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Child Abuse/Neglect and Depressive Symptomatology: The Mediating Roles of Early Maladaptive Schemas

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Makale Bilgisi

Anahtar kelimeler:

early maladaptive schemas, depressive symptomatology, depression, child abuse/neglect

Abstract

Recently, there has been a growing interest in identifying the mechanisms of how child abuse/neglect predicts the development of psychopathology in adulthood. In that respect, schema therapy explains the origin of psychopathology with early maladaptive schemas. This study aimed to explore the mediator roles of five different schema domains between child abuse/neglect and depressive symptomatology relationship in a university student sample. The sample of this study consisted of 414 undergraduate and graduate students from the various universities of Turkey [312 (75.4%) female, and 102 (24.6%) male], whose ages ranged between 18 and 32 (M = 21.69, SD = 2.08). Parallel Multiple Mediation Analysis for five schema domains showed that among all schema domains only impaired autonomy/performance schema domain-mediated the relationship between child abuse/neglect and depressive symptomatology. Individuals who reported higher levels of childhood abuse and neglect tended to develop more maladaptive schemas from impaired autonomy/performance schema domain, and as a consequence, were at increased risk for depressive symptoms. Results were discussed in light of the relavant literature.

Keywords:

Erken dönem uyumsuz şemalar, depresif semptomatoloji, depresyon, çocuk istismarı / ihmali

Öz

Son dönemlerde, çocuk istismarı / ihmalinin erişkinlik döneminde psikopatolojinin gelişimini nasıl öngördüğünü anlamaya yönelik çalışmaların sayısında artış bulunmaktadır. Bu çalışmalar daha çok bu ilişkide etkili olan mekanizmalarının saptanması ve değerlendirmesi üzerine odaklanmaktadır. Bu bakımdan, şema terapi, erken dönem uyumsuz şemalar aracılığıyla yetişkin dönem psikopatolojisi ve çocukluk istismarı ve ihmalin arasındaki ilişkiyi açıklamaktadır. Mevcut çalışmada, üniversite öğrencileri örnekleminde çocuk istismarı / ihmali ve depresif semptomatoloji ilişkisi arasındaki beş farklı şema alanının aracı rolleri araştırılmıştır. Bu araştırmanın örneklemini, yaşları 18 ile 32 arasında değişen 414 üniversite öğrencisinden [312 (% 75,4) kadın, 102 (% 24,6) erkek] ve [322 (% 75,4) kadın] oluşmaktadır. Beş şema alanı için yürütülen Paralel Çoklu Aracı Değişken Analizi sonuçlarına göre, tüm şema alanları arasında yalnızca zedelenmiş otonomi/ performans şema alanının, çocuk istismarı / ihmali ve depresif semptomatoloji arasındaki ilişkiye aracılık ettiğini görülmektedir. Diğer bir deyişle, çocukluk çağında karşılaşılan istismar ve ihmal düzeylerinin yüksek olduğunu bildiren bireylerin, zedelenmiş otonomi / performans şema alanından uyumsuz şemalar geliştirme eğiliminde oldukları ve bunun sonucu olarak da depresif belirtiler açısından yüksek risk altında bulundukları söylenebilir. Araştırma sonuçları alan yazın ışığında tartışılmıştır.

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Introduction

A contemporary meta-analysis related to global prevalence of the childhood maltreatment revealed that 18 % of girls and 6 % of boys are subjected to sexual abuse, 22.6 % of them to physical abuse, 35.3 % of them to emotional abuse, and 18% of those children are neglected (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2015). Although there are variations in how different disciplines and cultures describe abuse and neglect, there is a consensus concerning that child abuse/neglect should be monitored and controlled (Debowska, Willmott, Boduszek, & Jones, 2017; WHO, 2016). Child abuse or neglect is one of the most common factors affecting the psychological health of individuals in their adulthood, and might be associated with problems like depression, anxiety disorders, post-traumatic stress disorder, alcohol abuse, eating disorders, and psychosis (Boduszek, Hyland, & Bourke, 2012; Debowska & Boduszek, 2017; Mills, Kisely, Alati, Strathearn, & Najman, 2016; Vachon, Krueger, Rogosch, & Cicchetti, 2015; Caslini, Bartoli, Crocamoi Dakanalis, Clerici & Carra, 2016; Shaw & De Jong, 2012;Varese et al. 2012; Watson et al. 2014). Similarly, a meta-analysis performed by Norman et al. (2012) identified some evidence for the association between childhood maltreatment and various mental health outcomes over 124 studies. Particularly, several studies have reported an increased risk of depression among individuals with childhood experiences of abuse and neglect (Lumley & Harkness, 2007; Norman et al., 2012).

Recently, there has been a growing interest in identifying the mechanisms of how child abuse/neglect leads people to develop psychopathology in adulthood (Lumley & Harkness, 2007). In that respect, schema therapy explains the development of psychopathology with the concept of early maladaptive schemas (EMSs). Young (1999) developed schema concepts by being influenced by Beck's Cognitive Theory (1973) and Bowlby's on Attachment Theory (1980); which are described recently as "broad, pervasive theme or pattern, comprised of memories, emotions, cognitions, and bodily sensations, regarding oneself and one's relationships with others, developed during childhood or adolescence, elaborated throughout one's lifetime and dysfunctional to a significant degree" (Young, Klosko, & Weishaar, 2003, p.7). Concerning the origin of EMSs, Young et al. (2003) outlined five "core emotional needs" which are "secure attachment to others; autonomy, competence, and sense of identity; freedom to express valid needs and emotions; spontaneity and play; and realistic limits and self-control" (p. 10). These needs are supposed to be met to pursue a healthy life. If any problem is experienced in the satisfaction of these needs, some maladaptive schemas tend to be formed and activated. Consistent with these arguments, childhood maltreatment and victimization are important experiences contributing to the development of EMSs. Young et al. (2003) proposed

18 different EMSs and categorized them into five different domains. These domains were "Disconnection and Rejection (i.e. characterized by incapability to build secure attachment with others)", "Impaired Autonomy and Performance (i.e. characterized by being less likely to function independently, to form one's own identity, and to live one's own life)", "Impaired Limits (i.e. characterized by inadequate internal limits, difficulty in recognizing the others' rights, collaborating, and reaching long-term goals)", "Other Directedness (i.e. characterized by excessive urge to satisfy the needs of others to get approval)", and "Overvigilance and Inhibition (i.e. characterized by effort to suppress spontaneous feelings, to meet internalized expectations and rules; and being pessimistic)" (Young et al., 2003).

A considerable amount of research has suggested notable associations between childhood maltreatment and EMSs (Calvate & Orue, 2013; Calvate, Orue, & Hankin, 2015; Carr & Francis, 2010; McCarthy & Lumley, 2012; Muris, 2006; Thimm, 2010; Wright, Crawford, & Del Castillo, 2009). Previous studies with adults have also contributed empirical support regarding the association of Young's EMSs with childhood adversity and psychopathology (Lumley & Harkness, 2007; Kırpınar, Deveci, Çamur & Kılıç, 2014; Barazandeh, Kissane, Saeedi & Gordon, 2016; Sundag, Ascone, de Matos-Marques, Moritz & Lincoln, 2016). Specifically, EMSs were found to be associated with depression in studies conducted with non-clinical samples (Calvete, Estevez, Opez de Arroyable, & Ruiz, 2005; Harris & Curtin, 2002), clinical samples (Halvorsen, Wang, Eisemann, & Waterloo, 2010; Petrocelli, Glaser, Calhoun, & Cambell, 2001; Thimm, 2010) and mixed samples (Ahmadpanah et al., 2017; Bach, Lockwood, & Young, 2018). Furthermore, well-known predictors of depression, such as gender, cognitive vulnerability, and avoidance, tended to lose their significance after controlling for the EMSs (Colman, 2010; Halvorsen et al., 2010). In particular, for depressive symptomatology, Disconnection/Rejection (Calvete & Orue, 2013; Calvete et al., 2015; Colman, 2010; Lumley & Harkness, 2007; Van Vlierberghe et al. 2010) and Impaired Autonomy/Performance schema domain (Calvete & Orue, 2013; Calvete et al. 2015; Colman, 2010; Shih, 2006) were identified as related to the etiology and severity of depression.

Therefore, the main goal of the current study was to examine and describe the mediator roles of EMS domains on the relationship between child abuse/neglect and depressive symptomatology. In the light of the literature, it was hypothesized that (1) Impaired Autonomy/Performance schema domain will mediate the relationship between child abuse/neglect and depressive symptomatology, and (2) Disconnection/ Rejection schema domain will mediate the relationship between child abuse/neglect and depressive symptomatology. The current study carried out a parallel multiple mediation model to examine the mediator roles of EMS domains between child abuse/neglect and depressive

symptomatology. The strength of this model is to check for the significance of each mediator by controlling for the other suggested mediators (Hayes, 2013).

Method

Participants

The sample of the study consisted of 414 students from the several universities of Turkey, 312 (75.4 %) of whom were female, and 102 (24.6 %) were male. The ages of the participants ranged from 18 to 32 (M = 21.69, SD = 2.08); 27 (6.5 %) of them were graduate level students, and 387 (93.5 %) were undergraduate level students.

Measures

Childhood Trauma Questionnaire-Short Form (CTQ-SF). The CTQ developed by Bernstein et al. (1994), is a self-report inventory prepared to obtain information about abuse and neglect backgrounds. The initial version of the questionnaire consists of 53 items, but it was reduced to 28 items evaluated on a 5- point Likert type scale (1 = *never*, 5 = *very often*). Five subscales acquired from factor analysis. These are physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect. Reliability coefficients for the subscales were varied between α = 0.78 and α = 0.95 (Bernstein et al., 2003). The Turkish adaptation study was carried by Şar, Öztürk, and İkikardeş (2012), adapted scale revealed the same factor structure with the original scale. Cronbach's alpha internal consistency coefficient of the whole scale was α = 0.73 in the current study.

Young Schema Questionnaire – Short Form 3 (YSQ-SF3). YSQ was generated by Jeffrey Young (1990). The original scale was edited by Young (2006), and YSQ-SF3 contains 90 items covering 18 different maladaptive schemas on five different domains. The items are rated on a 6- point Likert-type scale (1 = *entirely untrue of me*, 6 = *describes me perfectly*). The scale was adapted into Turkish by Soygüt, Karaosmanoğlu, and Çakır (2009). Fifteen maladaptive schemas were identified and subjected to higher order factor analysis; as a result, categorized into five different domains, namely; "impaired autonomy/performance", "disconnection/rejection", "unrelenting standards", "other-directedness", and "impaired limits." The first domain contained, abandonment, enmeshment/dependence, failure, vulnerability to harm, and pessimism schemas. The next one involved emotional deprivation, emotional inhibition, defectiveness, and social isolation/mistrust schemas. The third schema domain contained unrelenting standards and approval-seeking schemas. The fourth schema domain included entitlement /insufficient self-control schema, and the last one included

punitiveness and self-sacrifice schemas. In the present study, Cronbach's alpha internal consistency coefficients for the schema domains were found to be ranged between $\alpha = 0.78$ and $\alpha = 0.95$.

Beck Depression Inventory (BDI). BDI was developed by Beck, Ward, Mendelson, Mock, & Erbaug (1961). It is a 21-item self-report measure to evaluate the severity of depressive symptoms. The total score of this scale could be between 0 – 63 and higher scores indicating more severe depressive symptoms. The scale was adapted into Turkish by Hisli (1988). Cronbach's alpha internal consistency coefficient was found as $\alpha = 0.90$ in the present study.

Procedure

After receiving, necessary approval from Middle East Technical University Human Subjects Ethics Committee, a booklet including the questionnaires was presented to the participants through the Internet. The voluntary participation was approved through informed consents form. The completion of the questionnaires took around 45 minutes for each participant.

Results

Descriptive Statistics and Correlations

Table 1 shows the means, standard deviations for, the inter-correlations among, and internal consistency coefficients of the measures of the study. According to independent samples t-tests, among all study variables significant gender differences existed for only disconnection/rejection schema domain (t (412) = -3.12, $p < .05$). In other words, male participants have significantly stronger schemas (M = 2.47, SD = .84) under this domain than female participants (M = 2.17, SD = .88). On the other hand, no significant gender differences were identified for depressive symptomatology (t (412) = -0.79, p = .43), for impaired autonomy/performance schema domain (t (412) = -1.41, p = .16), for unrelenting standards schema domain (t (412) = -0.32, p = .75), for other directedness schema domain (t (412) = .74, p =.46), and for impaired limits schema domain (t (412) = -1.51, p = .13).

Depression scores obtained through BDI were ranged from 0-46 (no depression to severely depressed), with a mean of 11.41 (SD = 9.29), which means mild levels depressive symptomatology. Moreover, according to sample frequencies, 47% of whole participants reported mild levels depressive symptomatology, 41% of them reported moderate levels depressive symptomatology, and remaining 12% of them reported severe levels of depressive symptomatology.

Inter-correlation coefficients among all study variables revealed that all measures of the study significantly correlated with self-reported depressive symptomatology. The inter-correlation coefficients ranged between $r = .31$ and $r = .62$ ($p < .001$).

Table 1

Means, Standard Deviations for, Internal Consistency Coefficients of, and Intercorrelations among the Measures of the Study (N = 414)

Variables	*M*	*SD*	*CTQ-SF*	*IA*	*D*	*US*	*OD*	*IL*	*BDI*
CTQ-SF	36.50	11.88	(.73)						
IA	2.22	.85	.40**	(.95)					
D	2.24	.88	.43**	.76**	(.93)				
US	3.22	1.03	.11*	.46**	.40**	(.84)			
OD	3.07	.86	.11*	.55**	.47**	.30**	(.82)		
IL	3.35	1.00	.05	.33**	.41**	.11**	.30**	(.78)	
BDI	11.41	9.29	.37**	.62**	.56**	.31**	.38**	.34**	(.90)

Note. Internal consistency coefficients (in parentheses) are reported on diagonal. CTQ-SF = Childhood Trauma Questionnaire-Short Form, IA = Impaired Autonomy, D = Disconnection, US = Unrelenting Standards, OD = Other Directedness, IL = Impaired Limits, BDI = Beck Depression Inventory. *$p < .01$, **$p < .001$

Multiple Mediation Analysis

In order to explore the relationship between child abuse/neglect and depressive symptomatology with the mediation of early maladaptive schemas, a multiple mediation model including five mediators, which were the schema domains of Impaired Autonomy/Performance, Disconnection/Rejection, Unrelenting Standards, Other Directedness, and Impaired Limits, was tested with Parallel Multiple Mediation Analysis (PROCESS Macro, Model 4) suggested by Hayes (2013). In this approach, all mediators are examined simultaneously, and the significance of each mediator is checked after controlling for the other suggested mediators. The analysis was utilized with 5000 bootstrapping sample, and bias-corrected bootstrap confidence intervals generated by PROCESS were taken into account as a measure of significance. If the 95 % bootstrap confidence interval did not include 0, the mediation was reported as being significant with $p < .05$ (for details see Hayes, 2013, p. 126).

As can be seen at Table 2 and Figure 1; after controlling for the remaining mediators, only Impaired Autonomy/Performance schema domain significantly mediated the relationship between child abuse/neglect and depressive symptomatology (B = .12, SE = .39, 95 % CI [.08, .18]). Specifically, the more frequent experiences of childhood abuse and neglect, the stronger were the schemas belonging to impaired autonomy/performance schema domain (a_1 = .03, p < .001, 95 % CI [.02, .03]), which in turn aggravated the symptoms of depression (b_1 = 4.34, p < .001, 95 % CI [3.01, 5.68]). On the contrary other schema domains; those are Disconnection/Rejection, Unrelenting Standards, Other Directedness, and Impaired Limits, did not mediated the relationship between child abuse/neglect and depression (B = .04, SE = .02, 95 % CI [-.00, .09]; B = -.00, SE = -.00, 95 % CI [-.01, .00]; B = .00, SE = .01, 95 % CI [-.00, .02]; and B = .01, SE = .01, 95 % CI [-.01, .02], respectively).

Table 2

Bootstrap Results for Indirect Effects in Multiple Mediation Model (N = 414)

	Unstandardized Coefficients		95% Bias Corrected Confidence Intervals	
Indirect Effect	B	Standard Error	Lower	Upper
IA	.12*	.03	.08	.18
D	.04	.02	-.00	.09
US	-.00	.00	-.01	.00
OD	.00	.01	-.00	.02
IL	.01	.01	-.01	.02
Total	.17*	.03	.12	.23

Note. IA = Impaired Autonomy, D = Disconnection, US = Unrelenting Standards, OD = Other Directedness, IL = Impaired Limits, BDI = Beck Depression Inventory. *p < .05

Furthermore, the direct effect of child abuse/neglect on depressive symptomatology independent from all mediators was significant (c' = .12, p < .001, 95 % CI [.05, .18]), indicating that regardless of the influence of the schema domains, child abuse/neglect was found to be significantly associated with the severity of depressive symptoms. However, the total indirect effect of child abuse/neglect on depressive symptomatology through Impaired Autonomy schema domain also significantly increased (B = .17, SE = .03, 95 % CI [.12, .23]). This model predicted 43.09 % of the variance in the development of depressive symptomatology [R^2 = 43.09, SE= 49.83, F (6, 407) = 51.36, p < .001]. These results support the claim that Impaired Autonomy/Performance schema domain mediated the association among child abuse/neglect and depressive symptomatology. Lastly, the cumulative effect of child abuse/neglect on

depressive symptomatology, which was comprised of the sum of the direct and all indirect effects, was also significant (c = .29, p < .001, 95 % CI [.22, .36]) (See Table 2).

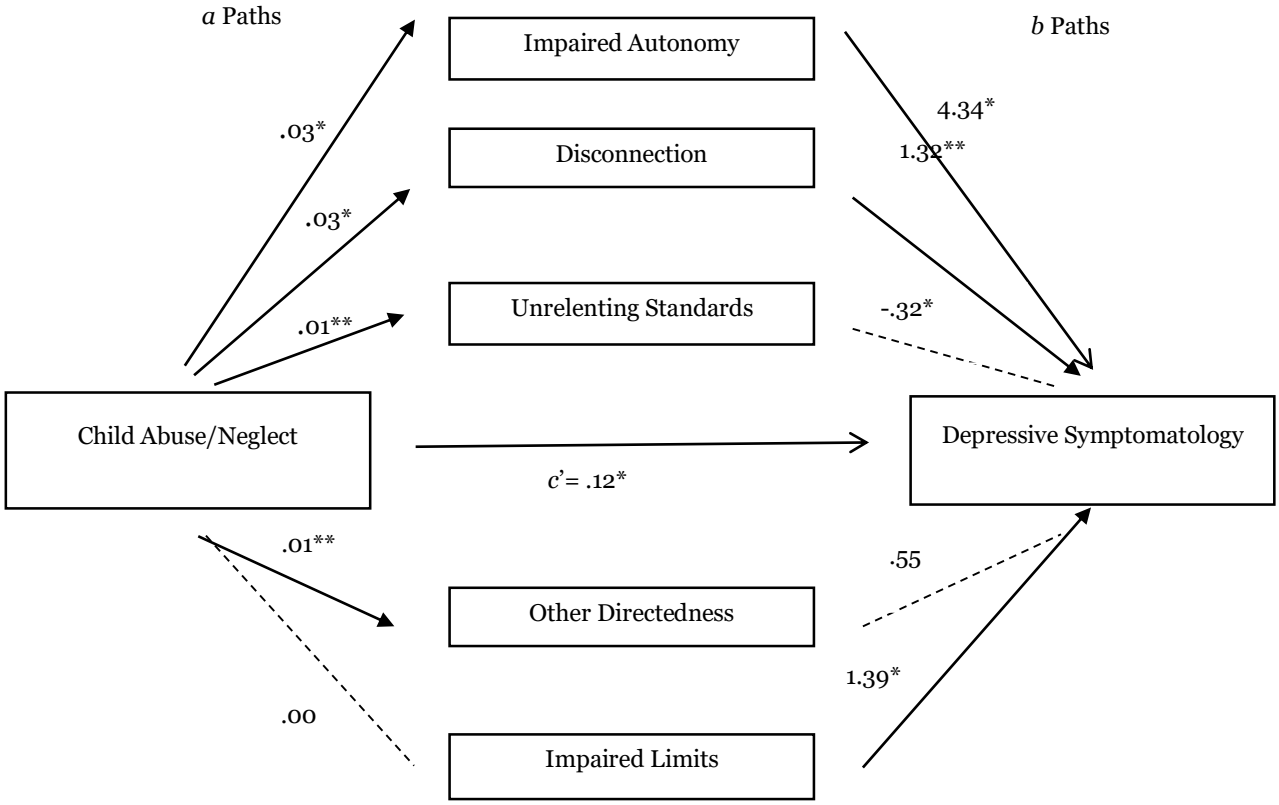

Figure 1. The statistical diagram of the parallel multiple mediator model.

Note. Dashed lines symbolizes non-significant relationships. *p < .001, **p < .05

Discussion

Not only child abuse/neglect is known as a potential vulnerability factor for the development of depressive symptomatology, but also the mechanisms through which child abuse/neglect leads it has drawn an excessive deal of theoretical consideration. The results of the current study revealed that maltreatment in childhood was associated with a higher risk of depressive symptomatology in adulthood through the function of the early maladaptive schemas under the Impaired Autonomy/Performance schema domain including abandonment, enmeshment/dependence, failure, vulnerability to harm, and pessimism schemas. In other words, Impaired Autonomy/Performance schema domain mediated the relationship between child abuse/neglect and depressive symptomatology. According to these

results, the first hypothesis of the study was confirmed while the second one related to the mediator role of Disconnection/Rejection schema domain was rejected. This result was also consistent with the previous studies suggested a significant relationship between impaired autonomy/performance schema domain and self-reported depressive symptomatology (Calvete et al., 2015; Colman, 2010; Davoodi et al., 2018; Flink et al., 2017). In other words, individuals who reported higher levels of experienced maltreatment in their childhood tended to develop more maladaptive schemas from Impaired Autonomy/Performance schema domain, and as a consequence, were at an increased risk for depressive symptomatology. Significant associations among depressive symptomatology and this schema domain were consistent with the theoretical assumption that maladaptive schemas were predicted by an adverse childhood environment (Young et al., 2003), and maltreated individuals were also found to be at higher risk of enduring cognitive vulnerabilities associated with depressive symptoms (Nanni, Uher, & Danese, 2012; Alba, Calveter, Wante, Van Beveren, & Braet, 2018).

The finding that impaired autonomy schema domain mediates the association between child abuse/neglect and depressive symptomatology is not novel but important considering the sample of the study were university students. The early maladaptive schemas under this domain were abandonment, enmeshment/dependence, failure, vulnerability to harm, and pessimism schemas. Considering that higher education students view academic success and competence as the most important source of self- worth (Crocker, Luhtanen, Cooper, & Bouvrette, 2003), this finding could be interpreted as maladaptive schemas including the beliefs of failure, pessimism, and impaired performance could be activated easily for these individuals in any case of failure. Thus, they could be experiencing more depressive symptoms (Colmon, 2010). A preliminary suggestion for future studies regarding this finding may be that each of the early maladaptive schemas could be examined in relation to psychological outcomes seperately rather than focusing on total schema scores or schema domains.

Moreover, this finding was also crucial for clinicians who were working with university students. In particular, it was revealed that clinicians should pay attention to these schemes regarding their implications on university students. The results of the current study also provide clinicians information about specific themes which can be worked throughout the psychotherapy processes of university students with depressive symptoms, regardless of the theoretical perspectives and therapeutic approaches. Furthermore, focusing on the underlying mechanisms of depressive symptoms rather than DSM-IV-TR symptom-based classifications appeared to be more critical. Given that utilizing schema therapy approach dealing with the schemas could be achieved focusing on schemas may be more helpful in reducing depressive symptoms and may be increasing well-being of the university students.

However, some limitations of the study should also be remarked. The main shortcoming is the utilization of self-report measures. Some clinicians' evaluations could be involved to the instruments for binary evaluation. On the other hand, self-report measures also have considerable value in assessing the emotional states and cognitions (Haeffel & Howard 2010). Inevitably, a clinician or researcher evaluate the participants' psychological state based on an interview which also based on participants' story and which can be deceptive as much as participants' self-reports. Besides, the YSQ is a standardized and reliable approach used for years and studies for evaluating EMSs. Another limitation of the present study is the use of university student sample; thus, these results may or may not be generalized to clinical sample. Nevertheless, future studies could use clinical interviews for clinically depressive samples. Besides, it would be valuable for future studies to compare findings from a non-clinical individual with those of a clinical group. Moreover, in the current study, anxiety or somatization symptoms of participants did not evaluate. However, it is known that there is a very comorbid process between those psychological symptoms (Passer & Smith, 2007; Smith, Martin-Herz, Womack, & Marsigan, 2003). In order to differentiate the effects of each of them and to examine how those symptoms related to early maladaptive schemas, future studies could use more instruments to include more psychological symptom, including anxiety, somatization. Furthermore, it would be essential to highlight the importance of schema coping processes for grasping the essence of psychopathology development better (Karaosmanoğlu, Soygüt, & Kabul, 2013). The last limitation of the present study is its cross-sectional nature. Thus, it is not possible to conclude in a cause-effect relationship.

Despite these limitations, this study suggests essential clinically relevant implications. First, various studies with adults have provided empirical support for the association of maladaptive schemas to childhood adversity and psychopathology (Lumley & Harkness, 2007). Likewise, the current research provides substantive proof of a link between child abuse/neglect and depressive symptomatology and provides support for the mediation role of EMSs in this relationship. Therefore, identifying the maltreatment-related maladaptive schemas may be crucial in the psychological treatment of depression. Moreover, evidence from meta-analysis studies showed that child abuse/neglect might negatively influence not only the risk of developing depressive symptoms but also the course of the problem and treatment outcome through the negative cognitive styles (Nanni, Uher, & Danese, 2012). Thus, the identification of EMSs could be necessary for a better course and outcome of the treatment. However, identification of maladaptive schemas alone could be not enough for a better course of treatment, that is schema coping processes must also be taken into account.

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Author's Note

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Çocuk İstismarı / İhmali ve Depresif Semptomatoloji: Erken Dönem Uyumsuz Şemaların Aracı Rolü

Özet

Çocuk istismarı ve ihmali, yetişkinlik çağındaki bireylerin psikolojik sağlığını etkileyen önemli bir faktördür. Çocuk istismarı/ihmalinin insanların yetişkinlikte psikopatoloji geliştirmesine nasıl yol açtığının belirlenmesine yönelik artan bir ilgi bulunmaktadır (Lumley ve Harkness, 2007). Bu bağlamda, Young ve arkadaşları (1990, 1999) tarafından geliştirilen Şema Terapi modeli psikopatolojinin kökenlerini erken dönem uyumsuz şemalar ile açıklamaktadır. Erken dönem uyumsuz şemalar kişinin çocukluk ve ergenlik döneminde kendiliğe ve diğerlerine dair geliştirdiği, uzun vadede ise bireyin psikolojik uyumunu bozan genel yaygın bilişsel temalardır (Young, 1999; Young, Klosko ve Weishaar, 2003). Şema Terapi modelinde 18 erken dönem uyum bozucu şema tanımlanmış ve bu şemalar şema alanı olarak adlandırılan beş alana kategorize edilmiştir. Bu şema alanları sırasıyla, Ayrılma/Ret Etme, Zedelenmiş Otonomi/ Performans, Zedelenmiş Sınırlar, Öteki Yönelimlilik, Aşırı Tetikte Olma/Bastırılmışlık şema alanlarıdır. Şema terapi çocukluk döneminde karşılanması gereken temel duygusal ihtiyaçlardan bahsetmektedir. Bu ihtiyaçların karşılanmaması, engellenmesi ya da aşırı karşılanması gibi durumlarda ise erken dönem uyum bozucu şemaların geliştiği öne sürülmektedir (Young et al., 2003). Çocukluk dönemi istismar ve ihmali de erken dönem şemaların gelişimi ile ilişkili bulunmuşlardır (Calvate ve Orue, 2013; Calvate, Orue ve Hankin, 2015). Diğer yandan, araştırmalar erken dönem uyumsuz şemaların depresif semptomlar ile ilişkili olduğunu göstermektedir (Debowska ve Boduszek, 2017; Mills, Kisely, Alati, Strathearn, ve Najman, 2016; Vachon, Krueger, Rogosch, ve Cicchetti, 2015). Özellikle, depresif semptomatoloji için Ayrılma/Reddetme ve Zedelenmiş Otonomi/Performans şema alanları depresyonun etiyolojisi ve şiddeti ile ilişkili olarak saptanmışlardır (Calvete ve Orue, 2013; Calvete ve ark., 2015)

Bu doğrultuda, bu çalışmanın amacı, şema alanlarının, çocuk istismarı/ihmali ve depresif semptomatoloji arasındaki ilişkideki aracı rollerini incelemek ve tanımlamaktır. Söz konusu alanyazın ışığında, (1) Zedelenmiş Özerklik / Performans şema alanının, çocuk istismarı / ihmali ve depresif semptomatoloji arasındaki ilişkiye aracılık edeceği ve (2) Ayrılma / Reddetme şeması alanının, çocuk istismarı / arasındaki ilişkiye aracılık edeceği varsayılmıştır. Bu araştırmanın örneklemini, yaşları 18 ile 32 arasında değişen 414 üniversite öğrencisinden [312 (% 75,4) kadın, 102 (% 24,6) erkek] ve [322 (% 75,4) kadın] oluşmaktadır. Gerekli izinler alındıktan sonra katılımcılara Demografik Bilgi Formu, Çocukluk Travmaları Ölçeği, Young Şema Ölçeği ve Beck Depresyon Ölçeği'nden oluşan ölçek paketi uygulanmıştır.

Bu çalışmada, şema alanlarının aracı rollerini incelemek için Paralel Çoklu Aracı Değişken Analizi yürütülmüştür. Bu analizin gücü, önerilen diğer aracı değişkenleri kontrol ederek her aracı değişkenin rolünü ve ilişkisini ayrı ayrı test ediyor olmasıdır. Beş şema alanı için yürütülen Paralel Çoklu Aracı Değişken Analizi sonuçlarına göre, tüm şema alanları arasında yalnızca terkedilme, kenetlenme/bağımlılık, başarısızlık, zarar görmeye yatkınlık, zarar verme ve karamsarlık şemalarından oluşan Zedelenmiş Otonomi/ Performans şema alanının, çocuk istismarı/ihmali ve depresif semptomatoloji arasındaki ilişkiye aracılık ettiğini görülmektedir. Diğer bir deyişle, çocukluk çağında karşılaşılan istismar ve ihmal düzeylerinin yüksek olduğunu bildiren bireylerin, Zedelenmiş Otonomi/Performans şema alanından uyumsuz şemalar geliştirme eğiliminde oldukları ve bunun sonucu olarak da depresif belirtiler açısından yüksek risk altında bulundukları söylenebilir.

Bu bulgu yeni bir bulgu olmamakla birlikte, çalışmanın katılımcılarının üniversite öğrencileri olduğu düşünüldüğünde ayrıca önem kazanmaktadır. Bu şema alanı altında kümelenen erken dönem uyumsuz şemalar, akademik başarını öz yeterliliğin birincil belirleyicisi olarak algılandığı bu dönemde özellikle aktive oluyor olabilirler. Başarısızlık, karamsarlık ve perfromans düşüklüğüne yönelik bu inançları içeren bu şemaların aktive olması depresif belirtiler ile sonuçlanıyor olabilir. Bu bulgu, aynı zamanda şema alanlarındansa şemaların ayrı ayrı değerlendirilmesinin gerekliliğini gösterir niteliktedir. Bu çalışmanın sonuçları, aynı zamanda teorik perspektifler ve terapötik yaklaşımlardan bağımsız olarak depresif semptomları olan üniversite öğrencilerinin psikoterapi süreçlerinde çalışabilecekleri özel temalar hakkında da bilgi vermektedir. Ayrıca, DSM-IV-TR semptom temelli sınıflandırmalar yerine altta yatan mekanizmalarına odaklanmanın daha kritik olduğunu dair savı desteklemektedir. Bu nedenle, erken dönem uyumsuz şemaların belirlenmesi daha iyi bir terapi süreci ve sonucu için gerekli olabilir. Bununla birlikte, tek başına uyumsuz şemaların tanımlanması daha iyi bir tedavi süreci için yeterli olmayabilir, şema başa çıkma süreçleri de dikkate alınmalıdır. Gelecek çalışmalarda başa çıkma süreçlerinin rolü de incelenmelidir.

Ancak, çalışmanın bazı kısıtlamaları da bulunmaktadır. Öz bildirime dayalı ölçümlerin kullanılması ve çalışmanın klinik olmayan bir örneklemle yürütülmesi bu kısıtlamalardır. Bu nedenle, bu sonuçlar klinik örneğe genellenemeyebilir. Gelecekteki çalışmalar klinik olarak depresif örneklemde, klinik görüşmeleri de kullanarak bu konuyu araştırabilir. Ayrıca, bu çalışmada katılımcıların kaygı ya da somatizasyon belirtileri değerlendirilmemiştir. Ancak, bu psikolojik semptomların aynı anda görülebileceği de bilinmektedir. Her birinin etkilerini ayırt etmek ve erken dönem uyumsuz şemalar ile ilişkili olarak bu semptomların nasıl ortaya çıktığını incelemek için gelecekteki çalışmalar kaygı ve

somatizasyon dahil olmak üzere daha fazla psikolojik semptom içeren daha fazla ölçüm kullanabilir.