Schema Therapy Model applied to depressed individuals

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BACKGROUND

Schema Therapy (ST, 1) has been applied to several psychological disorders. The aim of this study was to further corroborate Renner's ST model for depression (2,3), investigating maladaptive schemas, modes, and avoidant coping styles in a large non-clinical sample and in two sub-groups of subjects with high and low depression rates.

HYPOTHESES

1) Maladaptive schemas and dysfunctional modes' severity to be positively associated with depressive symptomatology
2) Schemas from the disconnection/rejection domain and the demanding parent mode would be more intense in depressed, predicting symptoms' severity, than in not depressed individuals
3) Depressed subjects adopt more archaic avoidant coping strategies, typically associated to the disconnection/rejection schemas domain.

METHODS

More the 200 participants from normal population were recruited through an online survey (www.mturk.com)
- According he our 1st hypothesis, we run analyses on the whole sample
- Further, we selected subjects with a low (< 25th) and high (>75th percentile) score on depression, for further comparison analyses. We obtained two groups: N=57 not-Depressed, N=51 highly Depressed

Measures:
- Centre for Epidemiological Studies-Depression Scale: for levels of depression (CES-d >23 for clinical depression
- Young Schema Questionnaire-75 (YSQ-75), Schema Mode Inventory (SMI), Young Avoidance Inventory.

CES-d total score (with scores above the 75th and falling below the 25th percentile) was used to select two sub-groups: "not depressed" and "highly depressed" subjects. Descriptive, t-tests, correlation and multiple regression analyses were performed.
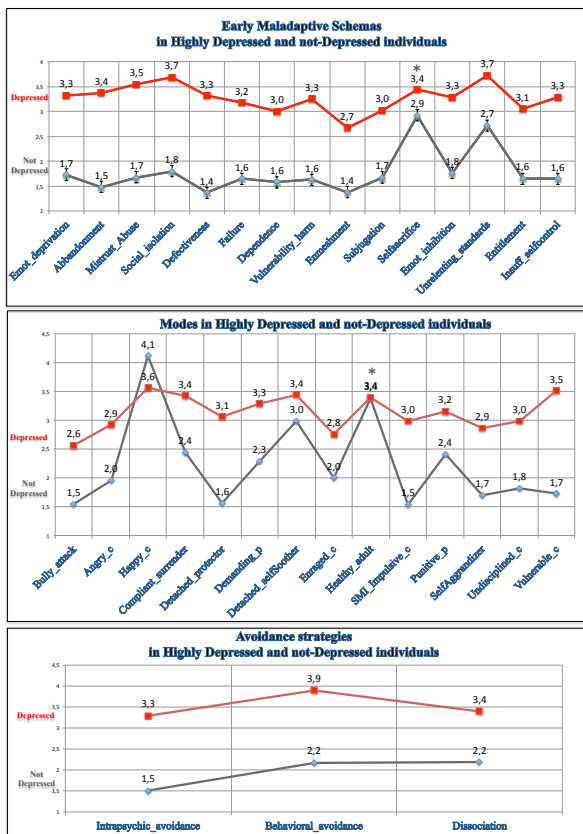
RESULTS

Table 1. Demographic samples' characteristics.
Depressed subjects were younger than the not depressed ones.

	Whole sample N=203	Not depressed sample N=57	Highly-depressed sample N=51
CES-D total Mean score [SD]	19.9[8.5]	10.6[2.7]	31.6[9.7]
Mean age [SD] years	36.9[13.6]	40.1[13.9]	31.2[9.7]
Gender %	63% female	61% female	64% female
Level of formal education %	31% bachelor 27% college	35% bachelor 26% college	31% college 27% bachelor
Marital status (single / married) %	43% single 40% married	42% single 45% married	56% single 25% married

Graph 1. Means for schemas, modes and avoidant coping strategies in depressed & not depressed subjects. Almost all ST variables were significantly more severe in the depressed, vs the not depressed group. Independent samples T-Tests, p<0.001.
* Difference between sub-groups was not significant.

Early Maladaptive Schemas in Highly Depressed and not-Depressed individuals

Modes in Highly Depressed and not-Depressed individuals

Avoidance strategies in Highly Depressed and not-Depressed individuals

DEPRESSED SAMPLE
CORRELATION

In a next step we ran some correlation analysis, within the highly depressed group. Significant positive correlations were found between depression severity and several Schemas (i.e., emotional deprivation, abandonment, mistrust-abuse, social isolation, vulnerability to harm, self-sacrifice, unrelenting standards, entitlement), almost all dysfunctional *Modes* (except for the Happy Child and the Compliant Surrender coping mode) and for subscales of the YRAI (Pearson correlation, with the strength of the association ranging between .24-.55, p>.01).

MULTIPLE REGRESSION

Multiple regression analyses with depression (CES-d) as dependent variables were performed, within the highly depressed group (Figures 1 and 2). Results showed that the abandonment (β=.45, p<.001), unrelenting standards (β=.36, p<.001), entitlement (β=.39, p<.003) and subjugation (β=-.39, p<.003) schemas explained 55% of variance of depression rates (F(4,46)=14,05, p<.000, R2=.55). Among modes, the demanding parent (β=.49, p<.000) accounted for 24% of depression severity (F(1,49)=15,457, p<.000, R2=.24), while dissociative avoidance coping (β=.61, p<.000) explained 40% of depression rates (F(1,50)=29,92, p<.000, R2=.40).

Figure 1. Multiple regression: abandonment, unrelenting standards, entitlement and subjugation schemas accounted for 55% of depression severity.
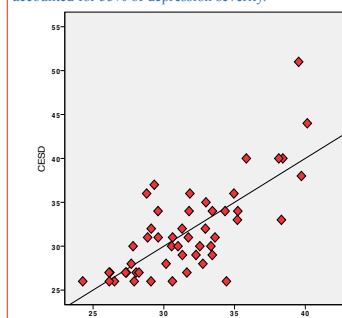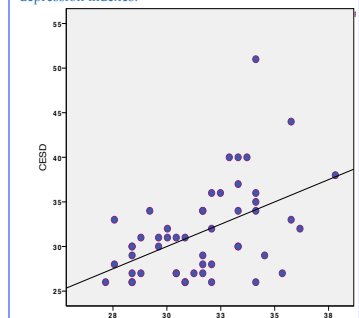
Figure 2. Multiple regression analysis: among modes, the Demanding parent one explained 24% of depression indexes.

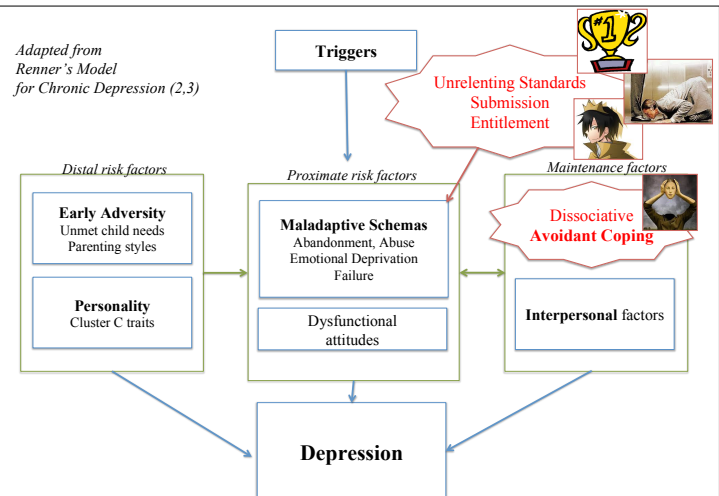Adapted from Renner's Model for Chronic Depression (2,3)

Triggers

Unrelenting Standards Submission Entitlement

Distal risk factors

Proximate risk factors

Maintenance factors

Early Adversity Unmet child needs Parenting styles

Personality Cluster C traits

Maladaptive Schemas Abandonment, Abuse Emotional Deprivation Failure

Dysfunctional attitudes

Dissociative Avoidant Coping

Interpersonal factors

Depression

Figure 3. Distal risk factors (early adversity and C-personality traits) affect chronic depression, mediated by proximate risk factors (maladaptive schemas and dysfunctional attitudes), that are triggered by current life events (i.e., loss or failure), which are in turn maintained by avoidant coping and interpersonal behaviors. Other schemas, such as Unrelenting Standards (and its related mode, the Demanding parent), Submission and Entitlement, and dissociative coping might play an additional role in, respectively, proximate and maintenance factors in depression.

CONCLUSIONS

Overall, higher rates in depression were associated with more severe maladaptive schemas, modes and avoidant coping. In line with Renner's model for depression (2,3), specific schemas and modes characterized depressed, vs non-depressed individuals. More in detail (within the depressed group), the Abandonment, Unrelenting Standards, Submission and Entitlement Schemas best explained depressive symptoms. As well, the Demanding Parent mode accounted for higher rates of depression. This mode reflects the internalization of parental high expectations, and might compensate for the underlying Failure schema, which surprisingly, was not correlated to depression severity. Avoidance is common in depression (4). Among avoidant coping strategies, Dissociation best predicted depressive symptoms. This might derive from early traumatic experiences (i.e., abandonment, abuse, neglect), that let to the development of poorer coping mechanisms. Our findings further corroborate Renner's model and encourage the implementation of further clinical intervention.

LIMITS

- No clinical sample, even if very high depression rates (CES-d cut-off >23 for clinical depression).

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