



**COMPARISON OF EARLY MALADAPTIVE SCHEMAS AND EGO DEVELOPMENT
AMONG ATTEMPTING SUICIDE WITH GROUP NORMAL IN SHIRAZ CITY**

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ABSTRACT

Suicide attempting is such a behavior which threatens the society and individual health, so studying the effective factors of this issue is important for prevention.

A study has been conducted with the aim of comparing primary inconsistent schema and ego development level among suicide attempters and normal people of Shiraz.

50 subjects with purposive sampling method were selected among suicide attempters and normal people of Shiraz. Both groups filled out the “Young primary inconsistent schema and Loevinger ego development level questionnaires”.

There was a significant difference in primary inconsistent schema between suicide attempters and normal people, and also in ego development level between suicide attempters and normal people. Considering primary inconsistent schema and ego development level can be effective on prevention of suicide attempt.

Keywords: Primary Inconsistent Schema, Ego Development Level, Suicide Attempters

INTRODUCTION

Suicide and committing suicide is such a behavior that threatens the society and individual health. About 1 million people in the world die by suicide every year, and it is one of the 8 causes of death in the world

[24]. Annually, 32600 people commit suicide in USA that equals 89 persons per day or in another form, every person per 16 minutes [22]. Probably the real figure is 10 times more than that number [24]. According to

World Health Organization in 2012, about 11.4 persons of 100,000 people attempt suicide [24]. Although there is no clear statistics of suicide and suicide attempts in Iran, the studies show that it has an uptrend among young people [2].

Committing suicide is not an accidental action but it is a way to be released from a problem or a critical situation which the person suffers from. Committing suicide has a direct relationship with unmet needs, desperation feeling, dualistic conflict of life and intolerant mental pressure [1]. Suicide factors are not completely perceived, however this behavior origins from many factors and issues, while many of these risk factors were identified, like sexuality, family interactions, economic problems, emotional disorders, mental and physical problems, personality disorder, mental disorder and etc. Also the studies have focused on personality, individual differences, and cognitive factors, and structures, social and negative events [17]. World Health Organization (2012) considers the factors of committing suicide very sophisticated and different which can be classified in five factors: lifestyle, psychology, culture, social and environmental [24].

There are different views and ideas to understand the suicidal and suicide attempts

behavior, such as Beck's cognitive view (1995) [7], suicide belief system or Joiner's interpersonal-psychological theory of suicidal behavior (2005) and etc [13].

According to Beck's, a suicide belief system exists which has four main issues. These main issues include: helplessly, lack of love, intolerance and exhaustion feeling [23]. This manner of thinking satisfies the person that, there is no solution left for him, and this means weakness in problem solving which is one of the important issues in cognitive pathology of these patients [21]. Also these people believe that there is no hope in their future. The studies have proven that, disappointment is a serious factor in suicide attempts, especially in depressed patients [12,19].

In Joiner's interpersonal-psychological theory, there are three required components for suicide attempts: 1) perceived burdensomeness; 2) thwarted belongingness; 3) acquired capability for suicide.

According to what are expressed, we can say the cognitive structures such as negativism, disappointment, self-incapability, social isolation and generally the schemas which are the important components of cognitive psychological orders theory that maybe effective for identifying the causes of suicide attempts [7].

Sometimes the schemas cause misinterpretation in events, and these misinterpretations show themselves as misunderstandings and unrealistic targets in interpersonal psychopathology [18]. Many of people seek for treatment because of their relationship with problems. Schemas are one of the important cognitive components which play an important role in psychological disorders. Primary inconsistent schemas are such pervasive and deep patterns which are ineffective, and they are formed from memories, emotions, cognitions and physical senses. They are created in childhood or adolescence and getting more complicated during the life, and they are effective in life experiences as no experience is possible without them [25].

Also, suicide attempters cannot use their abilities in dealing with problems, because of orientation and self-belief, and probably they cannot make balance between internal desires and external realities and constrains which according to Loevinger (1996), this origins from a non-upheaval ego [15]. According to Loevinger (1996), “ego” would develop in a level in a regular process and during passing the levels; it unifies the skills like impulse control, conscious preoccupations, cognitive style, cognitive complexity and implications which are deducted by interpersonal world

[16]. According to these issues and lack of study in this area, it is important to identify risk factors in suicide attempts to prevent and cure this social problem; so the aim of current study is to compare primary inconsistent schemas and ego development level among those who attempt suicide and normal people.

Rudd (2004) concluded that, suicide attempters have a belief system which includes: helplessly, lack of love, intolerance and exhaustion feeling [23]. Dale et al (2010) in another study concluded that, primary inconsistent schemas, stress and depression are different in suicidal behavior and clinical group [11]. Christensen et al (2014), in a study have verified the interpersonal-psychological theory of suicidal behavior, as the mental health has relationship with perceived burdensomeness, thwarted belongingness and acquired capability for suicide [10]. Stressful events and lifetime damages have a significant relationship with acquired capability for suicide; also perceived social support and personality were identified for suicidal behavior.

Maddahi et al (2015), in a study titled the effectiveness of dialectic treatment behavior in decrease of depression and thoughts in girl students, showed that, the effectiveness of dialectical treatment behavior which includes

a series of techniques for making changes in manner of thinking, life and behavior, has a significant decrease on depression and thoughts of suicide [4]. Mohammadi et al (2012), has shown the only negative anticipative factor is thoughts of suicide [5]. Hadi Nejad (2008), in a study titled "the relationship of life satisfaction and primary inconsistent schemas in university students" [6], has concluded that, there are negative and significant relationships between emotional deprivation, social isolation, deficit/shame, failure, dependence/incapability, obedience, emotional inhibition, continence and adequate self-discipline with life satisfaction [3].

SUBJECTS AND METHODS

The statistical society of research includes all suicide attempters who are hospitalized in Shiraz hospitals since January 2015 till June 2015. 50 subjects were selected in two groups of suicide attempters and normal people. The selection method was in a way that 25 suicide attempters were selected with purposive sampling, then 25 visitors were selected as normal people, and two groups filled out the questionnaires. The measuring tools include: a) Loevinger's ego development test: this test is one of the projective tools and only words are used for

answers. The test contains two 18 paragraphs forms; a long form and a short form which in current study, we have used the short form. b) Young's primary inconsistent schemas questionnaire: this questionnaire contains 75 of 205 paragraphs from original version which was developed by Young in 1989, in order to measure the primary inconsistent schemas. The questionnaire should be answered in Likert base from 1 to 6, respectively strongly agree=6, agree=5, almost agree=4, neutral=3, disagree=2 and strongly disagree=1. This test contains 5 domains of schemas and totally 15 schemas.

In the first Young's comprehensive study and for its psychometrics features, Kloso et al (1986) have achieved an alpha coefficient from 0.83 to 0.96 for every primary inconsistent schema, and retest coefficient of 0.53 to 0.82 in nonclinical population. Also, Fatehi Zadeh et al (2004) have calculated its reliability by Cronbach's alpha coefficient about 0.94 and the validity was 0.34 by using correlation investigation in irrational belief test. Analyzing the results of questionnaire was carried out by using independence T-test and multi variable variance analysis.

RESULTS

First, the collected data of study variables is being classified by descriptive statistical indexes, and then by using conclusive

statistical indexes, man begins to confirm or reject the study hypothesis.

By investigating the hypothesis that there is a significant deference in the primary inconsistent schemas between suicide attempters and normal people, the results of multi variables variance analysis test have been determined in table 1 and 2.

In table 1, the results of comparing inconsistent schemas in two groups identify that, there is a significant deference in two groups ($P=0.001$). So man can continue with variance analysis test.

Table 2 represents that there is a significant difference between suicide attempters and normal people in schemas such as deprivation, distrust, shame and vulnerability. Another word, suicide

attempters have gained higher scores in these schemas, so the first hypothesis is confirmed.

But there was no significant difference between two other schemas, being abandoned and isolation.

By investigating this hypothesis that "there is a significant difference in ego development between suicide attempters and normal people", the dependent T-test is used because of matching these two groups.

The results of table 3 show that, there is a significant difference in ego development levels between suicide attempters and normal people ($P=0.001$). The above table shows, those who attempt suicide have undeveloped level, so the second hypothesis is also confirmed.

Table 1: The results of comparing inconsistent schemas in two groups

Name of the test	Value	F	Hypothesis df	Error df	Significance
Pilay effect	0.912	76.93	7	42	0.001
Lambda wilks	0.088	76.93	7	42	0.001

Table 2: Multi variables variance results of inconsistent schemas in two groups

	Total squares	Df	Total squares	F	Sig
Deprivation	238.023	1	238.023	5.62	0.021
Being abandoned	138.857	1	138.857	3.57	0.064
Untrusted	167.452	1	167.452	4.21	0.045
Isolation	155.802	1	155.802	3.67	0.060
Shame	155.802	1	155.802	4.30	0.042
Dependence	149.333	1	149.333	4.14	0.046
Vulnerability	224.093	1	224.093	7.25	0.009
Involvement	202.430	1	202.430	8.53	0.005
Obedience	137.830	1	137.830	4.59	0.036
Devotion	193.830	1	193.830	5.46	0.023
Falconry	218.252	1	218.252	5.30	0.025
Scales	159.088	1	159.088	4.70	0.034
Magnanimity (generosity)	125.808	1	125.808	3.26	0.076
Self-control	300.964	1	300.964	8.04	0.006
Failure	305.524	1	305.524	9.25	0.004

Table 3: The results of dependent T-test of ego development in two groups

Variance	Group	Average	Standard deviation	Average difference	T	Openness degree	Significance
Ego development	Suicide Normal	69.16 61.37	7.36 6.68	0.68	4.20	48	0.001

DISCUSSION AND CONCLUSION

The causes of suicide attempt were always interesting to researchers to take actions for prevention by identifying them. One of the probable reason is primary inconsistent schemas as individual cognitive frame, which origins from self, others, environment and especially basic unmet needs like emotional needs in childhood. Ego development and its levels can be other causes of this event. So, current study uses the results to try for prevention, treatment of suicide attempts.

The study findings have shown that, the rate of primary inconsistent schemas in suicide attempters is more than normal people. The results of any types of primary inconsistent schemas have shown that, there is a significant difference between normal people and suicide attempters in such schemas like deprivation, shame, distrust, dependence/incapability and illness or damage vulnerability. In another words, those who attempt suicide have gained higher scores in these schemas, so the first hypothesis is confirmed. These findings are consistent with other studies. Christensen et al (2014), achieved to interpersonal-psychological theory of suicidal behavior, by

studying and anticipating risk factors of this theory [10]. Klibert et al (2014), studied the “cross-cultural and cognitive-emotional models from suicidal danger”, has shown that between cultural homogeneity and multiple indexes from suicidal danger, partly was inconsistent schema [14]. Protezki et al (2014) has shown that, suicide attempts record was along with higher scores in depression, removing signs, primary cognitive schemas of development and social insecurity. Dale et al (2010), has shown the role of parents and primary inconsistent schemas in repeating of suicidal behavior [20]. He reported a significant relationship between primary inconsistent schemas and risk of suicidal behavior, and the social self-alienation and deficit/shame play an important role in risk of suicidal behavior among the primary inconsistent schemas.

To justify current study findings, we should say primary inconsistent schemas affect personal cognitive frame and also the process of determining emotional reactions of person toward life opportunities and interpersonal relationship, and the cognitive performance and belief systems of suicide attempters are in such a way that, the person feels helpless,

lack of love, intolerance and exhaustion [23], in another words, deprivation schema means that, the suicide attempter has not received expected emotional support from others, and according to Young, lack of love, deprivation of sympathy and lack of guidance lead to suicide. Also, instability or lack of trust in receiving affections and communications make the suicide attempter feel that the important people of his life cannot give him required support. Also in terms of emotion, such these people are instable, unpredictable, unreliable, and also feels that the important person in his life would not stay with him anymore, or might die any moment. According to Joiner's interpersonal-psychological theory (2005), these feelings cannot lead to acquired capability for suicide or suicide attempts. Moreover, emotional instability causes the person to face some problems from point of cognitive emotions that in chronic level, it leads to psychopathy and finally suicide; because in epidemiological studies, the rate of suicide prevalence was higher in people who have mental disorders [13].

On the other hand, such these people don't trust anyone, and they are disappointment to future, feel that they are different with other people in society, consider themselves defective, bad, discredited and humiliated.

They also overreact to any criticism, shyness, reproach, misplaced comparison and have lack of responsibility. As a result, they get excessive fear to every event and imagine something disaster might happen any moment. According to Beck et al (1995) [7], this actions lead to a suicidal belief system which includes four issues: helplessly, lack of love, intolerance and exhaustion feeling [23]. This manner of thinking conducts the person that he doesn't have any solution for his problems, so one of the proposed implications is their weakness in problem solving [21]. Probably what expressed above is because of inconsistent schemas. So this feeling is not farfetched, because according to Young (1999), the people unconsciously perceive the events of their current life like destructive experiences of their childhood and when these schemas are motivated, it makes negative excitements which can lead to suicide attempts [25]. Young believe that, the ineffective nature of schemas appears when the people communicate with others in their daily life in a way that their schemas are confirmed; even their first impression may not be true. Primary inconsistent schemas and ineffective ways which the people through them learn to deal with others, often are base of their wrong behavior and sometimes the results of chronic disorder

syndromes like stress, depression and probably suicide attempts.

The other study findings have shown that, the level of ego development is more than normal group. Also this finding is not directly investigated in other study cases; one can match it with the results of Bourst and Nova (1993) [9]. They have shown that, there are two development styles of suicide attempts in girls which have significant meaning on defensive styles, determinations and syndromes. One is, pre adjusted suicide attempts, with depression and aggressiveness and using internal defensive style to deal with conflict. The other is depression as a risk factor for suicide in any development level. Such these defensive mechanism in pre adjusted development level are along with suicide. According to Loevinger et al (1996), this finding is expressible [15]. He believed that, ego is the individual pivotal dimension, that is considered as a self-cognitive map or a frame in order to self and around world understanding and conscious orientation and individual view to self and around world. He considers it important, the role of ego development as a base to solve conflicts and make balance between internal desires and external realities and constrains. According to existing view, this issue is probably perceptible among suicide attempters

especially in its lower levels. Because suicide attempters suffer from an internal conflict which cannot be free of it, this matter makes a stable conflict between internal desires and external realities and constrains as their ego development level is low.

Also increasing the intensity of schemas and ego development level can be effective for suicidal behavior, so by identifying primary inconsistent schemas before committing suicide and determining the intensity of these schemas, one can make effective and applicable actions in decreasing primary inconsistent schemas and prevent committing suicide. Moreover, by early identifying in lower ego development levels, one can take early prevention factor and help such these people.

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