peer rejection and self-defeating interpersonal style.

Sample

Table 1

As established in accordance with the research variables and the measurement scales being used, the inclusive criteria for the research sample included individuals having 14 years of education to ensure that the scales being administered were easily comprehendible by participants. The data was obtained from people within the vicinity of Rawalpindi/Islamabad through convenience sampling. The sample consisted of 350 men (n = 84) and women (n = 266). The participants' ages ranged from 20 to 50 years whereas level of education ranged from 14-20 years.

A demographic sheet was used in the research (see Appendix H). The participants were required to identify specific demographic information which included age, gender, education, ethnicity, employment status, relationship status, family system (nuclear/joint), parental marital status, closest parent, birth order, and number of siblings as well as parental employment status. Further details of the sample participants are given below in Table 1.

Frequencies and Percentage of Demographics and Sample Characteristics (N = 350)

Demographics	f	%
Age		
Late adolescence	281	80.3
Early adulthood	58	16.6
Middle adulthood	11	3.1
Gender		
Men	84	24.0
Women	266	76.0
Ethnicity		
Punjabi	177	50.6
Pathan	40	11.4
Urdu-speaking	63	18.0
Others	70	20.0
Family System		
Nuclear	241	68.9
Joint	109	31.1
Parental Marital Status		
Living together	297	84.9
Divorced/Separated	10	2.9
Deceased	43	12.3
Parent Employment Status		

Father	271	77.4	
Mother	9	2.6	
Both	55	2.6 15.7	
None	15	4.3	

Procedure

Before beginning the process of data collection, essential steps were taken with regard to the participants rights'. Informed consent is a voluntary agreement acquired from the sample participants for their participation in the research process, so as to ensure that they have been thoroughly briefed about the purpose and aim of research and the associated risks. The basic rights of anonymity and confidentiality were ensured alongside i.e., the identity of the participant be kept anonymous and his/her responses are only utilized for research purpose. It is also at the participants' own disposal that he/she may discontinue or withdraw from the research at any point.

A consent form (see Appendix G) was presented to the participants; it contained instructions and informed the participants of their basic rights with reference to their participation in giving data to the researcher. The consent form was elaborated to the participants through a verbal briefing. The willful signature was obtained on it. For data collection, the participants were approached individually and were given the questionnaires; they were guided how these are to be answered. Written as well as verbal instructions were narrated before the administration of demographic sheet and the three research scales. Once the data collection was completed, the participants were thanked for their cooperation.

RESULTS

Chapter 3

Results

The aim of the study was to explore the mediating effect of maladaptive cognitive schemas in the relationship between maternal and peer rejection and self-defeating interpersonal style among adolescents and adults. For this purpose, the proposed hypotheses of the study were tested through statistical analysis. The quantitative analysis was carried out by using SPSS version 21. It consisted of descriptive and inferential statistics i.e., calculating the values of *Cronbach* alpha, mean, standard deviation, range, skewness, and kurtosis of the scales and subscales. Whereas, inferential statistics included Pearson Product Moment Correlation, *t*-test, ANOVA, and Mediation analysis were run on the obtained data so as to determine whether the mediating role of maladaptive schemas exists between maternal and peer rejection and self-defeating interpersonal style, or not. The statistical findings of the research hypotheses have been shown in the tables below.

Table 2

Cronbach's Alpha Reliability Coefficients of the Scales and Sub-scales of Study Variables (N = 350)

					Ra	ange		
Variables	No. of Items	M	SD	a.	Actual	Potential	Kurtosis	Skew
REJ								
MR	10	19.30	6.26	.80	10-36	10-50	.970	.847
PR	10	21.67	6.50	.86	10-40	10-50	1.161	.672
EMS								
ED	5	11.40	5.62	.79	5-24	5-30	.163	.889
AB	5	14.47	5.85	.76	5-25	5-30	330	.497
SI	5	14.20	5.49	.73	5-25	5-30	.120	.748
DS	5	10.50	5.44	.72	5-24	5-30	.804	1.188
SS	5	18.48	5.00	.67	5-25	5-30	410	.044
SDIS	35	151.13	49.09	.91	44-244	33-330	218	.249
IA	14	63.76	27.95	.90	14-123	14-140	624	.310
USI	12	41.70	17.57	.82	12-90	12-120	.509	.805
SSN	9	45.54	15.41	.80	9-81	9-90	.015	.085

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB= Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS= Self-sacrifice; SDIS = Self-defeating Interpersonal Style; IA = Insecure attachment; USI = Undeserving self-image; SSN = Self-sacrificing nature.

Table 2 shows the alpha reliabilities, means, standard deviation, range (actual and potential), skewness and kurtosis for all the scales and subscales. The scales of maternal and peer rejection showed an alpha value of .87 and .80 respectively, which indicated good reliability. The schema domains of the Young Schema Questionnaire Scale yielded a reliability value ranging from .72 to .89. The self-defeating interpersonal style Scale also showed good reliability of .87. As shown in the table, the skewness and kurtosis values that range within +2 and -2 which indicates a normally distributed data set (George & Mallery, 2016).

Table 3

Correlation Matrix among Maternal and Peer Rejection, Early Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

	1	2	3	4	5	6	7	8	9	10	11
REJ											
1. MR	-	.422**	.344**	.232**	.286**	.316**	051	.388**	.358**	.336**	.199**
2. PR		-	.353**	.301**	.364**	.451**	.085	.416**	.329**	.340**	.345**
EMS											
3. ED			-	.417**	.556**	.585**	.262**	.445**	.384**	.348**	.329**
4. AB				*	.505**	.538**	.352**	.618**	.681**	.312**	.379**
5. SI					ž	.620**	.263**	.509**	.461**	.326**	.406**
6. DS						÷	.164**	.593**	.520**	.487**	.385**
7. SS							-	.199**	.183**	001	.311**
8. SDIS								i i	.885**	.758**	.713**
9. IA									-	.484**	.453**
10. USI										+	.393**
11. SSN											2

Note. REJ = Rejection; PR = Peer Rejection; MR = Maternal Rejection; MS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style; IA = Insecure attachment; USI = Undeserving self-image; SSN = Self-sacrificing nature **p < .01, *p < .05

In Table 3, the relationship patterns and direction have been shown among the scales of maternal and peer rejection, early maladaptive schemas and self-defeating interpersonal style. Maternal rejection and peer rejection have a positive correlation with each other. As for the different maladaptive schema domains, they also have a significantly positive correlation with each other. The self-defeating interpersonal style scale shows positive correlation among its subscales; insecure attachment, undeserving self-image and self-sacrificing nature. Thus, all these positive correlations are thus indicating the construct validity of the scales measuring respective variable.

The findings in the table indicate that maternal and peer rejection both have a significantly positive correlation with the maladaptive schemas of emotional deprivation, abandonment, social isolation and defectiveness. Also, maternal and peer rejection have a significant positive correlation with self-defeating interpersonal style. All maladaptive schemas have a significant positive correlation with the self-defeating interpersonal style and its subscales. The rejection domains each have a nonsignificant correlation with the Self-Sacrifice maladaptive schema. Moreover, the Self-Sacrifice maladaptive schema has a nonsignificant correlation with the Undeserving self-image subscale of the self-defeating interpersonal style.

Table 4Mediating Role of Emotional Deprivation Schema Between Maternal Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style				
	Model I	Model II	95%	6 CI		
Predictor	β	β	LL	UL		
Constant	90.51**	74.09**	58.62	89.55		
MR	3.16**	2.18**	1.40	2.96		
ED	-	3.07**	2.22	3.92		
R^2	.15	.26				
F	62.79**	61.09				
ΔR		.11				
ΔF		-1.7				

Note. MR = Maternal Rejection; ED = Emotional Deprivation; Sobel z = 4.89 (p < .001) *p < .05, ** p < .01.

Table 4 shows the mediating effect of emotional deprivation schema in predicting self-defeating interpersonal style from maternal rejection. The R^2 value indicates that maternal rejection makes for 15% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when maternal rejection increases, self-defeating interpersonal style also increases. Similarly in model II when Emotional deprivation is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 26%. Thus, the findings depict that emotional deprivation schema significantly mediated the relationship between maternal rejection and self-defeating interpersonal style.

Table 5Mediating Role of Abandonment Schema Between Maternal Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style			
	Model I	Model II	95%	6 CI	
Predictor	β	β	LL	UL	
Constant	90.51**	43.05**	28.50	57.60	
MR	3.16**	2.11**	1.45	2.76	
AB	_	4.67**	3.98	5.35	
R^2	.15	.44			
F	62.79**	138.61			
ΔR		.29			
ΔF		75.82			

Note. MR = Maternal rejection; AB = Abandonment/Instability; *Sobel z* = 4.23 (p < .001). *p < .05, ** p < .01.

Table 5 shows the mediating effect of abandonment schema in predicting self-defeating interpersonal style from maternal rejection. The R^2 value indicates that maternal rejection makes for 15% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when maternal rejection increases, self-defeating interpersonal style also increases. Similarly in model II when abandonment schema is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 44%. Thus, the findings depict that abandonment schema significantly mediated the relationship between maternal rejection and self-defeating interpersonal style.

Table 6Mediating Role of Social Isolation Schema Between Maternal Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style			
	Model I	Model II	95%	6 CI	
Predictor	β	В	LL	UL	
Constant	90.51**	54.90**	38.88	70.92	
MR	3.16**	2.16**	1.43	2.90	
SI	-	3.85**	3.03	4.66	
\mathbb{R}^2	.15	.32			
F	62.79**	82.57			
ΔR		.17			
ΔF		19.78			

Note. MR = Maternal Rejection; SI = Social Isolation; Sobel z = 4.73 (p < .001). p < .05, **p < .01.

Table 6 shows the mediating effect of social isolation schema in predicting self-defeating interpersonal style from maternal rejection. The R^2 value indicates that makes for 15% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when maternal rejection increases, self-defeating interpersonal style also increases. Similarly in model II when social isolation is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 32%. Thus, the findings depict that social isolation schema significantly mediated the relationship between maternal rejection and self-defeating interpersonal style.

Table 7

Mediating Role of Defectiveness Schema Between Maternal Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style				
	Model I	Model II	95%	6 CI		
Predictor	β	β	LL	UL		
Constant	90.51**	66.37**	52.43	80.31		
MR	3.16**	1.84**	1.14	2.54		
DS	-	4.70**	3.91	5.48		
\mathbb{R}^2	.15	.399				
F	62.79**	113.58				
ΔR		.24				
ΔF		50.79				

Note. MR = Maternal Rejection; DS = Defectiveness/Shame; Sobel z = 5.41 (p < .001). *p < .05, ** p < .01.

Table 7 shows the mediating effect of defectiveness schema in predicting self-defeating interpersonal style from maternal rejection. The R^2 value indicates that maternal rejection makes for 15% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when maternal rejection increases, self-defeating interpersonal style also increases. Similarly in model II when defectiveness schema is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 40%. Thus, the findings depict that defectiveness schema significantly mediated the relationship between maternal rejection and self-defeating interpersonal style.

Table 8 *Mediating Role of Emotional Deprivation Schema Between Peer Rejection and Self-defeating Interpersonal Style (N = 350)*

		Self-defeating Interpersonal Style				
	Model I	Model II	95%	6 CI		
Predictor	β	В	LL	UL		
Constant	83.20**	68.50**	52.46	84.53		
PR	3.14**	2.24**	1.51	2.97		
ED	-	2.98**	2.13	3.83		
R^2	.17	.27				
F	71.70**	64.80				
ΔR		.1				
ΔF		-6.9				

Note. PR = Peer Rejection; ED = Emotional Deprivation; *Sobel z* = 4.85 (p < .001). *p < .05, **p < .01.

Table 8 shows the mediating effect of emotional deprivation schema in predicting self-defeating interpersonal style from peer rejection. The R^2 value indicates that peer rejection makes for 17% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when peer rejection increases, self-defeating interpersonal style also increases. Similarly in model II when Emotional deprivation is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 27%. Thus, the findings depict that emotional deprivation schema significantly mediated the relationship between peer rejection and self-defeating interpersonal style.



Table 9Mediating Role of Abandonment Schema Between Peer Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style				
	Model I	Model II	95%	6 CI		
Predictor	β	β	LL	UL		
Constant	83.20**	43.96**	29.08	58.84		
PR	3.14**	1.91**	1.28	2.54		
AB	-	4.54**	3.84	5.24		
R^2	.17	.44				
F	71.70**	134.08				
ΔR		.27				
ΔF		62.38				

Note. PR = Peer Rejection; AB = Abandonment/Instability; *Sobel z* = 5.27 (p < .001). *p < .05, **p < .01.

Table 9 shows the mediating effect of abandonment schema in predicting self-defeating interpersonal style from peer rejection. The R^2 value indicates that peer rejection makes for 17% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when peer rejection increases, self-defeating interpersonal style also increases. Similarly in model II when abandonment schema is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 44%. Thus, the findings depict that abandonment schema significantly mediated the relationship between peer rejection and self-defeating interpersonal style.

Table 10Mediating Role of Social Isolation Schema Between Peer Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style			
	Model I	Model II	95% CI		
Predictor	B	B	LL	UL	
Constant	83.20**	55.80**	39.52	72.08	
PR	3.14**	2.00**	1.29	2.72	
SI		3.66**	2.82	4.50	
R^2	.17	.31			
F	71.70**	79.95			
ΔR		.14			
ΔF		8.25			

Note. PR = Peer Rejection; SI = Social Isolation; Sobel z = 5.52 (p < .001).

Table 10 shows the mediating effect of social isolation schema in predicting self-defeating interpersonal style from peer rejection. The R^2 value indicates that peer rejection makes for 17% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when peer rejection increases, self-defeating interpersonal style also increases. Similarly in model II when social isolation is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 31%. Thus, the findings depict that social isolation schema significantly mediated the relationship between peer rejection and self-defeating interpersonal style.

^{*}p < .05, ** p < .01.

Table 11Mediating Role of Defectiveness Schema Between Peer Rejection and Self-defeating Interpersonal Style (N = 350)

		Self-defeating Interpersonal Style			
	Model I	Model II	95%	ο CI	
Predictor	B	B	LL	UL	
Constant	83.20**	72.58**	58.12	87.03	
PR	3.14**	1.40**	.69	2.11	
DS	<u>~</u>	4.60**	3.75	5.45	
\mathbb{R}^2	.17	.38			
F	71.70**	104.60			
ΔR		.21			
ΔF		32.9			

Note. PR = Peer Rejection; DS = Defectiveness/Shame; *Sobel z* = 7.01 (p < .001).

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

Table 11 shows the mediating effect of defectiveness schema in predicting self-defeating interpersonal style from peer rejection. The R^2 value indicates that peer rejection makes for 17% variance in predicting self-defeating interpersonal style. The positive sign shows positive prediction i.e., when peer rejection increases, self-defeating interpersonal style also increases. Similarly in model II when defectiveness schema is added to the equation, the value of self-defeating interpersonal style increases. Now variance accounted for prediction of self-defeating interpersonal style is 38%. Thus, the findings depict that defectiveness schema significantly mediated the relationship between peer rejection and self-defeating interpersonal style.

 Table 12

 Age Differences on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

Variables	Age									
	Late Adolescents (n = 281)		Early Adults (n = 58)				95% CI			
	M	SD	M	SD	t	p	LL	UL	Cohen's d	
REJ										
MR	19.46	6.33	18.60	6.23	.94	.34	929	2.51		
PR	21.71	6.65	21.85	6.25	155	.87	-2.02	1.62		
EMS										
ED	11.73	5.76	9.95	4.86	2.20	.028	.19	3.36	.32	
AB	14.87	6.00	13.20	5.10	2.19	.031	.15	3.09	.24	
SI	14.57	5.61	12.95	5.01	2.03	.042	.057	3.19	.30	
DS	10.91	5.61	8.96	4.56	2.86	.005	.596	3.306	.38	
SS	18.41	5.09	18.53	4.77	16	.872	-1.55	1.31		
SDIS	154.32	47.68	142.39	55.00	1.68	.093	-1.98	25.83		

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style. **p < .01, *p < .05

Table 12 illustrates mean based group comparison on the basis of age of respondent. Two age groups were compared i.e. late adolescents and early adults (Newman, & Newman, 2009). Since there were only 9 participants in middle adulthood age group, therefore it was not included in the t-test analysis, with reference to each of the study variables. It can be seen that mean differences were significant for the Schemas of abandonment, emotional deprivation, social isolation and Defectiveness. For all these group differences, late adolescents were observed to score high as compared to adults. Group differences were nonsignificant for all other variables.

 Table 13

 Gender Differences on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

	Men (n = 84)		Women $(n = 266)$				95% CI			
Variables -	M	SD	M	SD	t	p	LL	UL	Cohen's d	
REJ										
MR	18.54	5.50	19.54	6.48	-1.26	.20	-2.43	.66	0.14	
PR	22.82	6.20	21.28	6.56	1.89	.06	.05	3.25	0.25	
EMS										
ED	12.26	5.64	11.13	5.59	1.60	.10	22	2.56	0.20	
AB	14.69	5.72	14.39	5.89	.41	.67	-1.07	1.83	0.06	
SI	14.56	5.77	14.09	5.40	.68	.49	84	1.89	0.09	
DS	11.01	5.39	10.32	5.44	1.00	.31	64	2.06	0.13	
SS	19.45	4.73	18.20	5.06	.50	.61	.00	2.49	0.25	
SDIS	146.64	45.78	138.29	47.16	1.33	.18	-3.35	20.05	0.17	

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style.

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

In table 13 as shown above, the *t*-test results for the comparison of mean differences between men and women on the constructs of maternal and peer rejection, early maladaptive schemas and self-defeating interpersonal style have been reported. It was found that the group differences were nonsignificant on all of the constructs.

Table 14

Ethnic Differences on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

	Punjabi $(n = 177)$		Pathan $(n = 40)$			Urdu-speaking		Others				D	959	% CI
					(n = 63)		(n = 70)							
Variables	M	SD	M	SD	M	SD	M	SD	F	p	i > j	(i-j)	LL	UL
REJ														
MR	18.34	5.86	18.90	6.23	21.41	7.27	20.17	5.77	4.52	.004	3 > 1	3.11	.66	5.46
PR	20.49	5.50	22.27	7.53	22.46	6.54	23.57	7.61	4.56	.004	4 > 1	3.10	.66	5.48
EMS														
ED	10.68	5.35	12.52	6.31	12.31	5.86	11.78	5.50	2.21	.086	-	-	100	
AB	13.89	5.67	14.70	5.87	15.66	6.35	14.79	5.72	1.63	.182	-	-		
SI	13.79	5.28	14.50	5.74	14.80	5.38	14.59	5.96	.78	.506				
DEF	9.84	5.27	10.47	4.68	11.42	6.34	11.27	5.26	1.95	.120				
SS	18.28	4.98	18.22	4.27	19.00	5.00	18.69	5.47	.05	.983				
SDIS	136.69	44.89	140.45	50.40	144.57	48.42	144.48	48.93	.69	.558				100010

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style.

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

Table 14 represents the mean based group differences based on linguistically divided groups of individuals. Four groups were compared i.e. 'Punjabi', 'Pathaan', 'Urduspeaking', and 'others' (includes the people of Gilgiti/Baliti, Sindhi, Balochi, Kahmiri and Siraiki origin). Only the four major groups were compared, with the minorities put under one category as their number was not large enough for an accurate analytic comparison to be made.

It was observed that mean differences were significant on the constructs of maternal and peer rejection. The Urdu-speaking group showed a significantly higher score in comparison to Punjabi's on maternal rejection, whereas the minority groups scored higher than the Punjabi's on peer rejection. The differences were nonsignificant for all the other constructs.

 Table 15

 Differences Between Family System on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

Variables	Nuc	Nuclear		Joint			0.50			
	(n = 241)		(n = 109)				95% CI			
	M	SD	M	SD	t	p	LL	UL	Cohen's d	
REJ										
MR	19.34	6.22	19.13	6.16	.33	.74	-1.20	1.61	.03	
PR	21.40	6.73	22.23	5.98	-1.10	.26	-2.31	.65	.13	
EMS										
ED	11.23	5.54	11.75	5.79	79	.43	-1.81	.75	.09	
AB	14.63	5.96	14.18	5.60	.60	.54	88	1.78	.07	
SI	14.24	5.56	14.12	5.34	.19	.84	-1.13	1.37	.02	
DEF	10.60	5.51	10.12	5.16	.82	.41	76	1.70	.08	
SS	18.14	5.11	19.25	4.69	67	.50	-2.2	.02	.22	
SDIS	140.49	48.25	138.64	43.95	.25	.80	-8.8	12.54	.04	

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style.

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

Table 15 displays the differences between joint family system and nuclear family system among adolescents and adults on dimensions of rejection, maladaptive schemas and self-defeating interpersonal style. The group differences were nonsignificant for all of the constructs.

Differences Between Individuals' Parental Marital Status on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

Table 16

	Living T	'ogether	Either	Parent							
		Decease		eased	95% CI						
	(n = 297)		(n = 43)								
Variables	M	SD	M	SD	t	p	LL	UL	Cohen's d		
REJ											
MR	19.22	6.28	20.02	6.05	81	.42	-2.80	1.21			
PR	21.68	6.52	20.90	5.04	.72	.46	-1.26	2.81			
EMS											
ED	11.20	5.54	12.02	5.72	91	.36	-2.60	.97			
AB	14.45	5.94	14.81	5.33	40	.68	-2.25	.97			
SI	13.98	5.44	15.11	5.61	-1.28	.20	-2.25	1.52			
DS	10.50	5.48	10.06	4.85	.48	.62	-2.88	6.28			
SS	18.30	5.00	20.30	4.20	73	.46	-1.30	2.17			
SDIS	139.56	46.89	138.97	43.56	.00	.99	-14.34	15.52			

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style **p < .01, *p < .05.

In table 16, the differences on the study variables were analyzed with reference to the two distinct groups of individuals; those individuals whose parents' marriage was intact and they had been available to the child's care throughout lifetime till the present point, in comparison to those individuals whose parents' had deceased/ had become unavailable for support. The results indicated that there were no significant differences between the two groups on the relevant constructs of research.

Differences of Parental Employment Status on Peer and Maternal Rejection, Maladaptive Schemas and Self-defeating Interpersonal Style (N = 350)

Table 17

Variables	Working Father $(n = 296)$		Working Mother/Both $(n = 43)$				95% CI		
	M	SD	M	SD	t	p	LL	UL	Cohen's d
REJ									
MR	19.38	6.23	18.68	6.42	.96	.33	-2.80	1.21	
PR	21.53	6.56	22.33	6.60	74	.45	-1.26	2.81	
EMS									
ED	11.31	5.51	11.67	6.25	38	.70	-2.60	.97	
AB	14.30	5.65	15.41	6.68	-1.20	.22	-2.25	1.52	
SI	14.17	5.57	14.37	5.22	14	.88	-2.88	.62	
DEF	10.41	5.34	10.66	5.89	29	.77	-1.30	2.17	
SS	18.67	4.82	17.75	5.62	30	.75	62	2.45	
SDIS	139.82	46.53	138.48	48.32	.33	.74	-14.34	15.52	

Note. REJ = Rejection; MR = Maternal Rejection; PR = Peer Rejection; EMS = Early Maladaptive Schemas; ED = Emotional deprivation; AB = Abandonment; SI = Social isolation; DS = Defectiveness/Shame; SS = Self-sacrifice; SDIS = Self-defeating Interpersonal Style.

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

In table 17, it has been shown how the values differ on the rejection types and maladaptive schemas between the comparative groups of adults who have either their father figure as the working parent, and the second group is representative of individuals with either a working mother or both parents. The group difference values of maternal rejection, peer rejection, self-defeating interpersonal style and schemas of emotional deprivation, abandonment, social isolation and defectiveness and self-sacrifice are nonsignificant for the current study.



Chapter 4

Discussion

The present study aimed to explore maternal and peer rejection and early maladaptive schemas (EMS) as the predictors of self-defeating interpersonal style (Self-DIS) among a sample of adolescents and adults (N = 350), through quantitative method of research. The schemas of emotional deprivation (ED), abandonment/instability (AB), social isolation/alienation (SI), defectiveness/shame (DS), and self-sacrifice (SS) were analyzed as mediating variables. Furthermore, the study also explored the relationship of various demographic variables i.e., age, gender, ethnicity, relationship status, family system, parental marital status, and parental employment status etc. The research process utilized the survey method. The standardized instruments including Mother-Father-Peer Scale (Epstein, 1983), The Urdu Version of Young Schema Questionnaire Short Form Version 3 (Young, Klosko & Weishaar, 2003) and self-defeating interpersonal style (Atkinson, 2017) were used for measuring the study variables for the constructs of maternal and peer rejection, early maladaptive schemas, and self-defeating interpersonal style respectively.

To determine psychometric soundness of instruments used in the study, alpha reliabilities were computed for each of scales and their respective subscales. It was found that the reliability values for the scales and their subscales used in the present study ranged from .72 to .91 (see Table 2), thus indicating stable reliability and acceptable to good internal consistency of the scales (George & Mallery, 2003). The Inter-scale correlations (see Table 3) were also analyzed to determine the construct validity of scales. It was found that for each of the three scales, their subscales had a significant positive correlation amongst themselves, suggesting that these instruments accurately measure the variable that it proposes to measure. The skewness and kurtosis lie between absolute value of 2 thus establishing that the data is a normally distributed data set (George & Mallery, 2016).

Correlation between Maternal Rejection and EMS

For the purpose of estimating strength and direction of relationship among the study variables and their factors, the correlation coefficients were calculated. The findings revealed that maternal rejection and peer rejection both had a significantly positive correlation with the schemas of ED, AB, SI, and DEF, whereas it was found to be nonsignificant with the SS schema (see Table 3). As for the former finding, it was in line with the Interpersonal Parental Acceptance Rejection Theory (Rohner, Khalique & Cournoyer, 2005) which similarly suggests that maternal rejection can lead to outcomes in the form of personality dispositions such as impaired self-esteem, lowered self-worth, a sense of incompetence in doing one's tasks and an incapability of expressing or embracing gestures of lovingness from the maternal figure. It has also been evident in previous research which associates the experiences of emotional neglect and ostracism with strongly evoked psychological reactions in an individual, such as feelings of guilt and shamefulness, being useless, worthless, and also holding back one's emotions, thus retracting towards social isolation (Barnet et al., 2005). All these characteristics basically represent the negative mental worldview and view about aspects of self. Thus, greater the experience of maternal rejection, greater will be the prevalence of such maladaptive schemas.

Correlation between Peer Rejection and EMS

As for peer rejection, it is associated with a subjects poor adjustment skills (Buhs & Ladd, 2001; Caldwell, 2002) and reduced self-efficacy, because when the subject is deprived of social acceptance, he/she tends to believe that he/she is defective in some way (Storch, Brassard, & Masia, 2003), and also exhibits asocial behavior (Seng, 2001; Wolpaw, 2003). The asocial behavior accounts for the individual's attempt of protecting oneself from having to experience abandonment or ostracism again in the future, which is done by creating barriers to social interaction in response to earlier experience of rejection. On the other hand, asocial behavior of an individual could also promote more social rejection, however both the phenomenon fuel each other. Such individuals also consequently face emotional deprivation due to a restrictive connection with others. The results of this study show similar findings, indicating a positive correlation of peer rejection

with abandonment, emotional deprivation, social isolation and defectiveness schemas such that if rejection is greater, then there will also be a greater prevalence of the respective schemas in the person.

As per the latter findings of correlational analysis, the present body of data suggested that the development of self-sacrificing schema was not associated with the undergone experience of interpersonal rejection, may it be maternal or rejection type, which can be explained through the belongingness theory. The theory states that it is a basic emotional need of individuals to maintain satisfying and fulfilling relationships with others (Baumeister & Leary, 1995), however if this fundamental requirement of acceptance and warmth for an individual is not attained, it eventually causes them to react in ways so as to cause harm to others and show indifference towards their needs (Blackhart, Baumeister & Twenge, 2006). It is thus stated for individuals who experience rejection that they may not develop self-sacrifice schema, rather they react to their own deprivation with a lack of regard for others' needs. This finding is also backed up by the propositions of the Interpersonal Parental Acceptance Rejection Theory, which states that rejected individuals tend to manifest emotionally unresponsive behavior, rather rejection in a person is more likely to present in the form of self-seeking behavior.

Correlation between Maternal and Peer Rejection and Self-DIS

Further, it was found that correlational values of maternal rejection and peer rejection both had a positive correlation with the self-defeating interpersonal style (see Table 3). This is similar to the earlier research findings that have claimed that individuals' showing self-defeating patterns of behavior including fear of success, lack of motivation, risk-taking, procrastination etc. also report interactions with unstable and neglecting caretakers (Zampelli, 2002). The self-defeating behaviors are most often activated in the wake of rejection.

EMS as Mediator between Maternal Rejection and Self-DIS

Initially, it was hypothesized in the present study that Specific early maladaptive schemas including emotional deprivation, abandonment, social isolation, defectiveness,

and self-sacrifice will mediate the relationship between maternal Rejection, and self-defeating interpersonal style. The results showed that the schemas mediated maternal rejection with the self-defeating interpersonal style, except self-sacrifice schema, for which mediation result was nonsignificant.

Also, it was found in this study that maternal rejection accounts for 26% of variance in the self-defeating interpersonal style, with emotional deprivation schema as mediator. As put forth by Young's Schema Theory (2003), this schema formulation also relates back to individuals' hostile and unaccepting familial interactions. Once the individual has established view that his/her emotional need for nurturance, protection, guidance, and empathy will not be adequately met by significant relations then he/she may begin surrendering to the schema, by exhibiting self-defeating interpersonal style such as interacting with personal relations in either a very emotionally demanding manner or select emotionally depriving partners and does not seek the fulfilment of needs from them at all.

As proposed by Young's theory (2003), the schema of abandonment has been identified as being developed due to the deprivation of a core emotional need i.e., the need for belongingness, warmth, safety, and nourishment from one's significant interpersonal relationships, essentially the parental figures. If the individual is not given the due satisfaction of these needs from the familial relations for example, if the mother has an unstable pattern of nurturing, uncertain availability to provide care, the individual begins to construct the belief that these imminent relations will cease to provide love at one point, or will be inconsistent in doing so, the thought and fear of which further persist in adulthood and are manifested in the form of self-defeating patterns of behavior. As shown in the present study, with the abandonment schema as mediator, maternal rejection accounts for 44% variance in Self-DIS (see Table 5). Since an underlying insecure attachment is developed, the individual may consequentially act in a desperate attempt to overcompensate for his/her schema belief, and go to lengths to maintain relationships, even unhealthy ones by enduring mistreatment. Despite these being harmful to oneself in the long-term such self-defeating behaviors may persist in adulthood.

As the next hypothesis is stated in this study, the Young's schema theory proposes that the schemas within the domain of disconnection/rejection, the social isolation schema stems from childhood experience of rejection. The development of this schema refers to the individual's sense of being different from or not fitting into the larger social world outside the family, typically people with this schema do not feel that they belong to a certain group or community. These thoughts and feelings result from the kind of behavior that the individual was subjected to in their childhood, from the mother like being repeatedly pointed out about one's differences or acts which imply to the child that he/she does not fit in, it may later persist into adulthood in the form of feelings of alienation from the crowd and self-defeating interpersonal style to accompany and compensate for these feelings. At social gatherings, the person may exclusively focus on differences from others rather than similarities, adopting a people-pleasing attitude and switching themselves like a chameleon, to fit into groups. The empirical data also showed that maternal rejection accounted for 32% (see Table 6) of variance in the self-defeating interpersonal style, with the social isolation schema mediating their mutual relationship.

The next hypothesis of the study asserted that the defectiveness schema mediates the relation between maternal rejection and self-defeating interpersonal style, which was supported since data analysis revealed 40% variance in the Self-DIS owing to the presence of defectiveness schema in the individual. As per the proposition of Young's (2003) schema Theory, it is a consequence of excessive critique of the individual on part of parents and makes the child feel as if every act by the child is faulty. The belief of being defective in some way is established in the individual's mind and persists through adulthood. It is thus manifested in the form of a Self-Defeating Style of communication within relationships i.e., selecting critical and rejecting friends; putting oneself down and acting in situations with a firm belief in their incompetence. Another self-defeating manifestation would be to avoid expressing true thoughts and feelings and letting others to get close. This interpersonal style further puts them in a cycle with continuing self-destructive relationships.

Although Young's Schema Theory (2003) proposes that the Self-Sacrifice schema may breed from the early familial environment of conditional acceptance, where children

must suppress important aspects of themselves to avoid being subjected to dislike and earning parental approval that leads them to adopt self-defeating interpersonal style. However, the hypothesis in line with this concept was rejected in the present study, showing a nonsignificant mediation. It can therefore be said, that for the present population, it is not empirically proven that the self-sacrifice schema comes into formation because of experiencing rejection. This may be explained by the proposition put forth by the IPAR theory, which suggests that upon being subjected to rejecting behavior from parents, an individual develops hostility and aggression in nature, and may also become emotionally unresponsive, for example, by being indifferent to situations involving giving or taking; or acting defensively and giving as little to others as possible. This depicts more of an underlying defensive attitude on part of the individual.

EMS as mediator between Peer Rejection and Self-DIS

Moving on with the hypotheses in the study relevant to the domain of peer rejection, the prediction of self-defeating interpersonal style was explored with reference to it along with the mediating role of schemas. It was hypothesized that the relationship of peer rejection will be mediated by schema of emotional deprivation, leading to self-defeating interpersonal style. The study found that 27% variance in Self-DIS was displayed by peer rejection (see Table 8). It is explained by the theoretical underpinnings of Young (2003), according to which influences such as peers, school, groups in the community, and the surrounding culture, become increasingly important as the child matures and may lead to the development of schemas. The emotional deprivation schema comes into existence when a child experiences too less of social/peer approval, praise, and understanding, leading to a toxic frustration of needs. Individual's response to this carries forward into adulthood in the form of self-defeating interpersonal style in future relations. This is manifested by remaining at a giving end in any relationship and not seeking fulfilment of one's own needs etc. As the schema is already developed, and is cognitively comfortable to the individual to accept, thus despite it being harmful in long-term, the individual will continue to perpetuate it through choosing situations that further confirm the schema, and reacting with self-defeating responses.

In line with the next hypothetical supposition, it was found that 44% variance in self-defeating interpersonal style was due to the underlying impact of abandonment schema (see Table 9), which bred from repeated exposure to inconsistent peer groups, or bullying from peers, who may also have withheld social support from individual and subjected him/her to exclusion from group for instance the play peer interactions at school, neighborhood etc. In response to such things in early childhood, the consequent development of self-defeating interpersonal style occurs, thus such an adult behaves in a clingy way; smothering the other to point of pushing them away; or becoming desperate even if faced with minor separations because of their fear of being abandoned. Moreover, the individual may find himself selecting partnerships where the other cannot maintain the relation, or is inconsistent, or abusive. But the interactive style basically represents an insecure attachment, which forms the base for self-defeating interpersonal style.

One of the hypothesis of this study assert that it is the social isolation schema which interposes between the prediction of self-defeating interpersonal style from peer rejection and in accordance to it, this study demonstrated that there is a 31% effect in self-defeating interpersonal style due to the mediation of social isolation schema (see Table 10). An individual subjected to peer group exclusion as a child like being ignored, harassed etc. grows up with an inability to identify with social groups or communities, and a feeling of alienation from others surrounding the individual. Such schema development leads to self-defeating interpersonal style persisting in adulthood such as focusing exclusively on the characteristics that set apart from others, rather than points that may be common, and possible initiators for healthy interaction with people.

It was also hypothesized that self-defeating interpersonal style is predicted by underlying defectiveness schema, stemming from peer rejection in childhood. Current analysis also revealed 38% variance in self-defeating interpersonal style due to peer rejection (see Table 11), which is justified, given that a child is put into a situation where he/she is picked at and criticized or made fun of by peer group in childhood, that would eventually cause a deafening impact on the self-esteem and make a person think of himself as undeserving of anything good that may come their way. This negative view of self-lays foundation for the self-defeating interpersonal style, causing the adult individual to

internalize that they lack something, and are flawed more than everybody else, so they take an undeserving approach towards good events and rewarding situations, while believing that they deserve whatever harm befalls them.

The last hypothesis with reference to mediational role of Self-Sacrifice schema showed that the mediation was nonsignificant, indicating no association with past experience of peer rejection. The IPAR theory accounts for this behavior by explaining that the beliefs of an individual who goes through rejection from his interpersonal relations are rather defensive and hostile. As the belief of self-sacrifice schema constitutes the need of agreeing to meet everybody's needs, and avoiding hurting anyone's feelings, so it may be noted that this belief is in opposition of the hostility that may be held by a rejected individual as per the IPAR theory.

Study Constructs with respect to Demographic Variables

The variables of the study were further explored with reference to group differences. It was found that certain schemas including emotional deprivation, abandonment, social isolation, and defectiveness schema were significantly greater in late adolescents as compared to early adults (see Table 12). It was similarly found in another study that adolescent girls and boys both show greater tendency of interpersonal depressive vulnerability and are more reactive to stressful events involving others, such as developing feelings of dejection resulting from interaction with others (Leadbeater, Blatt, & Quinlan, 1995).

It was hypothesized that maternal and peer rejection as well as self-defeating interpersonal style will be greater in women as compared to men, however, the results of the *t*-test analysis revealed that there was no significant differences between the two groups for any of the hypothesized constructs (see Table 13).

Among other demographic variables, the constructs were explored for four ethnic groups i.e. 'Punjabi', 'Pathaan', 'Urdu-speaking', and 'others' (includes the people of Gilgiti/Baliti, Sindhi, Balochi, Kahmiri and Siraiki origin). With the minorities categorized as one, analytic comparison was made among the four major groups which revealed that

the constructs of maternal and peer rejection showed significant differences among the groups. Maternal rejection was greater in individuals belonging to 'Urdu-speaking' households as compared to the 'Punjabi' households (see Table 14).

Also, the 'Others' group comprising of Kashmiri, Gilgiti/Baliti, Sindhi, Balochi, and Siraiki scored higher on peer rejection as compared to the 'Punjabis', who are in majority in the twin cities of Islamabad and Rawalpindi (see Table 14). It can be said that the results depict an expected finding as the minority groups are usually less included in the peer group interactions, in addition to which they are also become more sensitive and vulnerable to the feelings of rejection since they are in a minority and do not identify themselves with a group containing a different cultural majority of people, thus it may explain for why they scored higher on peer rejection.

It was also hypothesized that schema of social isolation will be greater in individuals belonging to nuclear system of family, however no group differences were found in the present sample (see Table 15). Although most literature presumes that joint family systems nourish the social communication skills of individuals within the family, however, there are also findings implying that boys and girls within the nuclear family system exhibit greater prosocial and altruistic behavior and consequently they seem to possess more emotionally regulated personalities (Sanadhya, Sharma, & Sushil, 2010). Therefore, these patterns vary across cultures and each culture's particular dynamics within the nuclear or the joint family system. For the present study, these dynamics did not seem to effect the development of individuals with respect to their emotional or social schema beliefs.

It was hypothesized that schema of emotional deprivation would be greater in individuals with broken parental marriages or those with a deceased parent. Contrary to the hypothesis, nonsignificant group differences were found for the prevalence of emotional deprivation schema between individuals with intact parental marital relationship as opposed to those with broken parental marriages or a deceased parent (see Table 16). As opposed to the general proposition that children in broken families are more vulnerable to parental deprivation and modulation of one's feelings (Illsley & Thompson, 1961) it was

found that there are nonsignificant differences for the current sample, which can be explained by the concept of parental buffering; such that a good relationship with one parent counters a negative relationship with the other parent, and compensates for the emotional support that the child may not be getting from the simultaneous availability of both the parental figures. However, a strong association with either one of the parent ensures that the child grows up with sufficient amount of psychological and sentimental fulfilment. It is also noted that Pakistani culture is of collectivistic type and offers wholesome familial support from extended family system, including nurturance and supervision provided by grandparents, relatives, cousins etc. This provision can fulfill an individual's needs in the absence of the parent himself.

It was hypothesized that schemas of abandonment, emotional deprivation and social isolation will be greater in individuals whose mother is employed as compared to being an at-home mother. The group differences for individuals with employed and unemployed maternal figure were found to be nonsignificant in the present study (see Table 17), which is explained by the deliberate and conscious realization of working women that their work life should not affect the brought up of children, so they pay greater attention to children and make themselves readily available for their emotional, social, spiritual and psychological growth. Also, working mothers, in some instances, show greater tendency for reacting positively and affirmatively to their child in all situations, so as to compensate for their absence due to work duties. Overall, the working mothers devote quality time for their offspring/s after the end of their work duties, which can be the reason for why mother's employment does not affect the holistic development, rather the quality of mother-child interaction matters even if it is for a shorter period.

Conclusion

It was observed in this study that a retrospective account of childhood maternal and peer rejection was positively associated with the development of emotional deprivation, abandonment, social isolation, and defectiveness schemas in adults, and these schemas also acted as mediators, such that they explained for the consequent development of self-defeating interpersonal style in individuals. It was further revealed that neither maternal

nor peer rejection was connected to self-sacrifice schema and also its mediational role between maternal and peer rejection and self-defeating interpersonal style was nonsignificant.

Limitations and Future Directions

The present study consists of a number of following potential limitations that can be improved upon in the future researches, for which recommendations have been suggested simultaneously.

- Since the instrument used to measure maternal and peer rejection in the present study is a self-report questionnaire, it can be expected of the participants to deliberately withhold information, in the light of social desirability, especially for those individuals whose childhood experiences may be that of intense rejection (Sandstrom & Coie, 1999). The methodological difficulties in the procedure are a limitation which could be catered for in the future researches, through the use of a social desirability scale alongside other instruments of research and employing multi-informant data to ensure validity of construct measurement. Moreover, qualitative research methods may also allow for in depth analysis of the constructs at hand.
- 2) The survey questionnaires took a total of 25-30 minutes to fill out so it could be expected to be done with fatigue, leading to inaccurate information. If this study was redesigned, the whole survey should be shortened, as it would lessen fatigue and boredom factors that the respondent might experience.
- 3) The sample of the present study was limited to a relatively small number of participants within the cities of Rawalpindi and Islamabad. Adding more number to the identified sample could help generalize its findings to a larger population. The time duration was also short thus it could not cater a larger sample. Catering these limitations can help bring out more representative and generalizable data than the present study.
- 4) Future studies are recommended to study the exclusive relationship of constructs especially self-defeating interpersonal style for gender difference.

5) The role of Rejection from both parental figures as well as the significance of it from the Father figure can be explored in the future studies so as to determine the degree of its impact on personality development of an individual.

Implications

The practical impact of this research extends toward the possible stimulation of psychosocial interventions for individuals experiencing maternal rejection. Highlighting the importance of the mother-child dynamics on interpersonal style development, it can then be used in the improvisation of parenting methods that can optimally fulfill a growing child's emotional & psychological needs. With reference to the educational environment, this research aids educationists and teachers to stimulate and adopt classroom interventions for healthier peer relations, considering the adverse effect peer rejection on the development of children's personalities carried into the adulthood.

Essentially, this research establishes knowledge base through the empirical testing of a theoretical framework and adds to the literature regarding impact of maternal and peer rejections on the development of early maladaptive schemas, which is limited in Pakistani culture. With concern to the problematic aspects in personalities of people who have formed a self-defeating interpersonal style and exhibit self-defeating behavior patterns, the clinicians are suggested to target their schemas whereby they may utilize Schema Theory for rectifying underlying schemas, as the predictive link of EMS with self-defeating interpersonal style has been provided in this study. Doing so is thought to help people adopting healthier styles of interpersonal interaction and personality development such that they can successfully provide for their own emotional and psychological nourishment while simultaneously functioning as progressive individuals of a prosperous society.

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APPENDICES

Mother-Father-Peer Scale (Epstein, 1983)

circle the option which most accurately describes your *childhood experience*. The scale is subjective, are are no right/wrong answers.

WHEN I WAS A CHILD, MY MOTHER/FATHER (OR MOTHER/FATHER SUBSTITUTE)...

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
encouraged me to make my own decisions. (E)	1	2	3	4	5
helped me to learn to be independent. (E)	1	2	3	4	5
felt she/he had to fight my battles for me when I had a disagreement with a teacher or a friend. (E)	1	2	3	4	5
was close to a perfect parent. (I)	1	2	3	4	5
was overprotective of me. (E)	1	2	3	4	5
encouraged me to do things for myself. (E)	1	2	3	4	5
encouraged me to try things my way. (E)	1	2	3	4	5
had not a single fault that I can think of. (I)	1	2	3	4	5
did not let me do things that other kids my age were allowed to do. (E)	1	2	3	4	5
sometimes disapproved of specific things I did, but never gave the impression that she/he disliked me as a person. (A)	1	2	3	4	5
enjoyed being with me. (A)	1	2	3	4	5
was an ideal person in every way. (I)	1	2	3	4	5
was someone I found very difficult to please. (A)	1	2	3	4	5
usually supported me when I wanted to do new and exciting things. (E)	1	2	3	4	5
worried too much that I would hurt myself or get sick. (E)	1	2	3	4	5
was never angry with me. (I)	1	2	3	4	5

^{&#}x27;Dimensions are identified in parentheses after each item: A = Acceptance/Rejection; E = Encouragement of Independence and I = Idealization of Parent.

APPENDIX A

was often rude to me. (A)	1	2	3	4	5
rarely did things with me. (A)	1	2	3	4	5
didn't like to have me around the house. (A)	1	2	3	4	5
and I never disagreed. (I)	1	2	3	4	5
would often do things for me that I could do myself. (E)	1	2	3	4	5
let me handle my own money. (E)	1	2	3	4	5
could always be depended upon when I really needed her/his help and trust. (A)	1	2	3	4	5
gave me the best upbringing anyone could ever have. (I)	1	2	3	4	5
did not want me to grow up. (E)	1	2	3	4	5
tried to make me feel better when I was unhappy. (A)	1	2	3	4	5
encouraged me to express my own opinion. (E)	1	2	3	4	5
never disappointed me. (I)	1	2	3	4	5
made me feel that I was a burden to her/him. (A)	1	2	3	4	5
gave me the feeling that she/he liked me as I was; she/he didn't feel that she had to make me over into someone else. (A)	1	2	3	4	5
	and the state of t	and the second			

WHEN I WAS A CHILD, OTHER CHILDREN...

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
liked to play with me. (A)	1	2	3	4	5
were always criticizing me. (A)	1	2	3	4	5
often shared things with me. (A)	1	2	3	4	5
often picked on me and teased me. (A)	1	2	3	4	5
were usually friendly to me. (A)	1	2	3	4	5

^{&#}x27;Dimensions are identified in parentheses after each item: A = Acceptance/Rejection; E = Encouragement of Independence and I = Idealization of Parent.

APPENDIX A

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
	1 1 1 1 1	1 2 1 2 1 2 1 2	1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

^{&#}x27;Dimensions are identified in parentheses after each item: A = Acceptance/Rejection; E = Encouragement of Independence and I = Idealization of Parent.

نام......

بدایات:

ذیل میں ایسے بیانات دیئے گئے ہیں جولوگ اپنی ذات کی وضاحت کے لیے استعال کرتے ہیں۔ برائے مہر پانی ہر بیان کوغورے پڑھیں پھر
اندازہ کریں کہ پیگز شنہ سال میں کس حد تک آپ پر پورا انرتا ہے۔ جب آپ بے بیٹنی کی کیفیت میں ہوں تو وہ جواب دیں جوآپ جذباتی طور پرمحسوں
کرتے ہیں نہ کہوہ جوآپ ٹھیک سمجھتے ہیں۔ بعض سوالات آپ کے والدین یا شریک حیات ہے متعلق ہیں۔ اگر ان میں ہے کوئی شخص وفات پا چکا ہے تو
اپنا جواب اس تعلق کی بنیاد پر دیں جب وہ زندہ تھے۔ اگر آپ کا کوئی ساتھی نہیں ہے لیکن ماضی میں تھے تو اپنے جوابات اس تعلق کی بنیاد پر دیں۔
ذیل میں دیے گئے پیانے میں سے 1 سے 6 تک اس ہندسے کا انتخاب کریں جوآپ کی بہترین وضاحت کرتا ہے اور اپنا جواب ہر بیان کے سامنے دی
گئی سطر پر کھیں۔

پیانهشرح بالكل غلط = 1 درمیانی حدتک درست = 4 زباده تردرست = 5 زباده ترغلط = 2 بالكل درست = 6 كسى حدتك درست = 3 میرے پاس مجھی کوئی ایسانہیں رہا جومیرے ساتھ پیش آنے والی ہربات کا دل کی گہرائی سے خیال رکھے۔ میں اینے آپ کوان لوگوں سے نسلک یا تا ہوں جن کے قریب ہوں کیونکہ میں خوف زدہ ہوں کہ -2 وہ بچھے چیوڑ دس کے۔ میں محسوں کرتا ہوں کہ لوگ مجھ سے فائدہ اٹھا کس گے۔ -3 میں موز ول نہیں ہوں۔ کوئی بھی مرداعورت جس کی میں خواہش کروں میری خامیوں کو جاننے کے بعد مجھ سے پیار نہیں کرسکتا۔ -5 میں تقریباً کوئی بھی کام اتنا اچھانہیں کرتا جتنا دوسرے لوگ کر کتے ہیں۔ -6 مجھے نہیں لگتا کہ میں روز مرہ زندگی اینے بل بوتے برگز ارنے کے قابل ہوں۔ -7 میں اس احساس سے چھٹکارا حاصل نہیں کرسکتا کہ کچھ برا ہونے والا ہے۔ -8 میں اب تک اس قابل نہیں ہور کا کہ اینے آپ کواینے والدین سے اس طرح الگ کرسکوں جبیبا کہ -9 میری عمر کے دوس ہے لوگ کر لیتے ہیں۔ میں سمجھتا ہوں کہ اگر میں وہ کام کروں جو میں جا ہتا ہوں تو کوئی مصیب کھڑی ہوگی۔ -10 عام طور پر میں ہی وہ ہوتا ہوں جوایئے قریبی لوگوں کا خیال رکھتا ہوں۔ -11 میں دوسروں برشبت احساسات ظاہر کرنے کے بارے میں بہت مختاط ہوں (مثلًا شفقت، خیال رکھنا)۔ -12

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	0)~:		
	درمیانی حد تک درست = 4	بالكل غلط = 1	
	زياده تر درست = 5	زياده تر غلط = 2	
	بالكل درست = 6	کسی حد تک درست = 3	
	ىرى نېبرېرآ نامجھے قبول نہيں۔	جو بیں کروں اس میں مجھے زیادہ تر بہترین ہونا چاہیئے ، دو	-13
	ل کرتے ہوئے مجھے بہت مشکل ہوتی ہے۔	میں جب دوسروں سے پچھ جا ہتا ہوں تو جواب میں انکار قبو	-14
	كرنے كے ليے منظم نبيں كرسكتا۔	میں اپنے آپ کومعمول کے اور غیر دلچپ کاموں کے مکمل	-15
	ہم تجھتا ہوں۔	اہم لوگوں ہے جان بیجان اور بیسہ ہوتو میں اپنے آپ کوا	-16
	۔ عارضی ہے۔	جب سب بچھ ٹھیک ہور ہا ہو میں محسوں کرتا ہوں کہ بیرسب	-17
		اگر میں غلطی کروں تو سزا کامستحق ہوں ۔	-18
	بـــــــــــــــــــــــــــــــــــــ	میرے پاس کوئی ایسانہیں ہے جو مجھے شفقت،سہارااورمح	-19
***********	لھو جانے کے بارے میں پریشان رہتا ہوں۔	مجھے دوسرے لوگوں کی اس قدر ضرورت ہے کہ میں ان کے	-20
	یں ورنہ لوگ اراد تا مجھے تکلیف پہنچا ئیں گے۔	میں محسوں کرتا ہول کہ میں دوسروں کی موجود گی میں مختاط رہو	-21
H		میں بنیا دی طور پر دوسروں سے مختلف ہوں۔	-22
	اجان لےتوشایدوہ میرےقریب ندر ہنا جاہے۔	كوئى بھی شخص جس کی میں خواہش کرتا ہوں اگر مجھے حقیقت میں	-23
		میں کامیابی کے معالمے میں نا اہل ہوں۔	-24
	لاستجشا ہوں۔	میں روز مرہ معاملات میں خود کو دوسروں پر انحصار کرنے وا	-25
**************************************	یا طبی) کسی وقت بھی پیش آ سکتا ہے۔	میںمحسوں کرتا ہوں کہ کوئی حاد شە(قدرتی ، مجر مانہ،معاشی ,	-26
	ی میں ضرورت سے زیادہ دلچیبی لیتے ہیں۔	میرے والدین اور میں ایک دوسرے کے مسائل اور زندگ	-27
ہ وہ بدلہ لیں گے،غصہ کریں گے ب	کے سامنے سر جھکانے کے سواکوئی راستہ نہیں ورن	میں محسوں کرتا ہوں کہ میرے لیے دوسروں کی خواہشات	-28
		کسی صورت میں مجھے رو کر دیں گے۔	
	ں کے بارے میں سوچتا ہوں۔	میں ایک اچھا شخص ہوں کیونکہ میں اپنے سے زیادہ دوسروا	-29
		مجھے دوسروں کے سامنے اپنے احساسات ظاہر کرنے میں	-30
	م ^ی ن نہیں ہوسکتا۔	میں اپنی بہترین کوشش کرتا ہوں ، میں صرف'' اچھا'' پرمطم	-31
		میں خاص ہوں اور مجھے وہ روک ٹوک اور پابندیاں قبول نہیں	-32
		اگر میں مقصد تک نہ پہنچ سکوں تو آسانی ہے مایوں ہو جاتا	-33
		کامیا بی میرے لیے بہت بامعنی ہوتی ہے اگر لوگ اس پر	-34

	درمیانی حد تک درست = 4	بالكل غلط = 1	
	زياده ترورست = 5	زياده ترغلط = 2	-
	بالكل درست = 6	کسی حد تک درست = 3	
	کے بعد پکھی برا ہونے والا ہے۔	اگر کچھا چھا ہوتا ہے تو میں پریشان ہو جاتا ہوں کہ اس	-35
		اگر میں مجر پورکوشس نہ کروں تو مجھے نا کا می کی تو قع رکھنے	-36
	-U.	میں نے کبھی محسوں نہیں کیا کہ میں کسی کے لیے خاص ہو	-37
	بیموٹر دیں گے۔	میں پریشان ہوں کہ جولوگ میرے قریب ہیں وہ مجھے ج	-38
		لوگ سی بھی وقت مجھے دھو کہ دے سکتے ہیں۔	-39
		میرائسی ہے تعلق نہیں ، میں تنہا ہوں۔	-40
	-6	میں دوسروں کے بیار،توجہ اور احترام کے قابل نہیں ہوا	-41
	ا مجھ سے زیادہ باصلاحیت ہیں۔	بہت سے دوسر بے لوگ کام اور کامیابی کے معاملے میں	-42
		مجھ میں سمجھ یو جھ ا عام قبنی کی کمی ہے۔	-43
) طور پرجمله نه کردیں۔	مجھے اس بات کی پریشانی ہوتی ہے کہ لوگ مجھ پرجسمانی	-44
ات چھپائیں۔	لہ ہم ایک دوسرے سے ندامت محسوس کیے بغیر ذاتی تفصیلا	یہ میرے والدین اور میرے لیے انتہائی مشکل ہے	-45
	- 17ول -	میں تعلقات میں عموماً دوسرے فر دکو بالارتی کا موقع دیتا	-46
پے لیے بہت کم وقت	کاموں میں اتنا مصروف ہوتاہوں کہ میرے پاس ا	میں جن کا خیال (پرواہ) رکھتا ہوں ان کے ک	-47
		بچنا ہے۔	
	نامشكل لكتاب-	مجھے دوسروں کی موجودگی میں آزاد طبع یا بے ساختہ ہو جا	-48
		مجھے اپنی تمام ذمہ داریاں ضرور پوری کرنی حیا ہمیں۔	-49
	كرنا حيا بتنا بول_	مجھےنفرت ہے کہ مجھے وہ کرنے سے روکا جائے جو میں	-50
	نربان کرنا میرے لیے مشکل وقت ہوتا ہے۔	دوررس مقاصد حاصل کرنے کے لیے اپنی وقتی خواہشات کو	-51
	کے میں اپنے آپ کو کم اہم سمجھتا ہوں۔	جب تک مجھے دوسروں کی طرف سے بہت زیادہ توجہ نہ	-52
	تا ہی ہے۔	آپ کتنے ہی مختاط کیوں نہ ہوں ، کچھ نہ کچھ ہمیشہ غلط ہو	-53
		اگر میں کام صحیح نہ کروں تو مجھے اس کے نتائج بھکتنے جائمی	-54
	فے اور میری تمام ضروریات اورا حساسات کا خیال رکھے۔		-55
		جس شخف کو میں جا ہتا ہوں، اگر مجھ سے دور ہوتا محسوں	-56

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4	درمیانی حد تک درست =	بالكل غلط = 1	
	زياده تر درست = 5	نياده ترغلط = 2	
	بالكل درست = 6	محسی حد تک درست = 3	
	نکوک رہتا ہوں۔	میں دوسرے لوگوں کے عزائم کے بارے میں کافی حد تک مظ	-57
	لرتا ہوں۔	میں اپنے آپ کو دوسروں ہے الگ تھلگ اور لاتعلق محسوس	-58
		میں محسوں کرتا ہوں کہ میں بیار کے قابل نہیں ہوں۔	-59
	نے کام میں ہوتے ہیں۔	میں اتناباصلاحیت نہیں ہوں جتنا زیادہ تر دوسرے اوگ اپ	-60
	- نة	روز مرہ کے معاملات میں میری رائے کو اہمیت نہیں دی جا ک	-61
	در مختاج ہو جاؤں گا۔	مجھے فکر ہے کہ میں اپنا سارا بیسہ ضائع کر دوں گا اورغریب ا	-62
	ہے ہیں اور میری اپنی کوئی زندگی نہیں ہے.	مجھے اکثر محسول ہوتا ہے کہ میرے والدین میری زندگی جی ر	-63
	ليه مجھنہيں پاكه مجھاپ ليے كيا جائي	میں ہمیشہا ہے لیے دوسروں کوانتخاب کرنے دیتا ہوں اس	-64
		میں ایسا شخف ہوں جو ہمیشہ ہرا یک کے مسائل کو سنتا ہے۔	-65
	یں کہ میں غیر جذباتی یا بے حس ہوں۔	میں اپنے آپ پر اس قدر قابور کھتا ہوں کہ کئی لوگ سوچتے ،	-66
		میں محسوں کرتا ہوں کہ مجھ پر پچھ حاصل کرنے یا کا مکمل کر	-67
	ں اور رسم ورواج کی پیروی نبیں کرنی جاہیے	میں محسوں کرتا ہوں کہ مجھے دوسرے لوگوں کی طرح بنیادی اصولو	-68
	نہ ہواگر چہوہ میرے فائدے کے لیے ہے۔	میں وہ کام کرنے پرخود کو مجبور نہیں کرسکتا جس میں میری خوشی ن	-69
روری ہے کہ مجھے اہمیت	ے تعارف کروانا پڑے تو میرے لیے بیض	اگر کسی محفل میں مجھے اپنی رائے کا اظہار کرنا پڑے یا کسی۔	-70
		دی جائے اور میری تعریف کی جائے۔	
The same and the s	ہوجاؤں گا اور تقریباً سب کچھ کھو بیٹھوں گا۔	جتنى بھى محنت كرول ميں فكر مندر ہتا ہوں كەميں معاشى طور برختم	-71
تنا ہوں گے۔	میں کچھ غلط کروں تو مجھے اس کے نتائج بھگا	اس سے کوئی فرق نہیں پڑتا کہ میں نے غلطی کیوں کی جب	-72
	ے جب میں پُریقین نہیں ہوتا کہ کیا کرول	میرے پاس کبھی کوئی ایساعقلمند شخص نہیں رہا جو مجھے نفیحت کر	-73
		بعض اوقات میں لوگوں کے دور جانے ہے اس قدر پریشان ہو جاتا :	-74
	ول_	میں عام طور پرلوگوں کے مذموم ارادوں کی تلاش میں رہتا ہ	-75
		میں ہمیشہ خود کو گروہ کے لوگوں سے الگ محسوس کرتا ہوں۔	-76
قع دےسکتا ہوں۔) پر ظاہر نہیں کرسکتا نہ ہی خود کو جاننے کا مو	میں بنیادی طور پراس قدر نا قابلِ قبول ہوں کہ خود کو دوسرول	-77
		میں کام یا پڑھائی کے معاملے میں دوسرے لوگوں کی طرح	-78

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درمیانی حد تک درست = 4	بالكل غلط = 1	
زياده ترورست = 5	زياده تر غلط = 2	
بالكل درست = 6	کسی حد تک درست = 3	
لاحیت کے بارے میں پُراعتا دمحسوں نہیں کرتا۔	میں روزمرہ پیش آنے والے مسأئل عل کرنے کی صا	-79
 ہور ہا ہوں حالانکہ ڈاکٹر نے کسی مرض کی تشخیص نہیں کی ہے۔	میں فکرمند ہوں کہ میں سی خطرناک بیاری کا شکار :	-80
 یک حیات ہے الگ کوئی شناخت نہیں ہے۔	مجھے اکثر محسوس ہوتا ہے کہ میری اپنے والدین یاشر	-81
 رے حقوق کا احترام کیا جائے اور میرے جذبات کوشلیم کیا جائے۔	مجھے یہ مطالبہ کرنے میں بڑی مشکل ہوتی ہے کہ میر	-82
ت زیادہ اوراپنے لیے نا کافی کام کرتا ہوں۔	دوسر بے لوگ دیکھتے ہیں کہ میں اوروں کے لیے بہن	-83
	اوگ مجھے جذباتی طور پر بےحس انسان سجھتے ہیں۔	-84
 کے لیے بہانے بناتا ہوں۔	میں خودکو آسانی ہے معاف کرسکتا ہوں نہ اپنی غلطی	-85
	میں سمجھتا ہوں کہ جو میں کرسکتا ہوں وہ دوسروں کے	-86
• 100 500	میں بہت کم اپنے ارادوں پر قائم رہ سکاہوں۔	-87
نے کا احباس دلاتی ہیں۔	بہت زیادہ تعریفیں اورستائش مجھے قابل قدر شخص ہو	-88
	میں پریشان ہوتا ہوں کہ ایک غلط فیصلہ تباہی کی طرفہ	-89
	میں ایک براشخض ہوں جوسزا کامستخق ہے۔	-90

APPENDIX C

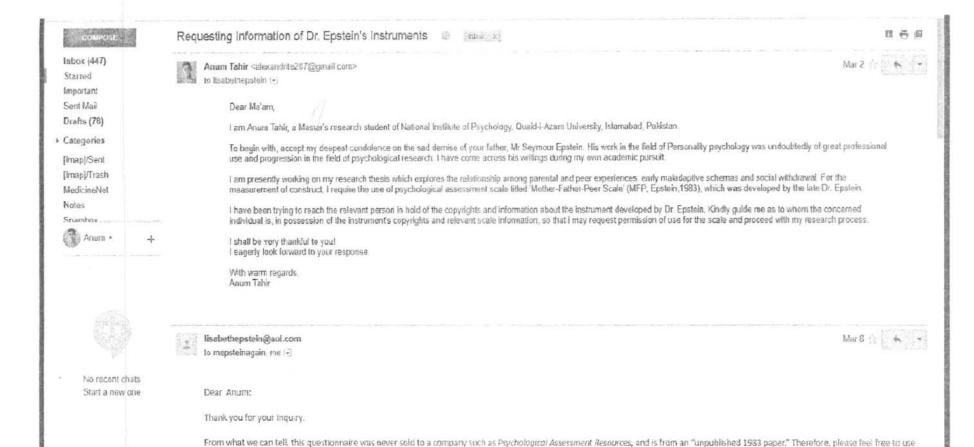
Self-defeating Interpersonal Style Scale (Atkinson, 2017)

rcle the option which best describes you in your relationships with people. e scale is subjective, there are no right/wrong answers.

	Stroi	-			Neuti	ral				ongly Agree
ım afraid my partner will leave me.	1	2	3	4	5	6	7	8	9	10
eel powerless in my relationships.	1	2	3	4	5	6	7	8	9	10
need the attention of others to feel worthwhile.	1	2	3	4	5	6	7	8	9	10
need reassurance about my relationships with others.	1	2	3	4	5	6	7	8	9	10
often worry that my partner is frustrated with me.	1	2	3	4	5	6	7	8	9	10
n afraid that my relationships will fail.	1	2	3	4	5	6	7	8	9	10
I don't hold on to those close to me tightly, they will pandon me.	1	2	3	4	5	6	7	8	9	10
worry that my relationships will end badly.	1	2	3	4	5	6	7	8	9	10
question my partner about their true feelings for me.	1	2	3	4	5	6	7	8	9	10
worry that people in my life will leave me.	1	2	3	4	5	6	7	8	9	10
am anxious about maintaining relationships.	1	2	3	4	5	6	7	8	9	10
am afraid that I will be rejected by others if I let them et really close to me.	1	2	3	4	5	6	7	8	9	10
eel self-conscious about myself in my relationships.	1	2	3	4	5	6	7	8	9	10
eel secure in my relationships.	1	2	3	4	5	6	7	8	9	10
leserve to be mistreated in my relationships.	1	2	3	4	5	6	7	8	9	10
lon't believe I am as good as other people.	1	2	3	4	5	6	7	8	9	10
	Stror				Neut	ral				rongly Agree
leserve the disdain that others feel for me.	1	2	3	4	5	6	7	8	9	10
ople should be critical of me.	1	2	3	4	5	6	7	8	9	10

APPENDIX C

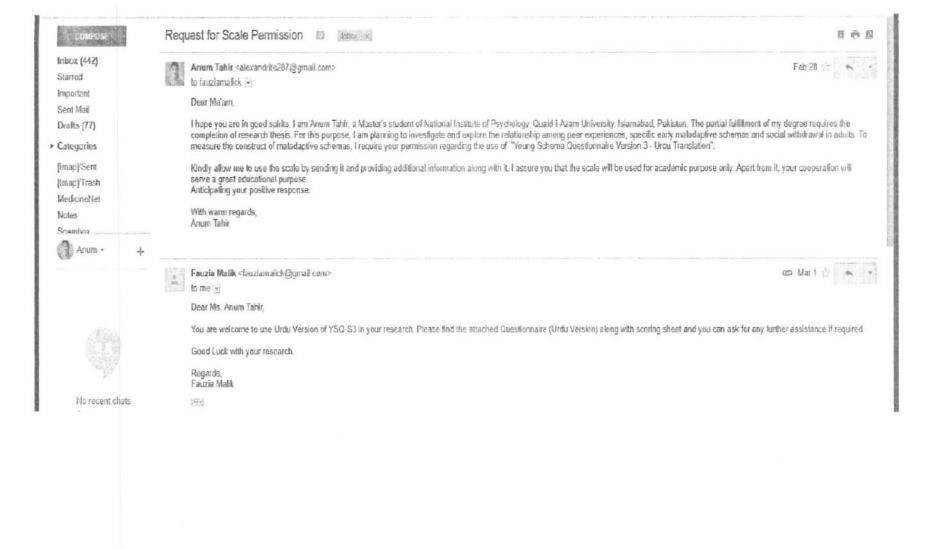
don't deserve to experience pleasure in my lationships with others.	1	2	3	4	5	6	7	8	9	10
am deserving of happy relationships.	1	2	3	4	5	6	7	8	9	10
shouldn't be praised for the things I've done.	1	2	3	4	5	6	7	8	9	10
tend to recollect the bad things I've experienced in my	1	2	3	4	5	6	7	8	9	10
can't experience much pleasure in my relationships ecause I don't feel like I deserve it.	1	2	3	4	5	6	7	8	9	10
eel deserving when bad things happen to me.	1	2	3	4	5	6	7	8	9	10
am a person of worth.	1	2	3	4	5	6	7	8	9	10
eel undeserving when positive things happen to me.	1	2	3	4	5	6	7	8	9	10
don't accept help from others when I am in a bad tuation.	1	2	3	4	5	6	7	8	9	10
ve had significant others who abused me in some way.	1	2	3	4	5	6	7	8	9	10
have accepted blame for things I didn't do.	1	2	3	4	5	6	7	8	9	10
nave difficulty accepting the support of others.	1	2	3	4	5	6	7	8	9	10
keep people in my life who do not have my best terests in mind.	1	2	3	4	5	6	7	8	9	10
have been taken advantage of by others.	1	2	3	4	5	6	7	8	9	10
nave tolerated mistreatment from other people.	1	2	3	4	5	6	7	8	9	10
end to stay in bad relationships longer than I should.	1	2	3	4	5	6	7	8	9	10
eem to choose situations which lead to sappointment.	1	2	3	4	5	6	7	8	9	10



relatively recently. (See below.) Perhaps someone who has it could forward you a copy. If you are able to find it, please feel free to use it.

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it if you can find a copy with relevant sales and scoring. Unfortunately, we do not have this instrument available to us to forward to you. However, a Google search shows it has been used



Difficult Words/Phrases in Scale Items

MFP Scale

When I was a child my mother didn't like to have me around the house.
When I was a child, my mother gave me the feeling that she liked me as I was; she didn't feel that he had to make me over into someone else.
When I was a child, other children often <u>picked on me</u> and teased me.
When I was a child, other children would usually stick up for me.

Self-DISS Scale

I am afraid <u>my partner</u> will leave me.
I need the attention of others to feel worthwhile.
I need <u>reassurance</u> about my relationship with others.
If I don't hold on to those who are close to me tightly, they will <u>abandon</u> me.
I deserve the <u>disdain</u> that others feel for me.
I tend to <u>recollect</u> the bad things I've experienced in my life.
I am a person of worth.

YSQ-S3-Urdu Version

APPENDIX F-1

Mother-Father-Peer Scale (Epstein, 1983)

circle the option which most accurately describes your *childhood experience*. The scale is subjective, are are no right/wrong answers.

		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
ne	ometimes disapproved of specific things I did, but ever gave the impression that she disliked me as person.	1	2	3	4	5
er	njoyed being with me.	1	2	3	4	5
w	as someone I found very difficult to please.	1	2	3	4	5
w	as often rude to me.	1	2	3	4	5
ra	arely did things with me.	1	2	3	4	5
di	dn't like my presence around the house.	1	2	3	4	5
	ould always be depended upon when I really eeded her help and trust.	1	2	3	4	5
tr	ied to make me feel better when I was unhappy.	1	2	3	4	5
m	nade me feel that I was a burden to her.	1	2	3	4	5
di	ave me the feeling that she liked me as I was; she idn't feel that she had to change me into omeone else.	1	2	3	4	5

WHEN I WAS A CHILD, OTHER CHILDREN...

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
liked to play with me.	1	2	3	4	5
were always criticizing me.	1	2	3	4	5
often shared things with me.	1	2	3	4	5
often pointed out my faults and teased me.	1	2	3	4	5

APPENDIX F-1

were usually friendly to me.	1	2	3	4	5
would usually support me.	1	2	3	4	5
liked to ask me to go along with them.	1	2	3	4	5
wouldn't listen when I tried to say something.	1	2	3	4	5
were often unfair to me.	1	2	3	4	5
would often try to hurt my feelings.	1	2	3	4	5

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	2) at 2) 11 = E	jg (1-= 9
	(700297 = Z	<u> </u>
	ों जु श्रम = 1	((2) bach ((== 4

- مى كايك كاير كايد كاير كايك المارك المنظمة المنظمة المنافع ال
- المريثل، ألا لله المريد ع
- 4- としいいにころしいいいいんないないといいられることにあるといいい
- عاملان شارك الارائية المجالة المجالة المجالة المحالة المحال
- 8- これはいれいいいし」といってし
- いないないといいいによれれるといいいといいいといいないと

ļ.....

درمیانی حد تک درست = 4	بالكل غلط = 1
زياده تر درست = 5	زياده تر غلط = 2
بالكل درست = 6	کسی حد تک درست = 3

میں نے بھی محسوس نہیں کیا کہ میں کی کے لیے خاص ہوں۔	-11
میں پریشان ہوں کہ جولوگ میرے قریب ہیں وہ مجھے چھوڑ دیں گے۔	-12
میرانسی ہے تعلق نہیں ، میں تنہا ہوں۔	-13
میں دوسرول کے پیار، توجہ اور احترام کے قابل نہیں ہوں۔	-14
میں جن کا خیال (پرواہ) رکھتا ہوں ان کے کامول میں اتنا مصروف ہوتاہوں کہ میرے پاس اپنے لیے بہت کم وا	-15
میرے پاس بھی کوئی ایسانہیں رہا جوحقیقتا مجھے سے، سمجھے اور میری تمام ضروریات اور احساسات کا خیال رکھے۔	-16
جس شخض کو میں جا ہتا ہوں، اگر مجھ سے دور ہوتا محسوں ہوتا ہے تو میں مایوں ہوجا تا ہوں۔	-17
میں اپنے آپ کو دوسروں ہے الگ تھلگ اور لاتعلق محسوں کرتا ہوں۔	-18
میں محسوں کرتا ہوں کہ میں بیار کے قابل نہیں ہوں۔	-19
میں ابیا شخص ہوں جو ہمیشہ ہرا یک کے سائل کوسنتا ہے۔	-20
میرے پاس بھی کوئی ایساعظمند شخص نہیں رہا جو مجھے نصیحت کرے جب میں پُریفین نہیں ہوتا کہ کیا کروں۔	-21
بعض ادفات میں لوگوں کے دور جانے ہے اس قدر پریشان ہو جا تا ہول کہ میں خود ہی ان کواپنے سے دور کر لیتنا ہوں۔	-22
میں ہمیشہ خود کو گروہ کے لوگوں سے الگ محسوں کرتا ہوں۔	-23
میں بنیادی طور پراس فذر نا قابلِ قبول ہوں کہ خود کو دوسروں پر ظاہر نہیں کرسکتا نہ ہی خود کو جاننے کا موقع وےسکتا ہوں	-24

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25- دوسر علوگ و میصتے ہیں کہ میں اوروں کے لیے بہت زیادہ اور اپنے لیے ناکافی کام کرتا ہوں۔

APPENDIX F-3

Self-defeating Interpersonal Style Scale (Atkinson, 2017)

rcle the option which best describes your feelings in your relationships with people such as your transfer ones, mother/father, sister/brother, friends, relatives...

e scale is subjective, there are no right/wrong answers.

	Stror Disag				Neutral		Strongly Agree			
am afraid my partner/spouse/close ones will leave me.	1	2	3	4	5	6	7	8	9	10
feel powerless in my relationships.	1	2	3	4	5	6	7	8	9	10
need the attention of others to feel valued.	1	2	3	4	5	6	7	8	9	10
need to be constantly assured about my relationships vith others.	1	2	3	4	5	6	7	8	9	10
often worry that my partner/spouse/close ones are ritated with me.	1	2	3	4	5	6	7	8	9	10
'm afraid that my relationships will fail.	1	2	3	4	5	6	7	8	9	10
f I don't hold on to those close to me tightly, they will eave me.	1	2	3	4	5	6	7	8	9	10
worry that my relationships will end badly.	1	2	3	4	5	6	7	8	9	10
question my partner/spouse/close ones about their rue feelings for me.	1	2	3	4	5	6	7	8	9	10
worry that people in my life will leave me.	1	2	3	4	5	6	7	8	9	10
am anxious about maintaining relationships.	1	2	3	4	5	6	7	8	9	10
am afraid that I will be rejected by others if I let them get really close to me.	1	2	3	4	5	6	7	8	9	10
feel self-conscious about myself in my relationships.	1	2	3	4	5	6	7	8	9	10
feel secure in my relationships.	1	2	3	4	5	6	7	8	9	10
deserve to be mistreated in my relationships.	1	2	3	4	5	6	7	8	9	10
don't believe I am as good as other people.	1	2	3	4	5	6	7	8	9	10
	Strongly Disagree		Neutral						ongly Agree	

Demographics Form

Gender:	Male / Fen	nale				
Please ch	ose one gro	oup that best	describes you.			
unjabi	b) Sindhi	c) Pathaan	d) Urdu-speaking	e) Gilgiti/Balti	f) Balochi	g) Oth
ner:						
What Fai	nily System	have you live	ed in for most part o	of your life? No	uclear / Joint	
			g together b) Divor h parent:	0. 0.		
Please in	dicate whet	her either/ b	oth of your parents	worked outside	the home?	
a) Father worked outside the home c) Both worked outside home					ne	
b) Moth	er worked o	utside the ho	me d) None			