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THE RELATIONSHIP AMONG EARLY MALADAPTIVE SCHEMAS, SELF-EFFICACY AND INFERIORITY FEELING IN STUDENTS

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ABSTRACT

The current study was an attempt to investigate the relationship among early maladaptive schemas, self-efficacy and inferiority feeling in students. A correlational research design was adopted to pursue the study. The population was comprised of all the state university students of Khorramabad County in 2013-2014. Of these, 200 students were selected through cluster random sampling as the research sample. The instruments adopted to collect the data include Young Schema Questionnaire (SQ-SF), General Self-Efficacy- Sherer(GSES) and inferiority scale. The gathered data were analyzed conducting Pearson correlation and stepwise multivariate regression analysis using SPSS software. The results revealed a positive significant relationship between the components of early maladaptive schemas (cut and exclusion, autonomy and impaired performance,impaired limits, other directedness, alertness and inhibition) and inferiority feeling in students while it was observed to exist a negative significant correlation between self-efficacy and inferiority feeling in students. In addition, early maladaptive schemas and self-efficacy together could predict 8% of the variances occurred in inferiority feeling.

Keywords: Early Maladaptive Schemas, Self-Efficacy, Inferiority Feeling, Students

INTRODUCTION

Accompanied by living in social situations, the need to feel worthy −in ahealthy and stable way −would bearoused in humans. This sense of self-worth is critical for the maintenance of one's mental and physical health as well asexistential developmental. In

casethe need to feel worthy is impaired in some way or another, the inferiority feeling would be evoked. Inferiority feeling is an indicative of the fact that in the event of a disruption in sense of worthiness the person would not be able to understand the realities and others' reactions to themselves (Aronson & Elliott, 2002; translated by: Shekar-Kan, 2008).

There are important contributing factors that create and maintain inferiority feeling such as family, school or university, society and available facilities as well as some other factors which are out of reach and govern these ones (Toutounchi, Fakhari & Kolahi, 2006).

In the meantime, the role of the schools or universities, teachers and professors is of a high importance. As Wite and Daker declare that many countries have reconsidered the idea whichassumes selection and classification of the students to be the major role of the schools and universities; rather, they have come to the understanding that the main role of the schools and universities is to help students progress academically. A low self-esteem could also be derived from a sense of inferiority or a deep, unrealistic and permanent belief about one's low level of intellectual and physical abilitywhich result in lowering of values and feeling worthless (Swami, Taylor & Carvalho, 2009).

A mental effort begins to expandin people with inferiority feeling; behind which they hide their fear and lack of self-sufficiency. Adler considers this mental effort to have a role to play in a healthy or sick status of life, by which the person could prevail over his fear and lack of self-sufficiency;and thereby re-establishes greatness. Additionally, inferiority feeling is regardedas one of the cognitive characteristicsofpeople with anxiety disorders. This is a case for patients with social phobia and obsessive-compulsive disorder that carry out more negative and maladaptive appraisals about themselves and their social functions (Spangler & Stice, 2001).

Early maladaptive schemas are one of the many factors that enhance inferiority feeling.Schemas could be known as the structures for the retrieval of general concepts stored in the memory or as an organized set of information, beliefs and assumptions (Lotfi, Donyavi & Khosravi, 2007).

Schemas act as specs which shape the process of interpretation, selection and evaluation of individuals' experiences. It is believed that the beneficial or harmful effects of the schemas eventuate in broadening or restricting potentials development in an

individual.The content of each schema will be made and organized through personal experiences and it is used in the understanding and assessment of new information (Nik-khah, 2010).

Young Jeffry holds the idea that these schemas – which he speaks of them as a frame of reference – are stable and durable structures that influence an individual's perception of the world, others and self. Such schemas have been formed during early childhood experiences (which have often played a traumatic role in the child's life) and have been controllingan individual's response to environmental events (Anderson & Prris, 2006).

Many studies have considered early maladaptive schemas as inefficient mechanisms that directly or indirectly lead to psychological distresses. Schemas influence behavior through information processing and assist with decision-making when thinking. They also provide the most expectable predictions and duly build self-efficacy beliefs (Haqiqat-manesh, Aqa-Mohamadian-Sherbaf, Qanbari-Hashem-Abadi & Mehram, 2010).

Self-efficacy is one of the most important components of success and compromise and is included in the field of positive psychology. The construct of self-efficacy – an opinion of I can – referrers to individuals' belief about their ability to work under certain conditions. In like manner, there is another type of self-efficacy which alludes to the general belief about one'scompetencies and capabilities (Karademas, 2006).

Self-efficacy beliefs play a fundamental role in creating balance (Gol-Navaz, 2010). Some researchers and psychologists have used the concept of self-efficacy to refer to the overall ability of individuals in competencies and eventsor threatening and stressful incidents (Sarvqad, Rezai & Masumi, 2010).

Various studies have demonstrated that family and social environments play a substantial role in fostering talents and health as well as promoting self-efficacy. Various theories have also emphasized the point that the secure attachment bond which is built in a mother-child interaction leads in the long run to intimate relationships, self-belief and psychological development (Jex, Bliese, Buzzell & Primeau, 2001).

With respect to self-efficacy, Bandura (1977)discusses that self-efficacy is a constructive ability by which cognitive, social, emotional and behavioral skills are organized in an effective manner in order for achieving various objectives. According to him, knowledge, skills and previous achievements of people are not suitable

predictors of their future functioning;rather it is their beliefs and attitudes toward their capabilities that are effective in fulfilling their objectives and in how they will function in the future (Bandura, 1997).

Self-efficacybeliefs affect the goals and aspirations;and outline the consequences of human behavior. It is this self-efficacy which defines how people identify their barriers.People with low self-efficacy are easily convinced in the face of adversity that their conduct is useless; therefore, quickly stop making any further attempts; and this is what develops in them an inferiority complex. However, people with high self-efficacy remove barriers by self-management and perseverance skills while resisting against their problems (Moradi, Malek-Pour, Amiri et al, 2012). Nowadays, mental health promotion of universities has been one of the most principal aspects of development and improvement of human resources; and in the past few decades it has interestededucational institutions in physically and mentally healthy individualsfor academic institutions (Mohamad-Panah-Ardakan & Yousefi, 2011). To this end, the present study aimed to explore the possible correlation among early maladaptive schemas, self-efficacy (as the predictor variables) and inferiority feeling (as the criterion variable).

METHODOLOGY

A correlational research design was adopted to pursue the study. The population was comprised of all the state university students of Khorramabad County, Lorestan province, Iran in 2013-2014. Of these, 200 students were selected through cluster random sampling as the research sample. The instruments adopted to collect the data include the following:

Young's Schema Questionnaire-Short Form (SQ-SF): This 75-item questionnaire was developed by Young (1998). It evaluates fifteen early non-adaptive schemas. These schemas include: abandonment / instability, mistrust / abuse, social isolation / alienation, defectiveness / shame, emotional deprivation, dependence / incompetence, vulnerability to harm or illness, enmeshment / undeveloped self, failure, entitlement/ grandiosity, insufficient self control, subjugation, self-sacrifice, emotional inhibition, unrelenting standards / hyper-criticalness. Each item is scored on a scale of 6 degrees (1for absolutely untrue and 6 for absolutely true) while every 5 figures assess one schema. If the mean of every subscale getsto above 25, that schema is regarded to be maladaptive.The reliability and validity of this instrument have been approved in numerous studies. SQ-SFwas standardized by Ahi (2005) inthe University

of Tehran. The internal consistency using Cronbach's alpha was obtained 0.97 for females and 0.98 for males (Haqaqat-Manesh et al, 2010).

General Self-EfficacyScale- Sherer (GSES): this scale is composed of 17 statements. Not specifying the factors and statements of this scale, Sherer and Maddux (1982) believe that their instrument assesses three aspects of behavior including the desire to boot the behavior, the desire to expand the effort to complete a task in the face of adversity and different measures. Asqar-Zadeh, Qotboldini and Khoda-Panahi (2006) examined the psychometric properties of this scale. The present research work appertained to the psychometric properties of GSES. After being translated into Farsi, GSES was filled out by 344 of undergraduate students of Shahid Beheshti University; and subsequent statistical analysis of the completed questionnairesexhibited a good "reliability" and "validity". Furthermore, exploratory and confirmatory factor analyses were used to determine the validity of the scale.The results of exploratory factor analysis showed that three factors are involved in the scale while the results of confirmatory factor analysis to test the hypothesis suggested that there is a pattern of three factors with a higher-ranked factor (self-efficacy).The validity of GSES was reported to be 0.83 using Cronbach's alpha coefficient. Woodroofe and Kashmn (1993) confirmed the reliability and validity of the scale.Cronbach's alpha coefficient related to the total scale along withindividual factors was used to evaluate the internal consistency of the total statements (Amini, Narimani, Berahmand, Sobhi-Qaramlaki, 2008).

Inferiority Scale: it was created by Yousefi (1999).This scale was developed according to Alfred Adler's theory in order for measuring inferiority feeling and is consisted of 34 items. The reliability coefficient came out to be 0.69 using Cronbach's alpha in a sample of university students. In a study by Yousefi et al (2008), thereliability coefficient of the inferiority scale was r=0.76 using test-retest and the internal consistency of the items came out to be 0.89 usingCronbach's alpha. Moreover, the correlation between inferiority scale scores and Beck and Steer's Depression Inventory(1990) was revealed to be r=0.15 ($p<0.001$) in the phobic subjects and r=0.41 ($p<0.05$) in obsessive subjects (Mohamad-Panah-Ardakan & Yousefi, 2011).

FINDINGS

According to the results presented in table 1, the total cross-correlationsare significant at 0.99% and the components of maladaptive schemas have a direct association with

inferiority feeling while self-efficacy has an inverse correlation with inferiority feeling.Stepwise multivariate regression analysis was used in order to determine which one of the independent variables could best predict the criterion variable (inferiority feeling). It is worth mentioning that cut and exclusion and self-efficacy variables have entered into the model; the result of which is demonstrated in table 2.

As is seen in the above table 2, cut and exclusion could predict 3.9% of the variances occurred in inferiority feeling (ΔR^2 =0.039). By summating the variables of inferiority feeling and cut and exclusion, 4% was added to the variances of inferiority feeling. And, the variables of cut and exclusion and self-efficacy together could explain 7.6% of the variances in inferiority feeling (ΔR^2 =0.076).

According to table 3 and since the amount of F calculated for cuts and exclusion is significant at 0.01 (f (1, 198) = 9.032, p<0.01); therefore, it could be stated with 99% of confidence that there exists a relationship between cuts and exclusion and inferiority feeling; and cuts and exclusion has the ability to predict the criterion variable (inferiority feeling). Additionally, the amount of F calculated for cuts and exclusion/ self-efficacy is significant at 0.01 (f (2, 197) = 9.133, p<0.01); therefore, it could be stated with 99% of confidence that there exists a relationship between cuts and exclusion/ self-efficacy. And inferiority feeling and cuts and exclusion/ self-efficacy have the ability to predict the criterion variable (inferiority feeling).

In the first model, cuts and exclusion has entered into the model and itsequation is as follows:

Inferiority feeling = 85.867 + (0.961) × (cuts and exclusion)

As is seen in table 4, the amount of standardized **β**for cuts and exclusion is 0.961. This shows that cuts and exclusion had a direct effect on inferiority feeling; and cuts and exclusion could predict 0.209% of the variances occurred in the inferiority feeling. If one unit change of the predictor variable (cuts and exclusion) is observed, the criterion variable (inferiority feeling) changes to 0.209 degree meaning that an increase in cuts and exclusion results in an increase in inferiority feeling. As is seen, the t amount of cuts and exclusion (3.005) is significant at 0.01.

In the second model, the two predictor variables of cuts and exclusion and self-efficacy have entered into the model; the equation of which is as the following:

Inferiority feeling = 116.429 + 0.959 (cuts and exclusion) + −0.0833 (self-efficacy)

According to table 4, the amount of standardized **β**for self-efficacy is −0.203. This shows that self-efficacy had a direct impact on inferiority feeling; and self-efficacy could predict −0.203% of the variances occurred in the inferiority feeling variable. If one unit change of the predictor variable (self-efficacy) is observed, the criterion variable (inferiority feeling) changes to −0.203 degree meaning that an increase in self-efficacy results in an increase in inferiority feeling. As is seen, the t amount of self-efficacy (−2.979) is significant at 0.01.

With regard to the significant relationship found between the variables under investigation, it could be concluded with 0.99% of possibility that the research hypothesis i.e. there is a significant relationship among early maladaptive schemas, self-efficacy and inferiority feeling in students is confirmed.

Table 1:Correlation matrix for maladaptive schemas, self-efficacy and inferiority feeling

Variable	Cuts and exclusion	Autonomy and impaired performance	Impaired limits	Other directedness	Over alertness and inhibition	Self-efficacy	Inferiority feeling
Cuts and exclusion	–	**0.960****	**0.961****	**0.942****	**0.895****	**−0.003**	**0.209****
Autonomy and impaired performance	–	–	**0.926****	**0.960****	**0.853****	**−0.032**	**0.200****
Impaired limits	–	–	–	**0.924****	**0.908****	**−0.031**	**0.196****
Other directedness	–	–	–	–	**0.836 ****	**−0.001**	**0.173****
Over alertness and inhibition	–	–	–	–	–	**−0.046**	**0.205****
Self-efficacy	–	–	–	–	–	–	**−0.204****
Inferiority feeling	–	–	–	–	–	–	–

Table 2: Summary of stepwise regression analysis for cut and exclusion and self-efficacy

Model	Predictor variables	R	R^2	ΔR^2	Standard error
First	**cut and exclusion**	**0.209**	**0.044**	**0.039**	**12.81**
Second	**cut and exclusion/ self-efficacy**	**0.291**	**0.085**	**0.076**	**12.56**

Table 3: ANOVA to test the significance of the stepwise regression model

Statistical indicators of the source of variance	Sum of squares	df	Mean squares	F-test	Sig. level
Regression of cuts and exclusion	**1483.320**	**1**	**1483.320**	**9.032**	**0.003**
Residual	**32517.400**	**198**	**164.229**		
Total	**34000.720**	**199**	–		
Regression of cuts and exclusion/ self-efficacy	**2885.143**	**2**	**1442.871**	**9.133**	**0.001**

Residual	**3115.577**	**197**	**157.947**		
Total	**34000.720**	**199**	**–**		

Table 4: Regression analysis (of the variables which entered in the regression equation through stepwise model)

	Statistical indicators of the source of variance	Discriminant function coefficient (b)	SEM	Standardizeddiscriminant function coefficient (B)	T-test of significance slope of the regression line	Sig. level
First model	**fixed value**	**85.867**				
	cuts and exclusion	**0.961**	**0.320**	**0.209**	**3.005**	**0.003**
Second model	**fixed value**	**116.429**				
	cuts and exclusion	**0.959**	**0.314**	**0.208**	**3.057**	**0.003**
	self-efficacy	**−0.833**	**0.280**	**−0.203**	**−2.979**	**0.003**

DISCUSSION AND CONCLUSION

Examining the relationship among early maladaptive schemas, self-efficacy and inferiority feeling in students, a positive significant association was revealed between all the components of early maladaptive schemas and inferiority feeling while a negative significant association was observed between self-efficacy and inferiority feeling. In other words, the higher the components of early maladaptive schemas expand, the more the inferiority feeling increases; whereas, the more self-efficacy increases the more inferiority feeling decreases.

To explain the result of the above hypothesis, it could be noted that those schemas which provide the ground for the growth and development of psychological problems are called early maladaptive schemas. These schemas are self-destructive cognitive and emotional patterns which beginfrom theearly growth stage continuingthroughout life (Young, 2003; translated by: Hamid-Pour & Sahebi, 2007). According to Young, early maladaptive schemas are deep and pervasive patterns or themes. They are built from memories, emotions, cognitions and physical sensations;were formed in early childhood or adolescence;have been continuing in the course of life; anddeal withothers and self and are severely inefficient(Yousef-Nejad, 2007). Young (2003) also believes that schemas form the core concept of an individual; and influence the way people interact with their surrounding environment; and therefore, different schemas could differently make people vulnerable to everyday problems. Schemas are used as templates for processing the individuals' experiences. Hence, they determine the thought and relation of an individual with others; and specify the perception each person has about the world and himself; a perception that pursues throughout life due to its self-maintaining nature. Maladaptive schemas appear differently to different people. They are

sometimes representedas a reaction illustrating themselves in the form of commanding subordinates and weak people or walking in pride, arrogance, pretentiousness and sciolism. They may be also exhibitedthrough whine and cry or through expressing disappointment and frustration or exaggerating defects and faults. People with maladaptive schemas usually despise themselves and even in some cases they assume to be corrupt and decadent and deem that others feel hatred for them and cannot get along with them or consider themselves unable to overcome problems and difficulties. Such people express their inferiority feeling by sentences like "I am weak and unable to do the task" or " I do not seem to be capable of doing things" . In some cases, with their obvious weaknesses, they hide their feelings and start to speak ill of others in order to well present themselves and do not even hesitate to badmouth, misbehave or obtrude themselves for relieving their pains (Yao, Cottraux & Martin et al, 2007).Several studies have been conducted in this field and denoted that early maladaptive schemas play a role in the formation and development of many psychological problems such as inferiority, chronic depression and anxiety disorders. Taking into account all the above-stated facts, it could be concluded that there exists a negative significant correlation between the components of early maladaptive schemas and inferiority feeling.

Self-efficacy is a constructive ability by which cognitive, social, emotional and behavioral skills are effectively organized to achieve different objectives. To Bandura (1997) knowledge, skills and previous achievements of people are not good predictors of their future functioning; rather it is their beliefs about their abilitiesthat are effective in how they will function in the future. There exists a clear difference between different skills and their potential to combine properly for accomplishing different tasks in different conditions. People are quite aware of what task they should perform and whether they possess the skills needed to perform that task; however, they do not often succeed in properly displaying such skills (Altoun, 2010).

Efficient belief is an important factor in manufacturing system of human competency.Skills can be easily affected by suicide or a feeling of inferiority.In such circumstances, even a very talented and competent person might less use his/ her abilities if s/heholds a low opinion of herself/ himself. It is for this reason that a sense of self-efficacy enables people to use their skills in the face of obstacles and to accomplish a

great deal. To this end, an understood self-efficacy is a determining factor for successful functioning and fundamental skills necessary to fulfill such functioning (Gol-Navaz, 2010)

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