



## Early maladaptive schemas and aggression in men seeking residential substance use treatment <sup>☆</sup>



Ryan C. Shorey <sup>a,\*</sup>, Joanna Elmquist <sup>b</sup>, Scott Anderson <sup>c</sup>, Gregory L. Stuart <sup>b</sup>

<sup>a</sup> Ohio University, United States

<sup>b</sup> University of Tennessee – Knoxville, United States

<sup>c</sup> Cornerstone of Recovery, Louisville, TN, United States

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### ABSTRACT

Social-cognitive theories of aggression postulate that individuals who perpetrate aggression are likely to have high levels of maladaptive cognitive schemas that increase risk for aggression. Indeed, recent research has begun to examine whether early maladaptive schemas may increase the risk for aggression. However, no known research has examined this among individuals in substance use treatment, despite aggression and early maladaptive schemas being more prevalent among individuals with a substance use disorder than the general population. Toward this end, we examined the relationship between early maladaptive schemas and aggression in men in a residential substance use treatment facility ( $N = 106$ ). Utilizing pre-existing patient records, results demonstrated unique associations between early maladaptive schema domains and aggression depending on the type of aggression and schema domain examined, even after controlling for substance use, antisocial personality, age, and education. The *Impaired Limits* domain was positively associated with verbal aggression, aggressive attitude, and overall aggression, whereas the *Disconnection and Rejection* domain was positively associated with physical aggression. These findings are consistent with social-cognitive models of aggression and advance our understanding of how early maladaptive schemas may influence aggression. The implications of these findings for future research are discussed.

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Social-cognitive models of aggressive behavior (e.g., Anderson & Bushman, 2002; Berkowitz, 1990; Bushman, 1996) propose that cognitive schemas that are focused on negative, hostile, and aggressive scripts are heavily present among aggressive individuals relative to non-aggressive individuals. According to Beck (1967), schemas, either adaptive or maladaptive, are cognitive structures individuals use for coding, screening, and interpreting information that is encountered in the environment. From a social-cognitive standpoint, these cognitive schemas, or aggressive scripts, play an important role in influencing the expression of aggressive behavior (Berkowitz, 1990; Bushman, 1996). For instance, Berkowitz (1990, 1993) put forth a general theory of human aggression that posits that negative affect facilitates

higher-level cognitions, such as interpretational biases or causal attributions, which increase anger and decrease adaptive problem solving, thus promoting aggression (Berkowitz, 2001). While individuals may hold specific cognitive schemas related to aggressive behavior, such as the belief that aggression is a useful and acceptable conflict resolution strategy, it is also possible that more general, maladaptive and negative cognitive schemas impact the expression of aggression. Specific to the current study, we examined whether early maladaptive schemas (Young, Klosko, & Weishaar, 2003) were associated with aggression.

### 1. Early maladaptive schemas

The most commonly used definition of early maladaptive schemas (EMS) is “extremely stable and enduring themes, comprised of memories, emotions, cognitions, and bodily sensations regarding oneself and one’s relationship with others, that develop during childhood and are elaborated on throughout the individual’s lifetime, and that are dysfunctional to a significant degree” (Young et al., 2003, p. 7). Young and colleagues (2003) have theorized that there are 18 individual EMS that can be categorized into five

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\* Corresponding author at: Ohio University, Department of Psychology, 239 Porter Hall, Athens, OH 45701, United States. Tel.: +1 (740) 597 3298.

E-mail address: [shorey@ohio.edu](mailto:shorey@ohio.edu) (R.C. Shorey).

distinct schema domains, including (1) *Disconnection and Rejection* (schemas of emotional deprivation, abandonment, mistrust/abuse, social isolation, and defectiveness), (2) *Impaired Autonomy and Performance* (schemas of failure, dependence, vulnerability, and enmeshment), (3) *Impaired Limits* (schemas of entitlement and insufficient self-control), (4) *Other-Directedness* (schemas of self-sacrifice, subjugation, and approval-seeking), and (5) *Over-Vigilance and Inhibition* (schemas of emotional inhibition, unrelenting standards, negativity/pessimism, and punitiveness).

Briefly, the EMS domain of *Disconnection and Rejection* is characterized by feelings and beliefs that one's needs for safety, security, respect, and empathy will not be met by other people. This often results in interpersonal relationships that are destructive and contain high levels of criticism and anger. *Impaired Limits* is characterized by difficulties with impulse control, irresponsible behavior, delaying gratification, and cooperating with other people. The *Impaired Autonomy* domain involves beliefs that one will have a difficult time surviving and functioning by themselves, such that they may become overly dependent or enmeshed with other people and may view themselves as a failure. *Over-Vigilance and Inhibition* is focused on suppressing one's feelings and impulses, high standards of performance, and ethical behavior. According to Young and colleagues (2003), part of this domain is inhibition of anger and aggression, thus, theoretically, individuals high in this EMS domain should report decreased aggression. Lastly, the *Other-Directedness* domain is characterized by an excessive focus on meeting the needs of other people in order to gain approval and emotional connection (Young et al., 2003).

Aside from being central themes through which individuals interpret and respond to stimuli in their environment, EMS are hypothesized to result in high levels of negative affect, dysfunctional behaviors (e.g., substance use, aggression), and interfere with individual's meeting their basic needs of autonomy, self-expression, and connection (Young et al., 2003). Young and colleagues (2003) have proposed that EMS likely underlie the development and maintenance of psychopathology and dysfunctional behavioral patterns, including substance use. Indeed, as related to the population examined in the current study, research has demonstrated individuals in substance use treatment report greater levels of almost every EMS relative to healthy comparisons (Brotchie, Meyer, Copello, Kidney, & Waller, 2004; Roper, Dickson, Tinwell, Booth, & McGuire, 2010; Shorey, Stuart, & Anderson, 2013; Shorey, Anderson, & Stuart, in press) and drug and alcohol frequency and problems are positively associated with EMS (e.g., Shorey, Anderson, & Stuart, 2013). Young and colleagues (2003) also postulated that EMS may be associated with aggressive behavior, such that aggression is used as a way to cope with EMS, consistent with social-cognitive theories of aggression. However, only a handful of studies have examined this empirically.

## 2. EMS and aggressive behavior

Tremblay and Dozois (2009) first examined the relationship between EMS and aggression in a sample of male and female college students. Results demonstrated that EMS which comprise the *Disconnection and Rejection* domain, including abandonment, mistrust/abuse and social isolation, and EMS which comprise the *Impaired Limits* domain, including entitlement and insufficient self-control, were associated with increased trait aggressiveness (a combination of physical aggression, verbal aggression, anger, and hostility). Findings from this study are consistent with extant literature and theoretical conceptualizations which posit that individuals high on these EMS domains may engage in aggressive behavior as a way to cope with the negative emotions associated with these specific EMS domains. The EMS of self-sacrifice and

subjugation, which comprise the *Other-Directedness* domain, were negatively associated with trait aggressiveness.

Kachadourian and colleagues (2013) recently examined whether the *Impaired Autonomy* EMS domain was associated with psychological and physical aggression perpetration against an intimate partner among court-referred men in a domestic violence program. Results demonstrated that a higher score on the *Impaired Autonomy* domain was positively associated with psychological and physical aggression perpetration. As previously discussed, *Impaired Autonomy* is associated with dependence or enmeshment on others, thus individuals high on this EMS domain might engage in physical and psychological aggression in order to ensure a continued dependence on an intimate partner or close others. This study did not examine the other four EMS domains. Gay and colleagues (2013) also recently demonstrated that the EMS domains of *Disconnection and Rejection* and *Impaired Autonomy* were positively associated with physical dating violence perpetration among college women. The *Other-Directedness* EMS domain was unrelated to aggression perpetration. This study did not examine the EMS domains of *Impaired Limits* or *Over-Vigilance and Inhibition*.

## 3. Substance use and aggression

In addition to the existing literature that has established a strong relationship between EMS and both substance use and aggression, research has consistently demonstrated a strong link between the frequency of substance use, and substance use problems, and various indicators of aggression (e.g., physical, verbal) in multiple populations, including clinical and college student populations (e.g., Moore, Elkins, McNulty, Kivisto, & Handsel, 2011; Shorey, Stuart, & Cornelius, 2011). Specifically, Chermack and colleagues (2000) demonstrated that the prevalence of partner and non-partner aggression in the 12 months prior to substance use treatment was 57% and 53%, respectively. Additionally, Stuart and colleagues (2013) examined the temporal relationship between substance use and partner violence and found that drug use temporally preceded and increased the odds of partner violence. Thus, it is clear that substance use populations are more likely to have experienced aggression than the general population. Given the strong relationship between EMS and both substance use and aggression, the strong association between aggression and substance use, and social-cognitive theories of aggression, it is likely that EMS domains are significantly associated with aggression among individuals seeking treatment for substance use disorders.

## 4. Current study

In the current study we examined the relationship between EMS domains and different types of aggression (verbal, physical, and attitudinal) in a sample of men in residential substance use treatment. Consistent with social-cognitive theories of aggressive behavior (Berkowitz, 1990), the theoretical conceptualization of EMS (Young et al., 2003), and prior research (e.g., Gay et al., 2013; Tremblay & Dozois, 2009), we hypothesized that (1) the EMS domains of *Disconnection and Rejection*, *Impaired Limits*, and *Impaired Autonomy* would be positively associated with aggression and (2) the EMS domains of *Other-Directedness* and *Over-Vigilance* would be negatively associated with aggression. It was hypothesized *Over-Vigilance and Inhibition* would be negatively associated with aggression given Young and colleagues' (2003) theoretical conceptualization which posit that this EMS domain is associated with ethical behavior and the suppression of emotions and feelings, such as aggression. We also expected these relationships to

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