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The Difference in Early Maladaptive Schemas Between Men and Women

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Abstract

The study of personality is important for understanding differences in psychological traits between sexes. Schema Therapy (ST) was developed to treat chronic psychological disorders and is based on the concept of Early Maladaptive Schemas (EMSs), defined as 18 dysfunctional patterns of thoughts, feelings, and behaviors. To assess EMSs, the Young Schema Questionnaire – Long Form (YSQ-L3) is used, a self-report instrument with 232 items rated on a 6-point Likert scale. This study compared EMSs between men and women in the general population. A total of 810 individuals (302 men and 508 women) participated, with a mean age of 30.66 years (SD = 10.65), completing the YSQ-L3 and a sociodemographic questionnaire. The results showed statistically significant differences in the EMSs of Emotional Deprivation, Enmeshment, and Self-Sacrifice. These findings are in line with previous research and provide insights into sex-specific patterns of EMSs, which may support more targeted clinical assessment and intervention.

Keywords: Difference Between Sexes, Early Maladaptive Schemas, Schema Therapy, Young Schema Questionnaire, Clinical Psychology

A DIFERENÇA DE ESQUEMAS INICIAIS DESADAPTATIVOS ENTRE HOMENS E MULHERES

Esquemas Iniciais Desadaptativos em Homens e Mulheres

Resumo

O estudo da personalidade é necessário na tentativa de analisar diferenças de traços psicológicos e características entre os sexos. A Terapia do Esquema (TE) é uma teoria desenvolvida para transtornos psicológicos crônicos, considerados até então difíceis de se tratar. Um dos principais conceitos é o de Esquemas Iniciais Desadaptativos (EIDs), que são 18 padrões disfuncionais de pensamentos, sentimentos e comportamentos. Para a avaliação dos EIDs foi produzido o Questionário de Esquemas de Young – Versão Longa (YSQ-L3), um instrumento de autorrelato com 232 itens, em uma escala Likert de 1 a 6 pontos. O objetivo do estudo é comparar os EIDs de homens e mulheres de acordo com o YSQ-L3 provenientes da população geral. Participaram da pesquisa 810 indivíduos, sendo 302 do sexo masculino e 508 do feminino com média de 30,66 anos (DP= 10,65). Para tanto, foram aplicados a ficha de dados sociodemográficos e o YSQ-S3. Os resultados demonstraram que há diferença significativa entre os grupos do sexo masculino e do sexo feminino nos EIDs de Privação Emocional, Emaranhamento e Autossacrifício. Conclui-se que os resultados são positivos e estão de acordo com a literatura e podem contribuir para a avaliação e intervenção de determinados EIDS para o tratamento de indivíduos da população geral.

Palavras-chave: Diferença entre sexos, Esquemas Iniciais Desadaptativos, Terapia do Esquema, Questionário de Esquemas de Young, Psicologia Clínica

LA DIFERENCIA DE ESQUEMAS DESADAPTATIVOS TEMPRANOS ENTRE HOMBRES Y MUJERES

Esquemas Desadaptativos Tempranos en Hombres y Mujeres

Resumen

El estudio de la personalidad es importante para comprender las diferencias de rasgos psicológicos entre los sexos. La Terapia de Esquemas (TE) fue desarrollada para el tratamiento de trastornos crónicos, siendo uno de sus principales conceptos los Esquemas Desadaptativos Tempranos (EDTs), definidos como 18 patrones disfuncionales de pensamientos, sentimientos y comportamientos. Para evaluarlos, se utiliza el Cuestionario de Esquemas de Young – Versión Larga (YSQ-L3), un instrumento de autoinforme con 232 ítems en escala Likert de 1 a 6 puntos. Este estudio comparó los EIDs entre hombres y mujeres de la población general. Participaron 810 individuos (302 hombres y 508 mujeres), con una media de edad de 30,66 años (DE = 10,65), quienes respondieron al YSQ-L3 y a una ficha sociodemográfica. Los resultados indicaron diferencias estadísticamente significativas en los EDTs de Privación Emocional, Enmarañamiento y Autosacrificio. Tales hallazgos corroboran la literatura y contribuyen a la comprensión de las especificidades de los EDTs en cada sexo, con implicaciones para la evaluación e intervención clínica.

Palabras clave: Diferencia entre sexos, Esquemas Iniciales Desadaptativos, Cuestionario de Esquemas de Young, Terapia de Esquemas, Psicología Clínica

The study of personality is extremely useful in attempting to ascertain the sex differences in psychological traits. Personality is generally used to measure the extent to which an individual manifests high or low levels of specific characteristics. Personality traits are consistent patterns of thoughts, feelings, and behaviors that a person demonstrates in various situations (Simpraga, Rosu, Georgescu, & Măroiu, 2022). In this context, men's and women's main personality traits differ in several aspects. The characteristic differences have been documented in systematic reviews and are mainly associated with negative emotionality such as neuroticism, anxiety, depression, and rumination (Ellis, 2011). One of the most widely used personality trait models, especially in recent years, has been the "Big Five" theory (Costa & McCrae, 1992). The Big Five personality traits constitute a hierarchical model that seeks to explain human personality by understanding five overarching factors: Extraversion, Neuroticism, Agreeableness, Conscientiousness, and Openness to Experience (Silva & Nakano, 2011). Each of these broad factors encompasses more specific traits, forming a hierarchical structure that facilitates the understanding of individual variations in personality (Soto & Jackson, 2020).

Sex differences in personality traits are often described in terms of which sex tends to score higher means on each psychological trait. For example, recent research indicates that, although men and women may appear similar in general measures of agency and complicity, sex differences become evident when sub-dimensions such as dominance/assertiveness and caring are analyzed separately (Folberg et al., 2021). Furthermore, women tend to be more agreeable than men. Studies indicate that these sex differences are most pronounced in Neuroticism and Agreeableness, with women scoring, on average, higher than men by some 0.5 standard deviations (SD) in these traits (Wright et al., 2025). This demonstrates that women are generally more caring, kind, and altruistic, with greater frequency and intensity. Nevertheless, this finding does not exclude the fact that men are also capable of expressing affection and that some may present higher scores for these characteristics than certain women. Therefore, understanding the differences in how men and women feel, think, and behave is important for deepening studies on the human condition (Weisberg, DeYoung & Hirsh, 2011).

Schema Therapy (ST) strongly supports studies related to personality. According to this approach, personality is formed by temperament, which encompasses genetically inherited aspects, and by the experiences that the individual undergoes in childhood and adolescence. Temperament is a biological determinant that establishes the ideal amount of basic emotional needs to be met at different times in an individual's development (Wainer, Paim, Erdos, & Andriola, 2016). ST has established itself as an effective approach for individuals with chronic psychological disorders, especially those diagnosed with personality disorders that previously resisted traditional cognitive therapy protocols. Recent studies demonstrate that ST, particularly when used with groups, promotes significant improvements in symptoms and quality of life for these patients (Zhang et al., 2023). It is an innovative approach that proposes using precepts of traditional Cognitive-Behavioral Therapy, such as a structured therapeutic process, focusing on solving present-day problems, using psychoeducation to develop the individual's autonomy, and

understanding the influence of thoughts on behavior and feelings. In addition, ST seeks to give greater importance to childhood experiences and the therapeutic relationship as a means of change, taking into account the emotional activation that occur in psychotherapy, an essential part of the process. To this end, Schema Therapy incorporates fundamentals from various approaches, integrating concepts from Cognitive-Behavioral Therapy, attachment and object relations theories, and Gestalt and experiential techniques (Zhang et al., 2024).

Within ST, we have the concept of Early Maladaptive Schema (EMS), which is the deepest level of cognition. EMSs are conceptualized as 18 dysfunctional patterns that guide how individuals encode, interpret, and respond to stimuli in their environments, seen as truths about themselves and the context in which they are inserted (Young et al., 2003b). Recent studies show that EMSs are associated with impairments in multiple areas of life, including a variety of psychological disorders such as depression, anxiety, personality disorders, attachment difficulties, and symptoms of post-traumatic stress, especially in individuals with a history of interpersonal trauma (Karatzias et al., 2022).

During childhood and adolescence development, there are developmental tasks that the individuals need carried out, namely: acceptance and belonging, a sense of autonomy and competence, realistic limits, respect for their desires and aspirations, and legitimate emotional expression. When the environment and, especially, caregivers, do not meet these emotional needs satisfactorily, EMSs emerge and strengthen as they are repeated during this period (Young et al., 2008). Although dysfunctional, EMSs generally do not stem from trauma, but from harmful situations that are repeated throughout childhood and adolescence development. They struggle to survive, and since the patient's behavior and character are guided by these patterns, this way of being is often all they know to establish themselves in relationships with the most diverse areas of their lives. Currently, 18 EMSs are known, divided into five schematic domains that relate to the individual's unmet emotional needs: Disconnection/rejection; Impaired autonomy/performance; Impaired limits; Other-directedness; and Overvigilance/inhibition (Young et al., 2003b).

To assist in the assessment and identification of EMSs, the Young Schema Questionnaire was developed. This questionnaire is completed based on the patient's self-report, evaluating the EMSs in their respective domains (Young, 1990). More recently, the third version of the instrument was developed, available in a long version, the Young Schema Questionnaire – Long Form (YSQ-L3), with 232 items. This version assesses the 18 EMSs that are categorized into five schematic domains through self-report (Young, 2003a). Thus, the purpose of this study is to compare the EMSs of men and women from the general population according to the YSQ-L3.

Method

Participants

This research included 810 general-population participants, in which 302 were males and 508 were females, living in all regions of the country, namely: 33 from the Central-West region (4.1%), 50 from the Northeast region (6.2%), 26 from the North region (3.2%), 428 from the Southeast region (52.8%), and 273 from the South region (33.7%). The mean age of the total sample was 30.66 years (SD = 10.65). Sociodemographic data, age, and sex characterization is shown in Table 1. As inclusion criteria, subjects had to be between 18 and 85 years old and have completed elementary school. The exclusion criterion was the omission of any questions from the questionnaires.

Table 1

Characterization of sociodemographic data, age and sex of men and women

Variables	Total n = 810 (%)	Men n = 302 (37.3%)	Women n = 508 (62.7%)
Average mean (standard deviation)	30.66 (10.65)	29.51 (10.14)	31.35 (10.92)
Schooling			
Basic Education	4 (0.5)	1 (0.3)	3 (0.6)
Secondary Education	113 (14.0)	45 (14.9)	68 (13.5)
Higher Education	693 (85.6)	256 (84.8)	437 (86.0)
Economic classification			
A	188 (23.2)	32 (10.6)	156 (30.7)
B	441 (54.5)	128 (42.4)	313 (61.6)
C	156 (19.3)	122 (40.4)	34 (6.6)
D	25 (3.1)	20 (6.6)	5 (1.0)
Skin color (IBGE-2015)			
White	629 (77.7)	208 (68.9)	421 (82.9)
Black	32 (4.0)	17 (5.6)	15 (3.0)
Mixed-race	133 (16.4)	72 (23.8)	61 (12.0)
Asian	13 (1.6)	4 (1.3)	9 (1.8)
Indigenous	3 (0.4)	1 (0.3)	2 (0.4)

Note: Mean age and frequencies of sex, education level, economic classification, and skin color of groups.

Instruments

Sociodemographic data sheet: used to identify sociodemographic characteristics of the sample, that is, individual aspects (age, sex, education, skin color) and family aspects (with whom they reside, family income, economic classification).

Young Schema Questionnaire – Long Form (YSQ-L3): The YSQ-L3 is a 232-question self-report questionnaire that assesses the 18 EMSs in their respective five domains. According to Young et al. (2003a), these five domains group the EMSs that tend to develop together: Disconnection/Rejection (Abandonment/instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/shame, Social isolation/alienation); Impaired Autonomy and Performance

(Dependence/incompetence, Vulnerability to harm or illness, Enmeshment, Failure); Impaired Limits (Entitlement/grandiosity, Insufficient self-control/self-discipline); Other-directeness (Subjugation, Self-Sacrifice, Approval-seeking/recognition-seeking); Overvigilance and Inhibition (Negativism/pessimism, Overcontrol/emotional Inhibition, Unrelenting Standards/ hypercriticalness, Punitiveness).

Items are rated on a 6-point Likert scale (1 = completely untrue of me; 6 = describes me perfectly). The instructions require the individual to respond, based on how they feel in relation to the statement of each item, reflecting on the last 12 months. Each sentence establishes content related to cognitions, emotions, sensations, and behaviors. It was validated for use in Brazil by Ferronatto (2021), and presented excellent reliability rates with $\alpha = 0.91$.

Procedures

This sample is part of the database of a larger study, entitled: "Validation of the Young Schema Questionnaire-long form (YSQ-L3) for Use in Brazil." The questionnaire was administered online through the research dissemination on social networks such as Facebook and Instagram and also for convenience by members of the research team and people in their contact networks. The individuals who participated in the study filled out the instruments individually, based on self-report.

Ethical aspects

This study is part of a larger project, entitled "Psychometric Evidence of Schema Therapy Questionnaires for Use in Brazil," which was submitted and approved by the Scientific Committee of the Faculty of Psychology and the Research Ethics Committee of PUCRS with code CAAE: 80925517.0.0000.5336. The ethical aspects proposed by Resolution 510 of April 7, 2016 (CNS 510/2016), which discusses ethical procedures in research with human beings, were respected. All research participants were clarified regarding the study objective and signed the Informed Consent Form (ICF).

Data analysis

This is a quantitative comparative cross-sectional study. The data were processed using SPSS (Statistical Package for the Social Sciences) version 26.0, and descriptive (percentages, frequencies, means, standard deviation) and inferential (Kolmogorov-Smirnov normality test, independent samples t-test) analyzes were performed. The significance level adopted was 5%.

Results

The sample normality was verified using the Kolmorogov-Smirnov test, which indicated a normal distribution for all EMSs ($p<0.05$). To check the Homogeneity of Variances, the Levene's Test was performed. Enmeshment presented $p<0.05$ and one observed the values contained in the analysis that do not assume equality of variances. In turn, Emotional Deprivation;

Abandonment; Mistrust/Abuse; Social Isolation; Defectiveness; Failure; Dependence; Vulnerability; Subjugation; Self Sacrifice; Emotional Inhibition; Unrelenting Standards; Entitlement; Insufficient self-control/self-discipline; Approval-seeking; Negativity/Pessimism, and Punitiveness presented $p>0.05$, which was considered to meet equality of variances, as shown in Table 2.

According to the t-test, it was found that there is a significant difference between the male and female groups regarding Emotional Deprivation, Enmeshment and Self-Sacrifice. Women scored higher than men on Enmeshment and Self-Sacrifice, while men scored higher on Emotional Deprivation. The results can be seen in detail in Table 2.

Table 2

Comparison of means with the significance level of EMSs between men and women.

	Men (n=302)	Women (n=508)	
EMSs	M (SD)	M (SD)	p
Emotional deprivation	2.8679 (1.29)	2.6080 (1.22)	.004
Abandonment	2.8475 (1.17)	2.8673 (1.19)	.819
Mistrust/abuse	2.9466 (1.06)	2.8133 (1.06)	.085
Social isolation	3.2355 (1.41)	3.0333 (1.42)	.051
Defectiveness	2.3576 (1.15)	2.1507 (1.09)	.011
Failure	2.3896 (1.33)	2.6078 (1.49)	.037
Dependence	2.2120 (1.09)	2.2403 (1.12)	.727
Vulnerability	2.8013 (1.15)	2.9806 (1.22)	.039
Enmeshment	1.9837 (0.86)	2.3255 (1.14)	.000
Subjugation	2.6748 (1.13)	2.7276 (1.20)	.539
Self-sacrifice	3.3076 (0.98)	3.5460 (1.01)	.001
Emotional inhibition	3.1891 (1.25)	3.0811 (1.23)	.232
Unrelenting standards	3.3578 (1.10)	3.3723 (1.07)	.855
Entitlement	2.8302 (0.98)	2.7573 (1.03)	.325
Insufficient self-discipline	2.9596 (1.07)	2.9386 (1.09)	.790
Approval-seeking	2.7975 (1.14)	2.7894 (1.14)	.922
Negativity/ pessimism	3.1186 (1.28)	3.0399 (1.30)	.404
Punitiveness	2.94607 (1.01)	2.9164 (1.00)	.685

Note: T-test with means and significance between groups.

Discussion

Across the sample distribution, women, compared to men, had significantly higher scores on Enmeshment and Self-Sacrifice. Men, on the other hand, had significantly higher scores on Emotional Deprivation. Recent evidence indicates that girls are disproportionately affected by traumatic childhood situations – such as sexual abuse –, and the majority of cases recorded in clinical settings is of female children (Racine et al., 2020), in which these traumatic experiences are, for the most part, responsible for the development of EMSs (Young et al., 2003b). Therefore, research is essential to determine the etiological factors that have the

potential to be responsible for sex differences in EMSs during adult life (Shorey, Anderson & Stuart, 2012).

Self-Sacrifice presented results of p< 0.005, and women obtained a higher mean (3.54; SD=1.01) than men (3.33; SD= 0.98). This EMS presents a disproportionate focus on meeting others' needs, while the individual's own needs or desires are left aside. Constant focus on others can lead to a lack of emotional agency, exploitation by others, and make these individuals have feelings of anger or resentment (Young et al., 2003b).

A study with a sample of 236 general-population participants – 123 females and 114 males – from the city of Porto Alegre analyzed the sex difference. Results showed that there is a significant difference between the female and male groups regarding Self Sacrifice, with a higher mean in women compared to men (Luz, Santos, Cazassa & Oliveira, 2012). This EMSs is valued among females, due to the fact that women have many responsibilities, and helping others is a priority (Alimoradi et al., 2022).

Individuals who present this EMS usually have an empathic predisposition, as they do not like others to feel any suffering and feel morally coerced to help others at any cost to avoid feelings of guilt (Rafaeli, Bernstein & Young, 2011). Women present significantly higher scores on the domains of self-esteem related to their behavior and ethical-moral principles (Gentile et al.). Research using self-reported questionnaires indicates that women tend to score higher on empathy measures than men, although studies using neural measures do not confirm this difference, suggesting that sociocultural factors may influence this perception (Pang et al., 2023).

Enmeshment was another EMS in which the results presented significant values (p< 0.005), with women obtaining a higher mean (2.32; SD=1.14) – than men (1.98; SD= 0.86). Sberse et al. (2023) affirm that a patient with this EMS develops expectations about themselves and the world that harm their ability to differentiate themselves from parental figures and, as a result, there is an absence of individuality, given that it comprises the belief that this individual will not be able to be happy without the constant support from others (Boscardin & Kristensen, 2011). People with this EMS are not able to impose healthy limits due to a constant fear of losing the other, being excessively involved with significant people (Paim, Madalena & Falcke, 2012).

An dependent individual is someone who is excessively dependent on others in ways that harm interpersonal relationships and threaten individual well-being (Birtchell, 1988). Dependence on interpersonal relationships appears to be more characteristic of women than men and this understanding is probably due to gender role stereotypes. For centuries, the female population usually occupied roles in which they were dependent and subordinate to the family. Cultural aspects and internalized patriarchal beliefs shape gender roles that position women as subject to male authority, being taught to obey, serve, and accept male power structures (Green, Satyen & Toumbourou, 2024).

A study on the relationship between EMSs and symptoms analyzed 196 individuals – 65 males and 131 females – admitted to a psychiatric hospital. The analyzes showed significant differences between women and men in Self-Sacrifice, Enmeshment, Failure, Abandonment and

Defectiveness/Shame, with women presenting higher scores on these five EMSs. Enmeshment had a mean of 2.82 (SD=1.65) in women, while men presented mean of 2.02 (SD=1.07). The fact that Enmeshment ratings were relatively higher and more significant for women compared to men may reflect the sociocultural theme in which men are expected to be more autonomous and independent than women (Welburn, Coristine, Dagg, Pontefract & Jordan, 2002).

The results showed significant values ($p< 0.005$) when we talk about Emotional Deprivation, which obtained a higher mean for men (2.86; SD=1.29) than for women (2.60; SD= 1.22). In a study that analyzed EMSs as moderators of the impact of stressful events on anxiety and depression in university students, 510 undergraduates in northern Spain participated, 65% women and 35% men. In that research, women scored higher on Failure and Abandonment, while men scored higher on Emotional Deprivation (Cámara & Calvete, 2012).

Emotional Deprivation has an expectation that the individual will not receive affection, support, or emotional attention from others. The individual feels that no one understands them and, generally, patients with this EMS have interactions that do not suggest that they need affection, since they do not expect emotional support, do not request it and, consequently, generally do not receive it (Young et al., 2003b).

Emotional support refers to the assistance provided through interpersonal relationships that helps an individual cope with life events that generate stress or significant impact. In this understanding, the majority of performed studies defend the perception that individuals have of themselves, which represents the generalized conception that they are admired, that they are available when needed, that others are interested in them, and that these individuals are satisfied with the relationships they have (Antunes & Fontaine, 2005).

Emotional support is a strategy that can be based on emotion-focused adaptive approaches. When individuals find themselves in undesirable (stressful) situations, they may seek to blame internal or external sources. Nevertheless, a research on undergraduates at a college in the northwestern United States found that men present low levels of support-seeking, either for feeling that they do not have an emotional support network or for feeling they do not have those skills (Eisenbarth, 2019). Furthermore, it is known that we have coping strategies when it comes to sex differences. Men have a tendency to avoid using emotion-focused approaches, as they are more emotionally inhibited due to sociocultural factors, in contrast to women, who use this approach frequently (Ptacek, Smith & Dodge, 1994).

Final Considerations

Mental health has become increasingly important in contemporary society, as it is fundamental to individual well-being and deserves the same level of attention as physical health. This study aimed to examine differences between men and women in the general population based on the YSQ-L3. The findings are consistent with the existing literature and may contribute to more accurate assessment and targeted interventions for specific EMSs, ultimately promoting better mental health outcomes in this population.

One limitation of this study is the failure to distinguish between clinical and non-clinical populations, as well as the lack of consideration of sociocultural and economic variables. These factors are increasingly relevant in contemporary society and highlight the need for analyses focused on more clearly defined and specific populations. Furthermore, there was no systematic control of potentially confounding variables, such as sociocultural, economic, and educational factors. Such variables may influence the expression of EMSs and differ between the sexes, thereby affecting the validity and interpretation of the comparisons conducted. Additionally, the cross-sectional design precludes the examination of changes over time. Future research should aim to control these variables and employ more robust methodological approaches, such as longitudinal designs. Despite these limitations, this study emphasizes the importance of EMSs in understanding sex differences in psychological traits, contributing to the development of more targeted and group-specific interventions. The questionnaire used was well understood by participants and may serve as a valuable tool for identifying schemas and supporting the development of more adaptive coping strategies for both men and women.

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