



The Role of Schemas in the Relationships between Family Function and Well-being *

Nihal TUTAL¹, İlhan YALÇIN²

ARTICLE INFO

Article History:

Received: 09 Mar. 2020

Received in revised form: 22 Jan. 2021

Accepted: 27 Feb. 2021

DOI: 10.14689/ejer.2021.93.6

Keywords

early maladaptive schemas, subjective well-being, family relationships, structural equation modelling.

ABSTRACT

Purpose: The current study aims to examine the mediator role of early maladaptive schemas in the relationship between family function and subjective well-being among students. **Research Methods:** This study is based on a relational survey model, and the participants consist of 521 university students. The demographic information form, the Family Assessment Device, the Young Schema Questionnaire-Short Form-3, the Satisfaction with Life Scale, and the Positive and Negative Affect Schedule were used to collect the data. The data were analysed using structural equation modelling. **Findings:** The results revealed that the hypothetical structural model is valid. After testing the hypothetical structural model's validity, the statistical significance of the associations between the latent variables in the model was assessed.

Results showed that early maladaptive schemas have partial mediator roles in the relationship between family function and subjective well-being. Additionally, findings presented that family function is directly and significantly associated with subjective well-being. **Implications for Research and Practice:** The findings represented the importance of early maladaptive schemas in the relationship between family function and subjective well-being. Thus, college counsellors might consider the role of early childhood experiences and family functions on the individuals' well-being. Future studies may focus on exploring the relationships between early childhood experiences and well-being using various research methods.

© 2021 Ani Publishing Ltd. All rights reserved

Ethical Statement: The ethics committee of Ankara University was consulted for the ethical approval of this study.

*This article was derived from the first author's master's thesis conducted under the supervision of the second author.

¹ Ankara University, TURKEY, e-mail: nihaltatal@gmail.com, ORCID: 0000-0002-3353-6130

² Ankara University, TURKEY, e-mail: yalcini@ankara.edu.tr, ORCID: 0000-0002-6407-9606

Introduction

Theorists have discussed the concept of well-being, related to individuals' psychological health and life processes, as a complex and controversial concept since the beginning of human history. Traditionally, theorists and practitioners in psychology have focused on defining the symptoms of psychological disorders rather than identifying the criteria for psychological well-being (Kinnier, 1997; Ryan & Deci, 2001). Although psychological disorders and their symptoms are accepted as one of the important criteria for determining individuals' mental health, it is necessary to examine and understand the individual's negative and positive aspects rather than solely focusing on their negative aspects. After reviewing psychology literature, it seems evident that the studies emphasising the individual's positive aspects are very few compared to the studies related to psychological problems. However, along with the positive psychology movement's effects in recent years, this approach has begun to change with the acceptance of individuals' positive characteristics as a criterion in evaluating mental health. In this context, mental health is associated with subjective well-being, psychological well-being, emotional well-being, or happiness (Diener, 2009).

Subjective well-being is what degree individuals perceive their life being satisfactory, beautiful, and desirable; when such perceptions are higher, people display more positive emotions, which carry more weight than negative ones (Diener & Seligman, 2009). Subjective well-being consists of three dimensions, namely, positive affect, negative affect, and life satisfaction. While emotions such as hope, excitement, confidence, and joy constitute the positive affect dimension, guilt, anger, sadness, and hate constitute the negative affect. The dimension of life satisfaction, which includes evaluations of the individual's satisfaction degree in various areas of life, composes the cognitive dimension of subjective well-being (Lucas & Diener, 2004). After the dimensions are taken together, it could be stated that if a person feels more positive emotions, they will display fewer negative emotions and get more life satisfaction. Thus the level of subjective well-being will be higher (Diener, 2000).

After the search of the psychology literature, it is considered that childhood experiences have an important place in understanding adult psychopathology and well-being. Many theorists emphasise that a parent-child relationship that is first established at an early age is critical for healthy psychological adjustments in adulthood. The relationship between the child and the primary caregiver determines the child's feelings of security (Bowlby, 1973). Object relations and ego psychology theories suggest that the child and the caregiver not forming an early relationship in childhood is the most important cause of psychological disturbances that may occur in the future. After the literature review, studies examining the effects of family dynamics on the individual's well-being were discovered. Following the review of the studies, positive relationships between subjective well-being and family function (Coty & Wallston, 2010; Lavee, McCubbin & Olson, 1987; Shek, 1998) and life satisfaction (Acar, 2011; Botha & Booyesen, 2014) and psychological well-being (Kazarian, 2005 & Shek, 1997) was identified. However, a negative relationship was

detected between symptoms of depression and schizophrenia (Trangkasombat, 2008) and psychological symptoms (Kapıcı & Hamamcı, 2010; Leung, Chen, Lue & Hsu, 2007; Mark, Keller & Davies, 2005). In addition to these studies, a positive relationship was detected between perceived negative parenting styles and psychological symptoms (Haycraft & Blissett, 2010; Lipps, Lowe, Gibson, Halliday, Morris, Clarke, & Wilson, 2012; Soygut & Cakır, 2009). Whereas a negative relationship was identified between perceived negative parenting styles and psychological well-being (Gok, 2012; Unal, 2012; Khodabakhsh, Kiani, & Ahmedbookani, 2014) and a positive relationship was found between positive parental perception and the level of well-being (Desjardins, Zelenski, & Coplan, 2008; Driscoll, Russell & Crockett, 2008; Kocayoruk, 2012).

Therefore, it is necessary to evaluate each aspect of family functioning to fully understand the family structure in which the parent-child relationship is first established. Family functions emerge when behaviours are controlled depending on social norms and values. Family's main functions are the continuation of the human race, the child's upbringing, family members' care, providing love, development and discipline, and providing a supportive environment (Ryan, Epstein, Keitner, Miller, & Bishop, 2005). A functional family provides an environment where each family member can fulfil appropriate developmental and intra-family roles. Thus the family life cycle continues functionally and successfully interacts with other systems (Goldberg & Goldberg, 2007). According to the McMaster Family Function Model, family functions are classified into six aspects, behavioural control, problem-solving, affective responsiveness, communication, affective involvement, and behavioural control (Ryan et al., 2005). The ability to solve family problems to the degree that the family can effectively perform its functions during conflicting times defines the family function's problem-solving dimension, while the verbal exchange of information between family members or with the outside world defines the communication dimension. The other dimensions include roles that determine how duties are shared and carried out and how family members fulfil their functions. These are (i) family members effective and appropriate responsiveness to an emotional stimulus, (ii) being able to participate in each other's activities, (iii) appreciating each other and effective involvement of family members, and (iv) behavioural control that includes the rules of the family concerning behaviours (Ryan et al., 2005).

The related literature reported that parental attitudes and family dynamics are important indicators of individual happiness. Many variables play a role in the relationship between well-being and family functioning (Gok, 2012; Harris & Curtin, 2002; Kapıcı & Hamamcı, 2010). One of these variables is 'early maladaptive schemas' triggered in adulthood and originated from negative childhood experiences. It is one of the important concepts of the schema therapy approach developed by Young (1990) for treating psychological disorders (Young, Klosko & Weishaar, 2009). Young et al. (2009) define maladaptive behaviours as reactions to certain schemas (indicating that individuals maladaptive behaviours develop from early maladaptive schemas). In other words, maladaptive behaviours are not part of a schema; instead, a schema's activation triggers them. These behaviours, which may constitute a specific part of personality over time, could form many personality disorders. Early maladaptive

schemas arise if the needs of a child are frequently unmet or excessively satisfied. These schemas consist of five schema domains (Over-Vigilance and Inhibition Schema domain, Impaired Autonomy and Performance Schema domain, Disconnection and Rejection Schema domain, Other-Directedness Schema domain, and Impaired Borders Schema domain) and 18 sub-dimensions (Young, Bernstein & Rafaeli, 2013). When these schemas that lead individuals to exhibit negative behaviours are activated, they behave according to the relevant schema.

Nevertheless, the severity of irrational thoughts or cognitive distortions, which are supposedly the cause of emotional problems, decreases after overcoming the mental problems. This decrease in the activation of schemas leads to an increase in individual well-being. Thus, when the existing literature is examined, early maladaptive schemas are affected by family dynamics and influence adults' well-being levels during adulthood. In the literature, a positive relationship was identified between depression symptoms and early maladaptive schemas (Harris & Curtin, 2002), psychological symptoms (Schmid & Joiner, 2004), antisocial personality disorder symptoms (Cakır, 2007), anxiety and depression symptoms (Camara & Calvete, 2012), social phobia symptoms (Eldogan, 2012), eating disorders (Clair, 2013), personality disorders (Gilberta & Dafferna, 2013), and post-traumatic stress disorder symptoms (Erdogan, 2014). A negative relationship between subjective well-being (Boysan, 2012) and psychological well-being (Saygılı, 2014) was identified. However, we also discovered that some studies considered early maladaptive schemas as mediating variable in the relationship between parental perceptions and depression symptoms (Harris & Curtin, 2002), family functioning and psychological symptoms (Kapıcı & Hamamcı, 2010), and parenting styles and psychological health (Gok, 2012).

In examining the literature, it is concluded that different parenting attitudes and family functions affect individual development and psychological well-being. Based on previous studies, it could be stated that family functions might shape the well-being of the individual during adulthood (Coty & Wallston, 2010; Lavee, McCubbin & Olson, 1987; McFarlane, Bellissimo, & Norman, 1995; Rask, Astedt-Kurki, Paavilainen, & Laippala, 2003; Shek, 1998). From this point, investigating the roles of some variables in the relationship between family functioning and well-being is necessary to provide valuable information to the related literature and clinical practice. Thus, the current study explores the role of early maladaptive schemes in the relationship between family functioning and subjective well-being. The present study mainly investigates the direct effect of family functioning on subjective well-being and the indirect effect through early maladaptive schemas. The hypothesised model is presented in Figure 1 below.

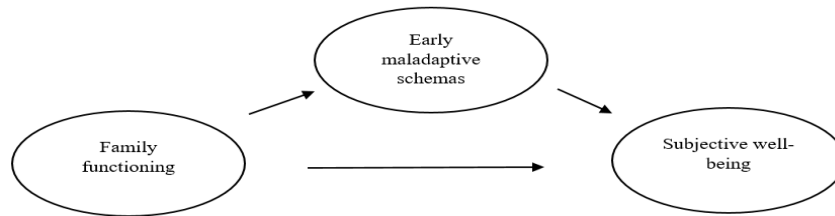


Figure 1. Hypothesised Model Tested in the Study

Based on the findings of previous studies in the related literature, hypotheses of the current study were set as follows:

Hypothesis 1: Family function positively and significantly predicts subjective well-being.

Hypothesis 2: Family function negatively and significantly predicts early maladaptive schemas.

Hypothesis 3: Early maladaptive schemas negatively and significantly predict subjective well-being.

Hypothesis 4: Family function significantly predicts subjective well-being through early maladaptive schemas.

Method

Research Design

This research is descriptive research based on the relational survey model. It examines the relationships between university students' family functions, early maladaptive schemas, and subjective well-being levels. In this study, the mediating effect of early maladaptive schemas in the relationship between family function and subjective well-being was investigated by structural equation model analysis.

Research Sample

The study sample consists of 521 university students, 386 (74.1%) of whom are female, and 135 (25.9%) are male. The students are enrolled in Ankara University, Ahi Evran University, Middle East Technical University, Kırıkkale University, and Gazi University in the 2014-2015 academic year. The participants' mean age was $X = 20.19$ ($Sd = 1.85$), ranging between 17 to 32 years.

Research Instruments and Procedures

The study was started with the permission of the ethics committee of Ankara University (01/10/2014, 1283). The consent form was obtained from all participants indicating that they voluntarily participated in this study. Data was gathered through four different instruments: Family Assessment Device, Young Schema Questionnaire-Short Form 3, Satisfaction with Life Scale, and Positive and Negative Affect Schedule.

Family Assessment Device was developed by Epstein, Bolwin, and Bishop (1983), and it is a 4-point Likert type scale (1 = strongly agree, 4 = strongly disagree) made up of 7 subscales. High scores on scale items indicate unhealthy family functions. The scale was adapted to Turkish by Bulut (1990). The internal consistency coefficients of the subscales ranged from .38 to .86. The construct validity of the scale was evaluated by comparing the scores of the groups, those in the process of divorce and those who are not (Bulut, 1990). The Cronbach α internal consistency coefficient of the scale was calculated as .91 for the current study.

The original Young Schema Scale had been transformed into a shorter version because it was too long (Young, 1994). Adding three more dimensions to this short form, the 90-item Young Schema Scale Short Form-3 was composed (Young, Klosko, & Weishaar, 2009). Reliability and validity studies of the scales Turkish version was carried out by Soygut, Karaosmanoglu, and Cakır (2009). As a result, a total of 5 schemas and 14 sub-dimensions were found. The scale is a 6-point Likert type scale (1 = Completely untrue of me, 6 = Describes me perfectly). High scores gathered from the scale indicate a higher number of early maladaptive schemas. Internal consistency coefficients for the schemas range from .63 to .80, and test-retest reliability coefficients range from .66 to .83. The Cronbach α internal consistency coefficients of the questionnaire were calculated between .68 and .90 for the current study.

The Satisfaction with Life Scale was developed by Diener, Emmons, Larsen, and Griffin (1985) to determine the individuals' life satisfaction level. The scale consisting of five items is a 7-point Likert type scale (1 = Strongly disagree, 7 = Strongly agree). Higher scores obtained from the instrument indicates higher life satisfaction. Durak, Durak, and Gencoz (2010) carried out the Turkish adaptation studies of the scale. The test-retest reliability coefficient of the scale, measured by applying the scale twice with an interval of three weeks, was .85. The Cronbach α reliability coefficients were .76 in the first study and .82 in the second. The Cronbach α internal consistency coefficient for the current study was calculated as .81.

Positive and Negative Affect Schedule, consisting of 20 items and 2 sub-dimensions, was developed by Watson, Tellegen, and Clark (1988) to measure affect in individuals. The instrument measures positive and negative affect on a 5-point Likert type scale (1 = very slightly or not at all, 5 = extremely). Turkish adaptation of the scale was carried out by Gencoz (2000). The Cronbach α internal consistency coefficients of the instrument are .83 for positive affect and .86 for negative affect. As for the current study, the Cronbach α coefficients of the positive and negative affects were calculated as .65.

Relationships between family function, early maladaptive schemas, and subjective well-being were tested via structural equation modelling. Within the scope of this research, firstly, the relationships between these variables were investigated. Then, the role of the mediator variable was examined by structural equation analysis.

Data Analysis

Before analysing data, assumptions were checked for the multivariate data analysis. After that, Pearson correlation analysis was used to analyse the relationships among study variables. The model's fitness in which the associations between family function, early maladaptive schemas, and subjective well-being were then tested using structural equation modelling. Many fit indices were used in the interpretation of the values obtained from the structural equation model analyses. In this study, Chi-square value, RMSEA (Root Mean Square Error of Approximation), CFI (Comparative Fit Index), GFI (Goodness of Fit Index), IFI (Incremental Fit Index), and SRMR (Standardised Root Mean Square Residual) were used. In the literature, an RMSEA value between 0.05 and 0.08 indicates an acceptable fit and 0.05 and smaller values suggest a good fit. Values below 0.08 for SRMR are considered to be acceptable. It is stated that 0.90 and above CFI, GFI, and IFI values indicate a good fit (Byrne, 2010; Kline, 2005). The data were analysed using SPSS 18 and Lisrel 8.7 statistical software.

Results

The study's main purpose is to investigate the mediating role of early maladaptive schemas in the relationship between family functioning and subjective well-being. Thus, the relationships among variables were firstly investigated. Then, the role of the mediator variable was examined by structural equation modelling.

The Pearson Product-Moment Correlation Coefficients, arithmetic mean, and standard deviation values of the variables are presented in Table 1 below.

Table 1*Relationships among Study Variables*

	\bar{X}	Ss	1	2	3	4	5	6	7
Family function	124.2	22.04	-						
Disconnection and Rejection	43.46	16.28	.49**	-					
Impaired Autonomy	39.55	14.11	.45**	.79**	-				
Impaired Borders	23.87	6.49	.08	.20**	.16**	-			
Other-Directedness	35.01	8.69	.17**	.41**	.45**	.43**	-		
Over Vigilance and Inhibition	54.24	13.82	.27**	.60**	.59**	.37**	.64**	-	
Life satisfaction	21.71	6.10	-.35**	-.35**	-.33**	-.08*	-.15**	-.28**	-
Positive affect	31.64	6.99	-.23**	-.17**	-.20**	-.02	-.01	-.04	.37**
Negative affect	22.84	6.59	.28**	.36**	.37**	.11*	.20**	.34**	-.31**

** $p < .01$, * $p < .05$

As shown in Table 1 above, a negative relationship was identified between life satisfaction (which is one of the components of subjective well-being) and family functioning ($r = -.35$, $p < .01$), disconnection and rejection ($r = -.35$), impaired autonomy ($r = -.33$), impaired borders ($r = -.08$), other-directedness ($r = -.15$), and over-vigilance and inhibition ($r = -.28$), which are the sub-dimensions of early maladaptive schemas. A significantly negative relationship was found between the positive affect dimension and family functioning ($r = -.23$, $p < .01$), disconnection and rejection ($r = -.17$), and impaired autonomy ($r = -.20$) schema domains. In contrast, no relationship was detected between positive affect and other schema domains. A significantly positive relationship was also identified between the negative affect dimension and family functioning ($r = .28$, $p < .01$), disconnection and rejection ($r = .36$), impaired autonomy ($r = .37$), impaired borders ($r = .11$), other-directedness ($r = .20$), and over-vigilance and inhibition ($r = .34$) schema domains, which are sub-dimensions of early maladaptive schemas (higher scores obtained from the Family Assessment Device indicate an unhealthy functioning of the family).

The Results of the testing Hypothetical Structural Model

The mediator role of early maladaptive schemas in the relationship between family functioning and subjective well-being, which was the study's main purpose, was

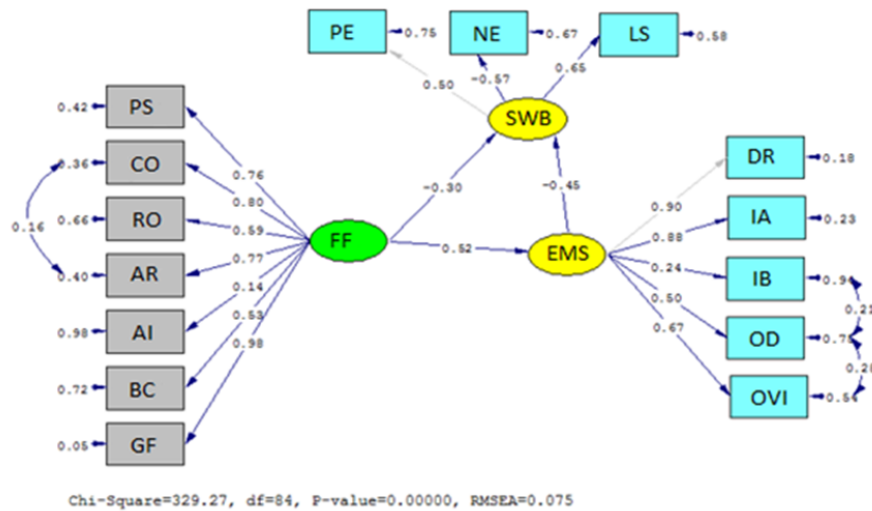
examined by structural equation modelling. In the first stage of the analysis, the measurement model provided preliminary information about which latent variables should be included in the same model. In the second stage, the hypothetical structural model, developed based on theoretical discussions, were tested. Finally, the statistical significance of the relationships between latent variables was assessed.

The evaluations about the validity of the measurement model and the hypothetical model were carried out by using model fit statistics. If the hypothetical model tested with the structural equation algorithm was found to be valid, we proceeded to test the statistical significance of the relationships between the variables addressed in the structural model. In this last stage of analysis, the significance of the causal relationships specified among latent variables was interpreted by evaluating the significance of t values obtained for path coefficients.

The family function identified as a latent variable in the research model includes seven sub-dimensions: problem-solving, communication, roles, affective responsiveness, affective involvement, behaviour control, and general functions. Another latent variable, early maladaptive schemas, consist of five schema domains, such as disconnection and rejection, impaired autonomy and performance, impaired borders, other-directedness, and over-vigilance and inhibition. Finally, subjective well-being as a latent variable includes three variables: life satisfaction, positive affect, and negative affect.

Measurement model analysis revealed that the Satorra-Bentler Scaled χ^2 value in 87 degrees of freedom was 871.33 ($p < .01$). The following results were also obtained: RMSEA = 0.105, CFI = 0.92, SRMR = 0.080, IFI = 0.92, and GFI = 0.86. Results of the measurement model analysis proposed three parameters that should be statistically added to the model. Accordingly, error covariances were added between (a) over-vigilance and inhibition and other-directedness, (b) other-directedness and impaired borders schema domains, and (c) effective responsiveness and communication sub-dimensions of family functions. Measurement model analysis showed that the Satorra-Bentler Scaled χ^2 value in 84 degrees of freedom was found as 329.27 ($p < .05$). The following results were also detected: RMSEA = 0.075, CFI = 0.96, SRMR = 0.069, IFI = 0.96, and GFI = 0.91. These values indicated that the measurement model for these three variables was valid.

After obtaining findings regarding the measurement model's validity, we evaluated the hypothetical model for the relationships between latent variables (family functioning, early maladaptive schemas, and subjective well-being). As a result of testing the proposed hypothetical model with structural equation analysis, the Satorra-Bentler Scaled χ^2 value in 84 degrees of freedom was found as 329.27 ($p < .05$). The following results were also detected: RMSEA = 0.078, CFI = 0.96, SRMR = 0.078, IFI = 0.96, and GFI = 0.91. Analysis results revealed that the hypothetical model representing the proposed relationships between family functioning, early maladaptive schemas, and subjective well-being was valid. Results of the structural equation modelling are shown in Figure 2 below.



SWB =subjective well-being (PE= positive affect, NE= negative affect, LS= life satisfaction); EMS= early maladaptive schemas (DR= disconnection and rejection, IA= impaired autonomy, IB= impaired borders, OD= other-directedness, OVI= over-vigilance and inhibition); FF= family functions (PS= problem-solving, CO= communication, RO= roles, AR= affective responsiveness, AI= affective involvement, BC= behaviour control, GF= general functions)

Figure 2. Results of the Hypothetical Model Analysis, Representing the Relationships Between Family Function, Early Maladaptive Schemas, And Subjective Well-Being (N=521)

T values interpreted the statistical significance of the structural model relationships in Figure 1 (page 5). The results showed that the direct effect of family functioning on subjective well-being was significant ($\beta = -.30$, $t = -4.17$, $p < .05$). Additionally, the results revealed that family functioning significantly predicted early maladaptive schemas ($\beta = .52$, $t = 10.66$, $p < .05$). Besides, early maladaptive schemas were negatively and significantly associated with subjective well-being ($\beta = -.45$, $t = -5.57$, $p < .05$). Based on the findings, it could be concluded that early maladaptive schemas played a partial mediator role in the relationship between family functioning and subjective well-being. In other words, family functioning is related to subjective well-being, and early maladaptive schemas have a partial mediating role in this relationship (higher scores obtained from the Family Assessment Device indicate an unhealthy functioning of the family).

Discussion, Conclusion, and Recommendations

The present study aimed to investigate the relationship between family function and subjective well-being and the mediating role of early maladaptive schemas in this relationship. The findings indicated a positive and significant relationship between family function and subjective well-being. There are many studies in which family dynamics positively predicted individuals' well-being (Coty & Wallston, 2010; Kapci

& Hamamcı, 2010; Katchur, 2013; Shek, 1997). Therefore, it was suggested that the results of the present study were in accordance with the literature. As Nazlı (2012) indicates, one of the most important causes of psychiatric disorders in children and adolescents is the presence of unhealthy factors in the family structure. According to Gunduz (2006), children who grew up in uneasy family environments (e.g. witnessing parents fighting) and had discordant family relationships experience constant emotional tension and exhibit more maladaptive behaviours than their peers. A child who could not learn a healthy way of problem-solving in the family environment may develop emotional and behavioural problems due to their inability to cope with problems. Balcıoğlu, Kocabasoglu, & Savrun (2000) state that a tough and authoritarian father figure may cause children to exhibit more negative behaviours (e.g. running away from home) and become incompatible. From this point of view, the researchers suggested any dysfunction in certain family functioning areas underlie several mental disorders. Thus, in light of the studies in the literature, an uneasy family atmosphere, dysfunctional family relations, and disruptions in family dynamics might negatively affect the individual's mental health and, consequently, might decrease their well-being.

Findings also showed that there is a negative and significant relationship between early maladaptive schemas and subjective well-being. Based on the related literature, it was concluded that early maladaptive schemas predicted individuals' well-being. Schmid & Joiner (2004) reported that schemas are positively associated with psychological problems and negative life events. Harris & Curtin (2002) suggested that there was a positive relationship between schemas and depressive symptoms. Eldogan (2012) also concluded that individuals with higher social phobia symptoms scored higher in schema domains. Besides, studies conducted by Erdogan (2014), Saygılı (2014), and Gilbert & Daffern (2013), which examined early maladaptive schemas and well-being, supported findings in the literature. Thus, the results of the studies in the literature were consistent with the findings of the present study. Early maladaptive schemas are dysfunctional beliefs that may lead individuals to display more negative emotions. Problematic parental attitudes and childhood experiences such as neglect and abuse are among the important factors in forming early maladaptive schemas (Young, 1990; Young et al., 2009; Young, Bernstein & Rafaeli, 2013). When life events in adulthood activate one's schemas, the individual unconsciously perceives the event in a traumatic way. Thus, in the moment of schema activation, the individual feels strong negative emotions such as pain, anger, fear, and shame. An increase in the number of negative emotions leads to a decrease in individuals' subjective well-being and, accordingly, a disturbance in their well-being.

Results revealed that there is a negative and significant relationship between family functioning and early maladaptive schemas. Similarly, Kapıcı & Hamamcı (2010) concluded that family functioning negatively predicted schema domains. Cakır (2007) and Colakoglu (2012) also concluded that negative parenting styles positively predicted schema domains. It was observed that the results of the present study were in accordance with the literature. According to Young et al. (2009), negative parent behaviours constitute the core of the schemas.

Regarding the fundamentals of schema therapy, the inability to meet the most basic needs such as understanding, love, and belonging within the nuclear family environment leads to early maladaptive schemas. An individual raised in a family environment in which the family fails to carry out its functions properly or has a disturbing function develop the belief that they will not belong to any social groups, will not adequately meet their relational needs, that they should ignore their feelings, and that the others will hurt them. These beliefs also lead to early maladaptive schema domains (Kapcı & Hamamcı, 2010). The roots of schemas depend on the inability to meet basic needs such as competence, developing identity perception, autonomy, and expressing feelings and needs. The failure to meet an individual's basic needs in the early developmental period results in developing the schema and fulfilling needs in unhealthy ways. Many negative factors encountered in the family, such as exposure to negative and problematic parental attitudes and unhealthy family dynamics during early childhood, might provide a ground for developing early maladaptive schemas.

Another finding of the study showed that early maladaptive schemas had a partial mediating role between family functioning and subjective well-being. Kapcı & Hamamcı (2010) concluded that the emotional isolation schema domain played a mediating role between family functioning and psychological symptoms. Similarly, Gok (2012) indicated that schema domains played a mediating role in the relationship between parenting styles and psychological health. Harris & Curtin (2002) concluded that schema domains had a partial mediating role in the relationship between parental perceptions and symptoms of depression. It is concluded that there was a consistency between the present study findings and research findings in the related literature. Schemas affect the recall of existing information and encoding of new information before encountering a new one. In this way, a person evaluates events with their own information processing style that is already available.

The core of early maladaptive schemas is based on negative parental attitudes and traumatic childhood experiences. Instances such as inability to meet the needs properly or over-protecting the child during childhood lead to these schemas' development. Dysfunctional family systems and over-protective and over-permissive parental styles might trigger these schemas' formation. These schemas become active while an individual evaluates an encountered event in adulthood and might cause one to display negative emotions. The activation of the schemas may lead to a decrease in subjective well-being. In other words, if early maladaptive schemas become active, which originate from negative parental attitudes and dysfunctional family dynamics, the individual might experience more negative emotions. In summary, any deterioration in family relationships might trigger schemas in individuals, resulting in negative well-being.

The present study has some limitations. Firstly, the study was conducted on a sample consisting only of university students. No data were collected from adolescents or adults. It is recommended to conduct the study on individuals who are in different developmental stages. Secondly, data were collected with self-report measures. Thus, some factors, such as social desirability, might affect the results. Thirdly, this study was conducted in a cross-sectional manner, and therefore directions of the

relationships between variables might be vice-versa. Accordingly, the interpretation of the findings should be made cautiously. Future studies might investigate the relationship among family functioning, early maladaptive schemas, and well-being using various research methods, such as longitudinal or qualitative methods, to better understand these variables.

Although there have been some limitations, the findings of the present study are important in several respects. For instance, results manifest the effects of early maladaptive schemas in the relationship between family functioning and well-being; in this respect, it is considered that the findings of the study will contribute to the related literature and clinical practice. For example, counsellors might consider the effect of early childhood experiences and family functioning on the individuals' well-being. Parent education programs might also include sessions focusing on the importance of early life experiences for adult mental health. Additionally, university counsellors might consider the relationships between family functioning and early maladaptive schemas with subjective well-being when working with university students to increase their quality of life.

References

- Acar, A.E. (2011). *Effects of chronic diseases on family functions and life satisfactions of the patients*. (Unpublished master dissertation). Dokuz Eylul University, Graduate School of Educational Sciences, Izmir.
- Balcıoğlu, I., Kocabasoglu, N. & Savrun, M.B. (2000). Crime, migration and child. *New Symposium*, 38(2), 51-55.
- Botha, F., & Booyesen, F. (2014). Family functioning and life satisfaction and happiness in South African households. *Social Indicators Research*, 119(1), 163-182.
- Bowlby, J. (1973). *Attachment and Loss: Vol. 2. Separation: Anxiety and Anger*. New York: Basic Books.
- Boysan, M. (2012). *Testing a model of associations between early maladaptive schemas, coping styles, and subjective well-being in university students* (Unpublished doctoral dissertation). Ankara University, Graduate School of Educational Sciences, Ankara.
- Bulut, I. (1990). *Family assessment scale handbook*. Ankara: Ozguzelis Publishing.
- Byrne, B.M. (2010). *Structural equation modeling with Amos: Basic concepts, applications, and programming*. New York: Routledge.
- Cakır, Z. (2007). *The relationships between early maladaptive schemas, perceived parenting styles and schema driven coping styles in antisocial personality disorder: An investigation through the schema therapy model*. (Unpublished master dissertation). Hacettepe University, Graduate School of Social Sciences, Ankara.

- Camara, M. & Calvete, E. (2012). Early maladaptive schemas as moderators of the impact of stressful events on anxiety and depression in university students. *Journal of Psychopathology and Behavioral Assessment*, 34(1), 58-68.
- Clair, M.N. (2013). *Differentiations in maladaptive schemas among persons diagnosed with anorexia nervosa, bulimia nervosa, and binge eating disorder*. (Unpublished doctoral dissertation). Capella University, Minneapolis.
- Colakoglu, E.T. (2012). *Self- concept, early maladaptive schemas, perceived parenting styles and interpersonal relations in young adults*. (Unpublished master dissertation). Maltepe University, Graduate School of Social Sciences, Istanbul.
- Coty, M.B. & Wallston, K.A. (2010). Problematic social support, family functioning and subjective well-being in women with rheumatoid arthritis. *Women and Health*, 50(1), 53-70.
- Desjardins, J., Zelenski, J. M., & Coplan, R. J. (2008). An investigation of maternal personality, parenting styles, and subjective well-being. *Personality and Individual Differences*, 44(3), 587-597.
- Diener, E., Emmons, R.A., Larsen, R.J. & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49 (1), 71-75.
- Diener, E. (2000). Subjective well-being: the science of happiness and a proposal for a national index. *American Psychologist*, 55, 34-43.
- Diener, E. (2009). Culture and well-being: the collected works of Ed. Diener. *Social Indicators Research Series 38*. Springer Science.
- Diener, E., & Seligman, M.E.P. (2009). Beyond money: toward an economy of well being the science of well-being. *Psychological Science in the Public Interest*, 5,131.
- Driscoll, A. K., Russell, S. T., & Crockett, L. J. (2008). Parenting styles and youth well being across immigrant generations. *Journal of family Issues*, 29(2), 185-209.
- Durak, M., Durak, E.S., & Gencoz, T. (2010). Psychometric properties of the satisfaction with life scale among Turkish university students, correctional officers, and elderly adults. *Social Indicators Research*, 99 (3), 413-429.
- Eldogan, D. (2012). *The mediator role of emotion regulation difficulties on the relationship between early maladaptive schemas and the symptoms of social phobia in university students*. (Unpublished master dissertation). Hacettepe University, Graduate School of Social Sciences, Ankara.
- Epstein, N.B., Bolwin, L.M. & Bishop, D.S. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy*, 9,171-180.
- Erdogan, Z. (2014). *The relationship of post traumatic stress disorder symptoms, cognitive schemas, emotion regulation and anxiety sensitivity among alcohol and/or substance dependent patients*. (Unpublished master dissertation). Ege University, Graduate School of Social Sciences, Izmir.

- Gilberta, F. & Daffern, M. (2013). The association between early maladaptive schema and personality disorder traits in an offender population. *Psychology, Crime and Law*, 19(10), 933-946.
- Gencoz, T. (2000). Positive and negative affect schedule: a study of validity and reliability. *Journal of Turkish Psychology*, 15(46), 19-28.
- Goldberg, H. ve Goldberg, I. (2007). *Family therapy: An overview*. Belmont, CA: Thomson Higher Education.
- Gok, A. (2012). *Associated factors of psychological well-being: Early maladaptive schemas, schema coping processes and parenting styles*. (Unpublished master dissertation). Middle East Technical University, Graduate School of Social Sciences, Ankara.
- Gunduz, U.H. (2006). *The evaluation of the ways the adaptation problems of students are handled by their parents, teachers and by themselves*. (Unpublished master dissertation). Dokuz Eylül University, Graduate School of Educational Sciences, Izmir.
- Haycraft, E., & Blissett, J. (2010). Eating disorder symptoms and parenting styles. *Appetite*, 54(1), 221-224.
- Harris, A.E. & Curtin, L. (2002). Parental perceptions, early maladaptive schemas, and depressive symptoms in young adults. *Cognitive Therapy and Research*, 26(3), 405-416.
- Kapçı, E.G. & Hamamcı, Z. (2010). The relationship between family dysfunction and psychological symptomatology: the mediating role of early maladaptive schemas. *Clinical Psychiatry Journal*, 13, 127-136.
- Katchur, A.Y. (2013). *The influence of parenting and family factors and resilience on subjective well-being in adolescence*. (Unpublished doctoral dissertation). Marywood University, USA.
- Kazarian, S.S. (2005). Family functioning, cultural orientation, and psychological well being among university students in Lebanon. *The Journal of Social Psychology*, 145(2), 141-154.
- Khodabakhsh, M. R., Kiani, F., & Ahmedbookani, S. (2014). Psychological well-being and parenting styles as predictors of mental health among students: Implication for health promotion. *International Journal of Pediatrics*, 2(3.3), 39-46.
- Kinnier, R.T. (1997). What does it mean to be psychologically healthy? In D. Capuzzi and D.R. Gross (Ed.), *Introduction to the counseling profession*, inside (pp. 48-63). Boston: Allyn and Bacon.
- Kline, R.B. (2005). *Principles and practice of structural equation modeling*. New York: Guilford Press.

- Kocayoruk, E. (2012). Self-determination theory and relationship between perception of parents and emotional well-being of adolescents. *Turkish Psychological Counseling and Guidance Journal*, 4 (37), 24-37.
- Lavee, Y., McCubbin, H. I., & Olson, D. H. (1987). The effect of stressful life events and transitions on family functioning and well-being. *Journal of Marriage and the Family*, 857-873.
- Leung, K. K., Chen, C. Y., Lue, B. H., & Hsu, S. T. (2007). Social support and family functioning on psychological symptoms in elderly Chinese. *Archives of Gerontology and Geriatrics*, 44(2), 203-213.
- Lipps, G., Lowe, G. A., Gibson, R. C., Halliday, S., Morris, A., Clarke, N., & Wilson, R. N. (2012). Parenting and depressive symptoms among adolescents in four Caribbean societies. *Child and Adolescent Psychiatry and Mental Health*, 6(1), 31.
- Lucas, R.E., & Diener, E. (2004). Encyclopedia of applied psychology. CC Spielberger (Ed.). Elsevier Academic Press, 3, 669-676.
- Mark Cummings, E., Keller, P. S., & Davies, P. T. (2005). Towards a family process model of maternal and paternal depressive symptoms: Exploring multiple relations with child and family functioning. *Journal of Child Psychology and Psychiatry*, 46(5), 479-489.
- McFarlane, A. H., Bellissimo, A., & Norman, G. R. (1995). Family structure, family functioning and adolescent well-being: The transcendent influence of parental style. *Journal of Child Psychology and Psychiatry*, 36(5), 847-864.
- Nazlı, S. (2012). *Family counseling*. Ankara: Anı Publishing.
- Rask, K., Åstedt-Kurki, P., Paavilainen, E., & Laippala, P. (2003). Adolescent subjective well-being and family dynamics. *Scandinavian Journal of Caring Sciences*, 17(2), 129-138.
- Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52, 141-166.
- Ryan, C.E., Epstein, N.B., Keitner, G.I., Miller, I.W., & Bishop, D.S. (2005). *Evaluating and treating families: The McMaster Approach*. Great Britain, Taylor & Francis Group.
- Saygılı, G. (2014). *Early developmental factors and psychological well-being: the mediating role of early maladaptive schemas*. (Unpublished master dissertation). Hacettepe University, Graduate School of Social Sciences, Ankara.
- Schmidt, N.B. & Joiner, Jr T.E. (2004). Global maladaptive schemas, negative life events, and psychological distress. *Journal of Psychopathology and Behavioral Assessment* 26(1), 65-72.
- Shek, D.T.L. (1997). The relation of family functioning to adolescent psychological well being, school adjustment and problem behavior. *The Journal of Genetic Psychology: Research and Theory on Human Development*, 158(4), 467-479.

- Shek, D. T. (1998). A longitudinal study of Hong Kong adolescents' and parents' perceptions of family functioning and well-being. *The Journal of Genetic Psychology, 159*(4), 389-403.
- Soygut, G., & Cakır, Z. (2009). The mediating role of the interpersonal schemas between parenting styles and psychological symptoms: a schema focused view. *Journal of Turkish Psychiatry, 20*(2), 144-152.
- Soygut, G., Karaosmanoglu, A., & Cakır, Z. (2009). Assessment of early maladaptive schemas: a psychometric study of the turkish young schema questionnaire short form 3. *Journal of Turkish Psychiatry, 20*(1), 75-84.
- Trangkasombat, U. (2008). Family functioning in mental illness: A study in Thai families with depressive disorders and schizophrenia. *Journal of Family Psychotherapy, 19*(2), 187-201.
- Unal, B. (2012). *Early maladaptive schemas and well-being: Importance of parenting styles and other psychological resources*. (Unpublished master dissertation). Middle East Technical University, Graduate School of Social Sciences, Ankara.
- Young, J.E. (1990). *Cognitive therapy for personality disorders: A schema focused approach*. Sarasota, Professional Resource Press.
- Young, J. (1994). *Young schema scale-short form*. Unpublished Report.
- Young, J.E., Klosko, J.S. & Weishaar, M.E. (2009). *Schema therapy*. Istanbul: Litera Publishing.
- Young, J.E., Bernstein, D.P. & Rafeali, E. (2013). *Schema therapy: Distinctive features*. Istanbul: Psikonet Publishing.
- Watson, D., Tellegen, A. & Clark, L. (1988). Development and validation of brief measures of positive and negative affect: The panas scales. *Journal of Personality and Social Psychology, 54*, 1063-1070.

Aile İşlevi ile İyi Oluş Arasındaki İlişkide Şemaların Rolü

Atıf:

- Tutal, N., & Yalcin, I. (2021). The role of schemas in the relationships between family function and well-being. *Eurasian Journal of Educational Research 93*, 115-134, DOI: 10.14689/ejer.2021.93.6

Özet

Problem Durumu: Bireylerin olumlu ve güçlü yanlarına vurgu yapan öznel iyi oluş kavramı; bireyin yaşantısında, olumlu duyguların daha fazla yer kaplamasının yanında, bireyin yaşantısını hangi düzeyde memnuniyet verici, güzel ve istenilir algıladığıdır. Yetişkin psikopatolojisini ve iyi olma durumunu anlamada çocukluk

dönemi ve aile içi dinamikler önemli bir yere sahiptir. Buradan hareketle; ebeveyn çocuk ilişkisinin temellerinin atıldığı aile yapısının bireyin yetişkinlik dönemi iyi oluş düzeyini etkilediğini söyleyebiliriz.

Bireylerin mutluluğu konusunda anne baba tutumlarıyla aile içi dinamiklerin önemli olduğu ve iyi olma ile aile işlevi arasındaki ilişkide birçok değişkenin rol oynadığı düşünülmektedir. Bu değişkenlerden birisi de erken dönem uyumsuz şemalardır. Kökeni çocukluk yaşantılarına dayanan erken dönem uyumsuz şemalarının, genellikle olumsuz aile yaşantısıyla ilgili olduğu düşünülmektedir. Şemaların aile içi dinamiklerden etkilendiği ve bireyin yetişkinlik dönemi iyi oluş düzeyini etkilediği görülmektedir. Bu noktada; kökeni olumsuz çocukluk yaşantılarına dayanan erken dönem uyumsuz şemaların bu iki değişken arasında nasıl bir rol oynadığının incelenmesi önemli görülmektedir. Bu yüzden araştırmada; üniversite öğrencilerinin aile işlevi ve iyi oluş düzeyleri arasındaki ilişkide erken dönem uyumsuz şemaların nasıl bir rol oynadığı incelenmektedir.

Araştırmanın Amacı: Bu araştırmanın temel amacı; üniversite öğrencilerinin aile işlevleri ile öznel iyi oluş düzeyleri arasındaki ilişkide erken dönem uyum bozucu şemaların aracı rolünün incelenmesidir.

Araştırmanın Yöntemi: Araştırma ilişkisel tarama modeline dayalı betimsel bir araştırmadır. Araştırmanın çalışma grubu, 2014-2015 eğitim öğretim yılında Ankara Üniversitesi, Orta Doğu Teknik Üniversitesi, Gazi Üniversitesi, Ahi Evran Üniversitesi ve Kırıkkale Üniversitesi'nde öğrenim gören; 521 öğrenciden oluşmaktadır. Araştırmada Aile Değerlendirme Ölçeği, Young Şema Ölçeği- Kısa Form 3, Yaşam Doyumu Ölçeği ve Pozitif ve Negatif Duygulanım Ölçeği olmak üzere dört ölçek kullanılmıştır. İstatistiksel analiz için SPSS 18 and Lisrel 8.7 programlarından yararlanılmıştır.

Araştırmanın Bulguları: Yapılan analizlerde ilk olarak ölçme modelinin geçerliği test edilmiştir. Elde edilen bulgulara göre, 87 serbestlik derecesinde Satorra-Bentler Ölçeklendirilmiş χ^2 değeri 581.33'tür ($p<.01$). RMSEA = 0.105, CFI = 0.92, SRMR= 0.080, IFI= 0.92, GFI= 0.86 olarak bulunmuştur. Lisrel programının modele eklenmesini önerdiği parametrelerin eklenmesinin ardından elde edilen ölçme modeli değerleri incelendiğinde, 84 serbestlik derecesinde Satorra-Bentler Ölçeklendirilmiş χ^2 değeri 329.27 ($p<.05$) olarak bulunmuştur. Ayrıca RMSEA = 0.075, CFI = 0.96, SRMR= 0.069, IFI= 0.96, GFI= 0.91 olarak bulunmuştur. Elde edilen değerler, söz konusu üç değişken arasındaki ölçme modelinin geçerli olduğunu göstermiştir.

Ölçme modelinin geçerliliğinden sonra; araştırma bağlamında önerilen hipotetik modelin test edilmesi sonucunda, 84 serbestlik derecesinde Satorra-Bentler Ölçeklendirilmiş χ^2 değeri 329.27 ($p<.05$) olarak bulunmuştur. Ayrıca, RMSEA = 0.075, CFI = 0.96, SRMR= 0.078, IFI= 0.96, GFI= 0.91 olarak bulunmuştur. Elde edilen değerler aile işlevselliği, erken dönem uyumsuz şemalar ve öznel iyi oluş gizil değişkenleri arasında kuramsal çerçeveden yola çıkılarak önerilen ilişkileri temsil eden hipotetik modelin geçerli olduğunu göstermiştir.

Yapısal modeldeki değişkenler arası ilişkilerin istatistiksel olarak manidarlığı t değerlerine bakılarak yorumlanmıştır. Elde edilen sonuçlar, aile işlevinin, öznel iyi oluş üzerindeki doğrudan etkisinin anlamlı olduğunu göstermektedir ($\beta = -0.30$, $t = -4.17$, $p < .05$). (Aile Değerlendirme Ölçeği'nden alınan yüksek puanlar, sağlıklı olmayan aile işlevlerine işaret etmektedir). Buna karşın, ölçme modelinde aile işlevi ile öznel iyi oluş arasındaki ilişkinin (-0.53), erken dönem uyumsuz şemaların modele dahil edilmesi ile düştüğü (-0.30) saptanmıştır. Ayrıca, modelde aile işlevi gizil değişkeninin erken dönem uyumsuz şemalar gizil değişkenini istatistiksel olarak anlamlı düzeyde yordadığı belirlenmiştir ($\beta = 0.52$, $t = 10.66$, $p < .05$). Bunun yanı sıra, erken dönem uyumsuz şemalar gizil değişkeninin öznel iyi oluşu yordama düzeyi de istatistiksel olarak anlamlı bulunmuştur ($\beta = -0.45$, $t = -5.57$, $p < .05$). Elde edilen bulgulardan yola çıkılarak, erken dönem uyumsuz şemaların aile işlevi ile öznel iyi oluş arasındaki ilişkide kısmi aracı rol oynadığı ifade edilebilir.

Araştırmanın Sonuçları ve Öneriler: Analizler sonucunda, aile işlevi değişkeninin öznel iyi oluşu anlamlı düzeyde olumlu yönde yordadığı tespit edilmiştir. Çocuk ve ergenlerde rastlanan psikiyatrik rahatsızlıkların en önemli sebeplerinden biri aile yapısındaki sağlıksız etmenlerin varlığıdır. Anne baba arasında kavgaların görüldüğü, anne babanın anlaşılamadığı huzursuz aile ortamında büyüyen çocuklar, sürekli bir duygusal gerilim içinde bulunmakta ve akranlarına göre daha fazla uyumsuz davranışlar sergilemektedirler. Bu bağlamda ailenin sağlıklı işlev görmesi ile bireyin öznel iyi oluş düzeyi arasında ilişki olduğu söylenebilir.

Analizler sonucunda, erken dönem uyumsuz şemaların üniversite öğrencilerinin öznel iyi oluş düzeylerini anlamlı düzeyde olumsuz yönde yordadığı saptanmıştır. Zorlayıcı ebeveyn tutumu, ihmal ve istismar gibi olumsuz çocukluk yaşantıları şemaların oluşmasında önemli etmenlerdir. Kişi ne kadar fazla olumlu duygulanım yaşıyorsa, yaşamundan ne kadar fazla doyum alıyorsa, kişinin öznel iyi oluş düzeyi o kadar yüksektir. Sonuç olarak; bireyin yaşadığı olaylar karşısında sahip olduğu şemalardan biri harekete geçtiğinde birey olumsuz duygular hissetmektedir. Bireylerin hissettikleri bu olumsuz duygulardaki artış da bireylerin öznel iyi oluş düzeylerinin düşmesine dolayısıyla kişinin iyilik halinin zedelenmesine sebep olmaktadır.

Yapısal eşitlik analizi sonucunda, üniversite öğrencilerinin aile işlevlerinin, erken dönem uyumsuz şemaları anlamlı düzeyde olumsuz yönde yordadığı saptanmıştır. Şemaların kökeninde olumsuz anne baba davranışları yer almaktadır. Çekirdek aile içinde anlayış, sevgi, ait olma gibi en temel gereksinimlerin karşılanamaması erken dönem uyumsuz şemaların gelişimine neden olmaktadır. Erken dönemde çocuğun anne babası tarafından olumsuz tutumlara maruz kalması, yanlış ebeveyn tutumları, aile içi dinamiklerin sağlıksızlığı gibi aile içinde yaşanan birçok olumsuz faktör bireylerde erken dönem uyumsuz şemaların oluşmasına zemin hazırlamaktadır.

Yapısal eşitlik analizi sonucunda, aile işlevi ile öznel iyi oluş düzeyi arasında erken dönem uyumsuz şemaların kısmi aracılık rolü olduğu bulgusuna ulaşılmıştır. Kökenini olumsuz anne baba tutumu ve işlevsel olmayan aile içi dinamiklerden alan

erken dönem uyumsuz şemalar etkin hale geldiğinde birey olumsuz duygular yaşamaktadır. Bundan dolayı, bireylerin öznel iyi oluş düzeyleri de azalmaktadır.

Bu araştırmanın sonuçları birkaç açıdan önemlidir. Alanyazın incelendiğinde; genellikle aile ve şema değişkenlerinin psikolojik rahatsızlıklarla olan ilişkisine odaklanılmıştır. Bu çalışma, öncelikle psikolojik rahatsızlıklar yerine aile ve şema değişkenlerinin bireylerin iyi oluş düzeylerine olan etkisinin ele alındığı ve bu üç değişken arasındaki ilişkilerin incelendiği ilk çalışmalardan birisidir. Bir diğer önemi ise; araştırmanın şemaların temelini oluşturan faktörlerden biri olan anne baba tutumlarının yanı sıra, aile üyeleri arasındaki iletişim, rol dağılımları, problem çözme becerileri gibi aile işlevselliğine etki eden faktörlerin de, şemaların oluşumunda, dolayısıyla bireylerin iyi oluş düzeylerinde etkili olup olmadığını incelemesidir. Bu bakımdan elde edilen bulguların alanyazına katkıda bulunacağı ve uygulama boyutunda da; şema kavramını ele alan bilişsel terapi uygulayıcılarına, anne babalara ve ruh sağlığı uzmanlarına yol gösterici olacağı düşünülmektedir.

Anahtar Sözcükler: Erken dönem uyumsuz şemalar, öznel iyi oluş, aile ilişkileri, yapısal eşitlik modellemesi.

Ethical Statement:

The authors declare that they have carried out the research with the participation of volunteer students. In line with this, the study was permitted by Ankara University Ethics Committee.

Ethics Committee Name: Ankara University Ethics Committee.

Approval Date and Number: 01/10/2014, 1283