DYSFUNCTIONAL SCHEMA MODES AND MALADAPTIVE PERSONALITY TRAITS AS A CONSEQUENCE OF EMOTIONAL MALTREATMENT AND THEIR RELATION WITH PERSONALITY DISORDERS

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By

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DECLARATION

I solemnly declare that the research "Dysfunctional Schema Modes and Maladaptive Personality Traits as a Consequence of Emotional Maltreatment and their Relation with Personality Disorders" is my personal work. It is neither plagiarized nor copied from any other source. I am submitting this research to Department of Psychology, International Islamic University Islamabad for the award of the degree of Ph. D in Psychology. In future, I will not submit this research to any other institution for the award of any other degree.

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CERTIFICATE

It is certified that PhD dissertation entitled "Dysfunctional Schema Modes and Maladaptive Personality Traits as a Consequence of Emotional Maltreatment and their Relation with Personality Disorders" prepared by Ms. Naila Batool is approved for submission to the Department of Psychology, International Islamic University Islamabad.

Prof. Dr. Muhammad Tahir Khalily
(Supervisor)

Dedicated to

Prof. Dr. Muhammad Tahir Khalily

An exemplary teacher

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Abstract

The present study has examined the direct and indirect effect of emotional maltreatment on personality disorders of adults. More specifically, the study investigated the mediation of schema modes and maladaptive personality traits between emotional maltreatment on personality disorders of adults. Data from adult participants (N = 1000) was collected from Pakistan by administering four scales including Questionnaire on Dimensions of Emotional Maltreatment at Home, Personality Inventory for DSM-5, Schema Mode Inventory (SMI) and Personality Diagnostic Questionnaire. Initially psychometric concerns were addressed including reliability, construct validity and normality of all scales. The reliability of all scales was satisfactory, scales have appropriate construct validity and normality was not problematic. The mediation analysis with PROCESS 3.0 was carried out by using emotional maltreatment as predictor variable, schema modes and maladaptive personality traits as mediator variables and personality disorders as outcome variables. Findings revealed that schema modes mediated between emotional maltreatment and cluster-A personality disorders. Schema modes mediated between emotional maltreatment and cluster-B personality disorders. Schema modes mediated between emotional maltreatment and cluster-C personality disorders. In the same manger, Findings revealed that maladaptive personality traits mediated between emotional maltreatment and cluster-A personality disorders. Maladaptive personality traits mediated between emotional maltreatment and cluster-B personality disorders. Maladaptive personality traits mediated between emotional maltreatment and cluster-C personality disorders. The study has provided support to the theory of Schema Modes which was related to the process perspective of the personality disorders which explains that the personality disorders follow a developmental course which is years

long. The study has applied and theoretical implications which suggested that instead of post development (after the diagnosis of personality disorders) interventions, the mental health practitioners should work on the preventive measures (i.e. on the prevention of emotional maltreatment, during the development of schemas, activation of schema modes and finally to conversion of schema modes into personality disorders at a specific age level.

Keywords: Emotional maltreatment, schema modes, maladaptive personality traits and personality disorders

Summary of the Research

The personality disorders have long history of theoretical work explaining the antecedents and consequences of personality disorders. Instead of the antecedents-consequences dichotomy, the Schema Theory taken a very different perspective of personality disorders and explained a sequence of psychological process which results in the development personality disorders. Young's Schema Theory illustrates that adverse childhood experiences results in the formation of childhood negative cognitive schemas, from which some (schemas) even remain active at adult age and covert into personality disorders. The same theoretically suggested path was testing in the present research. Thus the research investigated the mediation of schema modes between emotional maltreatment and personality disorders of adults. Besides this another path is also tested in the present study in which mediation of maladaptive personality traits between emotional maltreatment and personality disorders of adults is investigated. The existing theoretical and empirical literature confirms that early emotional maltreatments leads towards the formation of maladaptive personality traits and at adult age these traits manifests themselves in the form of personality disorders. Because the psychopathology becomes the part of personality structure, therefore the treatment of personality disorders becomes difficult. Mediation analysis through PROCSS 3.0 was conducted (for testing the hypotheses) which explained that schema modes mediated between emotional maltreatments and personality disorders of adults. Thus the Schema Theory gained support from the empirical data. More specifically, the schema modes mediated for all personality clusters including cluster-A, B and C. In line with these empirical insights, the maladaptive personality traits also mediated between emotional maltreatments and personality disorders of adults. In the same manner the maladaptive personality traits mediated for all personality clusters

including cluster-A, B and C. Concluding, the study proved that emotional maltreatment has direct and indirect (through schema modes and maladaptive personality traits) effect on predicting personality disorders of adults. Firstly, these findings enhance the validity of Schema Theory and thus the study has theoretical significance. On the other hand, the findings seek the attention of mental health practitioners to shift their focus from the antecedent / consequence dichotomy to the developmental nature of personality disorders which follows the process of aging and goes through different milestones of lifespan development before the diagnosis of personality disorders at the adult age. The clinical interventions have long been focused on the management of the personality disorders among patients. However, they have little focus on the preventive measure which can be more effective than management. The study has empirically established the fact that the case history of personality disorders stems from the experiences of emotional maltreatment which should be prevented or treated properly. If not treated, theses maltreatments lead towards the construction of early maladaptive cognitive schemas. If these maladaptive schemas are not eradicated through cognitive restructuring, these remain active during the course of aging—if not properly deactivated through cognitive restructuring—and finally appear in the form of personality disorders during early adulthood. Thus the study suggests multiple steps to prevent the development of personality disorders. The second important insight is that the study justifies that how the personality disorders or more managed and less treated, because these are developed through maladaptive personality traits and therefore they become the integral part of the building blocks of human personality. Thus the study has implications for child psychology, developmental psychopathology, family psychology, personality psychology and finally clinical psychology.

DYSFUNCTIONAL SCHEMA MODES AND MALADAPTIVE PERSONALITY TRAITS AS A CONSEQUENCE OF EMOTIONAL MALTREATMENT AND THEIR RELATION WITH PERSONALITY DISORDERS

INTRODUCTION

Chapter-I

Introduction

The personality disorders have long history of theoretical work explaining the antecedents and consequences of personality disorders. Instead of the antecedents-consequences dichotomy, the Schema Theory taken a very different perspective of personality disorders and explained a sequence of psychological process which results in the development personality disorders. Young's Schema Theory illustrates that adverse childhood experiences results in the formation of childhood negative cognitive schemas, from which some (schemas) even remain active at adult age and convert into personality disorders. The same theoretically suggested path was testing in the present research. Thus, the research investigated the mediation of schema modes between emotional maltreatment and personality disorders of adults. Besides this another path is also tested in the present study in which mediation of maladaptive personality traits between emotional maltreatment and personality disorders of adults is investigated. The existing theoretical and empirical literature confirms that early emotional maltreatments leads towards the formation of maladaptive personality traits and at adult age these traits manifests themselves in the form of personality disorders. Because the psychopathology becomes the part of personality structure, therefore the treatment of personality disorders becomes difficult.

Psychology explained personality disorders from two perspectives including a DSM-5 traditional classification of Cluster-A, B and C disorders and an alternate model of DSM-5 which explained personality disorders from the perspective of "maladaptive personality traits which are combined to form five broader categories of traits. The present study has integrated these two modes of personality disorders in a

meditational model. Personality disorders stem from negative experiences in childhood. The worst form of these adverse experiences is emotional maltreatment at homes which develops maladaptive personality traits and negative schema modes, which finally appear in the form of personality disorders during adulthood. Thus the study intended to investigate two paths in which the first path the emotional maltreatment directly contributes in the development of personality disorders. In the second path, the emotional maltreatment indirectly (through maladaptive personality traits and schema modes) impacts the development of personality disorders.

Emotional Maltreatment at Home

Emotional maltreatment is found in the society irrespective of demographic differences. In general it is a universal phenomenon (Lueders, 2002; Jolly, Aluede, & Ojugo, 2009). Emotional maltreatment is much pervasive because it is very easy to camouflage or hide (Beswick, 2009) although it has lifelong consequences (Simeon, Guralnik, Schmeidler, Sirof & Knutelska, 2001) in terms of psychological problems in general (Nishikwa, Sundbom, & Hagglof, 2010) and personality disorders in particular (Allen, 2008). Emotional maltreatment is defined by American Humane Association (2010) as parental or care givers' behavioral patterns that can disrupt child psychological, cognitive, emotional and social development.

Numerous researchers have proposed different classifications of emotional maltreatment. The first classification comprised of ignoring, rejecting, isolating, and exploiting/corrupting, verbally assaulting, terrorizing, neglecting the child (American Humane Association, 2010). The second classification consisted of rejecting, isolating, ignoring, corrupting, exploiting, terrorizing (Barriere, 2009). The third classification comprised of rejecting, degrading, terrorizing, isolating,

corrupting/exploiting, denying (Stevens, 2006). The fifth classification comprised of degrading, exploiting, corrupting, isolating, ignoring, rejecting, and terrorizing (Gesinde, 2010).

Maladaptive Personality Traits

Krueger, Derringer, Markon, Watson, and Skodol (2012) compiled a list of 25 maladaptive personality traits which were further clustered on five domains each measure comprised of a set of five pathological traits. Negative affectivity comprised of traits like emotional liability, anxiousness and separation insecurity. Detachment consisted of traits like withdrawal, anhedonia, and Intimacy avoidance. Psychoticism is a combination of unusual beliefs and experiences, Eccentricity, and perceptual dysregulation. Antagonism is a combination of manipulatives, deceitfulness and grandiosity. Disinhibition comprised of Irresponsibility, Impulsivity and distractibility (APA, 2013). These maladaptive personality traits are directly related to personality disorders. The existing big five model was deficient in a manner that it did not fulfill the clinical explanation of personality pathology which contributes towards in the development of personality disorders, although they are associated.

The five-factor model of maladaptive personality traits has direct relevance with the big five personality factors (Anderson et al., 2013). However, this model fit into the context of clinical practice. Krueger, Markon, Borroni, and Maffei (2013) found association between PID-5 and PDQ-4 which measures personality disorders on three axes. The link between maladaptive personality traits and personality disorders was also confirmed by further evidence (Miller, Few, Lynam, & MacKillop, 2014). Thus, it is important to note that these maladaptive personality traits developed through early emotional maltreatments are connected to personality disorders, because

these traits describe the personality pathology in the personality structure of the individuals. Thus, these traits have a more severe manifestation in the form of personality disorders.

The Big Five Model has long been studied with diverse constructs of mental health. The explanation of personality pathology by the creation of the model on Maladaptive Personality Traits has explained how pathological traits of personality are summed up to form personality disorders. This instead of Clusters linked classification of personality disorders; the alternate trait-linked classification suggests news pathways to explain the personality disorders (Krueger et al., 2012).

Explicit and Implicit Impact of Emotional Maltreatment

Childhood is a time period in individual life when the construction of human personality is carried out. Different life experience during childhood gradually develops the personality (Conti& Heckman, 2013). The early experiences of all children never remain the same as with the diversity of human experiences led the diversity in the psychology of human beings. Due to these differences, personality is also described as the study of "individual differences". Normal personality development is marked by consistent positive experiences during the early years of life. However, the negative experiences in the childhood mar the process of personality development (Farar & Schüssler, 2011; Fletcher & Schurer, 2017). The negative childhood experiences take numerous forms. The mistreatment of children can be done by different type of people including peers, teachers and family members (Finkelhor, Ormrod, Turner, & Hamby, 2005). It can be physical, emotional, financial or social (American Humane Association, 2010). Among these categories the worse

type of maltreatment is that which is done at home and the worse form of maltreatment is that when children are emotionally maltreated.

Different models have been proposed to introduce the maltreatment at home. However, the multidimensional model of Gesinde (2010) is a very comprehensive model to cover all possible domains of emotional maltreatment experienced by children at home. Hornor (2011) has explained that emotional maltreatment is a difficult maltreatment to detect and even there is lack of epidemiological estimates on this type of maltreatment. Even emotional maltreatment is more dangerous than physical abuse. Still this topic has many definitional issues and problems in identification (Trickett, Mennen, Kim, & Sang, 2009). Most of the children maintain silence over emotional maltreatment instead of agitation. Thus, this internalization causes many psychological problems (Crosson-Tower, 2003). The emotional maltreatment effects children's life in multiple aspects (Jonson-Reid, Kohl, & Drake, 2012). The brains of maltreated children are directly affected (Woon & Hedges, 2008).

The major underpinning behind the development of personality disorders has long been remained the interest of theorists and researchers. Time after time, numerous theories of personality disorders were proposed, tested, verified and rejected. One of the modern and most convincing elaboration of the personality disorders appeared in the recent decades in the form of "schema theory" of Young (2003). The extensive empirical data supported this theory and provided a logical and comprehensive account of evidence to infer that the development of personality disorders is a process of aging (Asadollahinia & Ghahari, 2018; Sundag, Ascone, & Lincoln, 2018), just like its diagnosis is age specific (APA, 2013).

Schema theory suggests a very linear path to interpret the development course of personality disorders, which not episodic but process like. Like many other disorders, personality disorders start to develop form early childhood (Hecht, Cicchetti, Rogosch, & Crick, 2014), in which children's experience take the either form—either their experiences are very pleasant or very adverse, tragic and traumatic (Zhang, Chow, Wang, Dai, & Xiao, 2012). These childhood experiences intervene when the children's cognitions are being developed (Berthelot et al., 2015; Mills et al., 2011; McConnell, Feldman, Aunos, &Prasad, 2011). Thus overall childhood maltreatment in general and emotional maltreatment at home in particular results in the formation of early maladaptive schemas of children (Calvete & Orue, 2013; Carr & Francis, 2010; McCarthy & Lumley, 2012; Tezel, Kişlak, & Boysan, 2015). Emotional maltreatment has negative impacts on all people irrespective of demographic differences (Jolly, Aluede, & Ojugo, 2009).

These negative cognitive schemas—which are maladaptive in nature—leads towards to development of some other cognitive malfunctions. During the course of aging, children are able to restructure some of the negative schemas through cognitive restructuring, but most of the negative schemas remain present throughout the developmental process till the age of adulthood (Horwitz, Widom, McLaughlin, & White, 2001; Theiler, 2005; Torres, 2002). When children with these negative schemas reach the age of adulthood, these maladaptive schemas appear in another form (Bamelis, Renner, Heidkamp, & Arntz, 2011). Although schema modes start developing from frustrated childhood, they continue to change and mature throughout life (Lobbestael, Arntz, & Sieswerda, 2005). These are linked with different types of psychopathologies in general and personality pathology in particular (Young, 2003; Young, Atkinson, Arntz, & Weishaar, 2005).

Thus, schemas convert into schema modes, which are currently active schemas at the age of adulthood. Young (2003) compiled a list of such 14 schema modes out of which, most of the schemas are negative, dysfunctional and maladaptive. Lobbestael, van Vreeswijk and Arntz (2007) compiled a list of 22 schema modes. Young (2003) introduced 14 schema modes. The model of schema modes by Young (2003) has gained much popularity is seeking the empirical support from the consistent research. These schema modes convert into personality disorders (BoBach, 2018), which are difficult to diagnose, hard to treat or manage and simply impossible to cure. The personality disorders have a long course, development history and a prolonged treatment. At the age of adulthood when the personality disorders are identified, they have become the integral part of the basic building blocks of personality, which are too intricate to reverse. Reversing the personality disorders is actually reversing the human nature (Hecht, Cicchetti, Rogosch, & Crick, 2014).

These theoretical and empirically established lines of inquiry were further studied in the present study. The present study is intended to examine the impact of emotional maltreatments in early childhood on schema modes and the impact of these schema modes on personality disorders (Dadashzadeh, Hekmati, Gholizadeh, & Abdi, 2016). More specifically, schema modes mediate between emotional maltreatment in childhood and personality disorders in adulthood. The present study is an initiative to link this path through empirical evidence. In DSM-5 the alternate model of personality disorders also gained popularity in the current decade and has inspired a good deal of research (Bach, Sellbom, & Simonsen, 2017; Strickland, 2014; Thimm, Jordan & Bach, 2016). All forms of childhood maltreatment are directly linked with the personality pathology in adulthood (Collishaw et al. 2007) which is major premise of the alternate model of DSM-5 on personality pathology.

The DSM-5 alternate model is an alternate path to explain the process of the development of personality disorders (Oldham, 2015). The alternate model reveals that emotional maltreatment in childhood results in the formation of personality traits which are maladaptive (Porter & Risler, 2014). The tenet of the alternate model are convincing as the empirical literature confirms that personality traits are developed through the process of aging. The authors of the alternate model compiled a list of such 25 traits which were further accumulated at five broader domains or clusters of traits. All traits have a similar feature of personality pathology caused by emotional maltreatment (Krueger, Derringer, Markon, Watson, & Skodol, 2013). It was theoretically and empirically established that childhood maltreatment is a major force behind the development of this personality pathology in general and maladaptive personality traits in particular (Spinhoven, Elzinga, Hemert, de Rooij, &Penninx, 2016). However, a further extension in this path was the addition of personality disorders triggered through pathological personality traits.

The existing evidence confirmed another path which connects maladaptive personality traits and personality disorders. Thus, the alternate path provides an alternate explanation of the antecedents' factors behind the development of personality disorders. Traits are enduring characteristics of human personality, which are enduring, consistent and pervasive (Roberts, 2009). The personality disorders also have lifelong existence, starting from early adulthood and going through the remaining life, till the old age. The early years are crucial for the development of personality traits—either adaptive or maladaptive—because in these years, interactions with parents, siblings and peers form the personal experiences of children which contribute towards the development of personality traits depending upon the

nature of experiences i.e. positive of negative (Allen, 2002; Damon & Eisenberg, 2000; Roberts, Wood, & Caspi, 2010).

Instead of the DSM-5 alternate model which introduced the concept of "maladaptive personality traits", the previous models also proposed negative traits like neuroticism—a trait which is the demonstration of negative affect (Jeronimus, Riese, Sanderman, & Ormel, 2014; Norris, Larsen, & Cacioppo, 2007). The construct of "negative affectivity", put forth by personality researchers is also a depiction of maladaptive personality traits (Koch, Forg as, & Matovic, 2013). In the same manner, the first maladaptive trait in the alternate model is "negative affect" which consolidates the existing knowledge on maladaptive personality traits in general and the role of these traits in the development of personality disorders in particular. This indicates that "maladaptive personality traits" is a topic well-researched, but their study in DSM-5 with reference of personality pathology is a recent tradition.

The indigenous research has been conducted on the related constructs with diverse research questions. In Pakistan, Shehzadi (2012) associated schemas with depression, anxiety stress and well-being of adults. More specifically, role of parental personality disorders in offspring personality disorders was also investigated. Riaz, Khalily, and Umm-e-Kalsoom (2013) validated Short Schema Mode Inventory in Urdu language. Fouzia (2014) studied translated and validated the Short Maladaptive Schema Questionnaire with participants from Pakistan. Khalily (2012) in a very distinctive qualitative research study explained schema perpetuation and schema healing from an Islamic perspective. Najam and Kausar (2012) investigated father's maltreatment with multiple negative psychological outcomes. Riaz and Qasmi (2012) reported that parental rejection was linked with adjustment problems.

Rationale

Personality disorders are found in the general population (Huang et al., 2002; Newton-Howes et al., 2008; Torgersen et al., 2001) besides clinical populations. There are lots of factors that work behind the development of personality disorders, e.g. environmental factors, genetic factors. The primary aim of the present study is to explore to the predictors of personality disorders among adults. In psychological disorders, personality disorders have gained much attention due to their increasing prevalence and due to the reason that their identification is comparatively difficult. More specifically, the researchers have turned their attention to the contributory factors in the development of personality disorders. The current research has focused on the direct and indirect antecedents of personality disorders and their symptoms. In this regards, the agreed upon explanation regarding the determinants of personality disorders is that they are deep-rooted in childhood experiences. The emotional maltreatment in the early years of life develops maladaptive schemas which manifest themselves in the form of personality disorders at adult age (Thimm, 2010; Wright, Crawford, & Del Castillo, 2009).

Young's (2003) theoretical illustrations regarding the role of the formation of maladaptive schemas between childhood emotional maltreatment and personality disorders is consistently supported by the empirical evidences in the individualistic societies. However, in the collectivist societies like Pakistan—where schema formation is comparatively different—the empirical verification of the model of Young (2003) is worth investigating. Early emotional maltreatment also leads towards the development of maladaptive personality traits and these traits are directly linked with personality disorders at adult age. Thus, the mediating role of early maladaptive

schemas and early maladaptive traits between childhood emotional maltreatment and personality disorders in intended to investigate in the present study. Barnet, Miller-Perrin, and Perrin (2005) revealed that emotional maltreatment is the most prevalent but least studied because it is under reported.

Secondly, the theoretical and empirically established lines of inquiry should be replicated in the collectivist indigenous cultures in which family system, structure and the conditions of children who are the victims of emotional maltreatment by their parents or caregivers are different. However, the difference is expected in the parenting practices and evidence of maltreatment in individualistic and collectivist cultures. Through this study present research is an attempt to bridge up the gap between Western culture and Pakistani culture. In DSM-IV, personality disorders are presented in discrete dimensions only. In DSM-5 an alternative model of personality disorders has given which includes different maladaptive personality traits. Researchers suggest that inclusion of both DSM-IV PDs and DSM-5 alternative model in a single scientific study can provide more comprehensive information regarding personality disorders (Anderson et al., 2014). Both models should be taken into consideration while studying personality disorders. So, present study is a unique contribution in this regard as both DSM-IV PDs and DSM-5 maladaptive personality traits will be examined and compared in the same population.

Lastly, the evidence of personality disorders in increasing in general population day by day. Most of the cases of personality disorders remained undiagnosed. The identification of individuals with personality disorders is the most difficult task. Existing research of schemas and personality disorders in the indigenous context has mainly focused on the translation, adaptation and validation of

these scales. However, the present study has focused on testing a structural model which is solidly based on a theory. Moreover, it is very important to discover which sort of emotional maltreatment is directly and indirectly linked with personality disorders. Knowing this can be facilitative in identifying the specific nature of maltreatment which either directly leads towards the development of personality disorders or develops schemas and maladaptive personality traits which both lead to personality disorders.

Schemas are related to all personality disorders in general and Cluster-B in particular. More specifically, existing research has confirmed the schemas are major determinants of boarder-line, antisocial, histrionic and narcissistic personality disorder. These all disorders are linked with numerous negative consequences in personal (Thimm, 2010), family (Jeffrey et al., 2006) and social life (Roepke, Vater, Preißler, Heekeren, & Dziobe, 2012). The patients suffering from these disorders have many psychological (Marleen & Gerly, 2010), emotional (Haaland et al., 2011) and behavioral problems in life. Thus, addressing the personality disorders by identifying their direct and indirect determinants, their prevention can be possible because interventions are proved to have been less effective in the treatment of personality disorders which are deep-rooted in human nature, irreversible and become the building blocks of personality.

Conceptual Framework

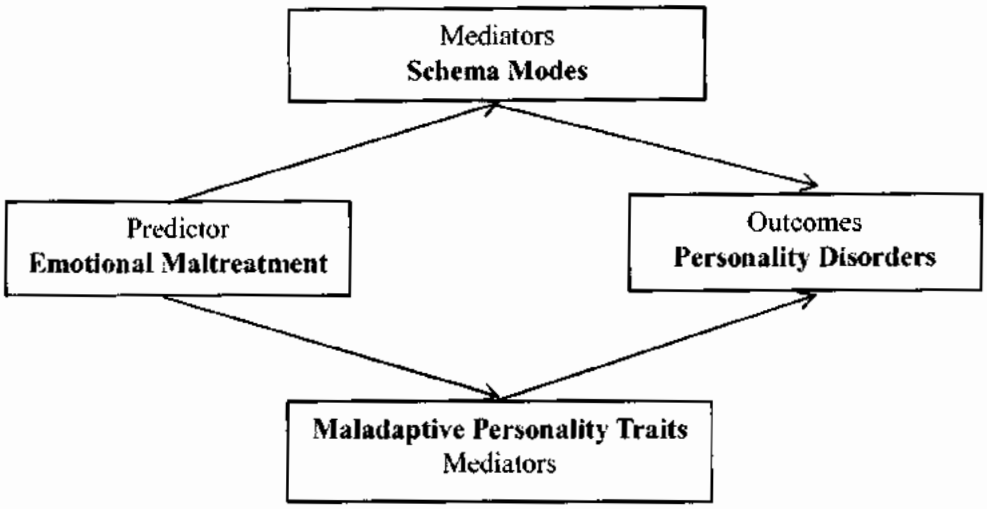

Figure 1. Direct and Indirect Effect (Through Schema Modes and Maladaptive Personality Traits) of Emotional Maltreatment on Personality Disorders among Adults

Research Design

The present study was a cross sectional research. The present study was further divided into two phases. Phase-I of the present study was based on translation of the scale and pilot testing. Phase-II of the present study was based on model testing. The detailed description is given below:

Phase-I: Pilot Study

Pilot study was carried out to translate Personality Inventory for DSM-5 (PID-5) by using Oblique Translation Technique and to address the psychometric concerns of the scales that were used in the main study.

Phase-II: Main Study

The main study was carried out in order to test the hypotheses and the mediational model. In main study, mediational analysis was conducted to test the direct and indirect effect of emotional maltreatment on personality disorders.

METHOD

PILOT STUDY

Chapter-II

2.1 Method of Pilot Study

The present study is grounded in Schema Theory (Young, 2003) positing that due to early maltreatment by parents and caregivers, early maladaptive schemas are formed out of which some remain active and becomes schema modes which at later stages manifest themselves in the form of personality disorders among adults. The present research comprised of two studies including pilot study and main study. Polit et al. (2001) explained that a pilot study is "small scale version(s), or trial run(s), done in preparation for the major study" (p. 467). The pilot study aimed to achieve the following objectives:

2.1.1 Objectives

1. To translate Personality Inventory for DSM-5 (PID-5) by using Oblique Translation Technique.
2. To address the psychometric concerns of the scales that were used in the main study by using item total correlations, inter subscale correlations for construct validity, reliability analysis, normality analysis etc.
3. To conduct the preliminary analysis on study variables in order to see the direction of association among variables.

2.1.2 Operational Definitions of Variables

2.1.2.1 Emotional maltreatment. American Humane Association (2010) defines it as a behavioral patterns either adopted by parents or caregivers which disturb a child's development in terms of psychological, emotional, cognitive and social aspects. It is classified as degrading, exploiting, isolating, ignoring, rejecting,

and terrorizing (Gesinde, 2010). In the present study, emotional maltreatment is measured by administering Questionnaire on Dimensions of Emotional Maltreatment at Home by with high scores revealing high level of emotional maltreatment and low scores showing low level of emotional maltreatment among adults.

2.1.2.2 Schema modes. The present experienced related to emotional, cognitive and coping responses which are activated due to emotional experiences in the early years of life. Sometimes individual's coping recourses are unable to response an emotional life event and therefore schema modes are activated. Early emotional maltreatment develops negative cognitive schemas out of which some remain active and becomes schema modes (Young, 2003). Schema modes were measured by administering Schema Mode Inventory with high scores showing high level of schema modes and low scores representing low level of dysfunctional schema modes among adults.

2.1.2.3 Maladaptive personality traits. In the alternative DSM-5 model, personality disorders are characterized by impairments in personality functioning and twenty-five pathological personality traits which are integrated on five broader domains. The five broader domains were negative affect (separation insecurity, anxiousness and emotional liability), detachment (intimacy avoidance, anhedonia and withdrawal), antagonism (grandiosity, deceitfulness and manipulativeness), disinhibition (distractibility, impulsivity and irresponsibility), and psychoticism (perceptual dysregulation, eccentricity, unusual beliefs and experiences) (Krueger, Derringer, Markon, Watson, & Skodol, 2012). Maladaptive personality traits were measured by administering Personality Inventory for DSM-5 with low scores showing

low level of maladaptive personality traits and high scores exhibiting high level of level of maladaptive personality traits.

2.1.2.4 Personality disorders. These are the individual's behavioral patterns which are long lasting which are deviant from the culture of the individual and the individual mostly operates opposite of the cultural expectations. These patterns are rigidly defined, persistent, and stiff. The personality disorders appear in the early adulthood or in the late adolescence and become more pervasive with the passage of time. Individual's overall personal, family, and social life is disturbed because of personality disorders. Most of the individuals face relational problems in daily life scenarios (American Psychiatric Association, 2013). PDs were measured by administering Personality Diagnostic Questionnaire with the higher scores on subscale represent specific PD and vice versa. This scale comprised of twelve subscales and each subscale measured one PD.

2.1.2.5.1 ***Paranoid personality disorder.*** In this disorder, others' intentions are perceived as malicious. It is characterized by a pattern of heighten suspiciousness and destruct. This disorder was measured by administering a subscale in PDQ with high scores showing high level of paranoid PD and low scores representing low paranoid PD.

2.1.2.5.2 ***Schizoid personality disorder.*** In this disorder, indifference is shown to social relationships and expression of emotion is very limited. This disorder was measured by administering a subscale in PDQ with high scores showing high level of schizoid PD and low scores representing low schizoid PD.

2.1.2.5.3 ***Schizotypal personality disorder.*** In this disorder, heighten discomfort is experienced with close relationships, involves cognitive impairments,

eccentricities of behavior and perceptual distortions. This disorder was measured by administering a subscale in PDQ with high scores showing high level of schizotypal PD and low scores representing low schizoid PD.

2.1.2.5.4 ***Antisocial personality disorder.*** In this disorder, other's rights are violated, poor relationships and patients have disregard for others. This disorder was measured by administering a subscale in PDQ with high scores showing high level of antisocial PD and low scores representing low antisocial PD.

2.1.2.5.5 ***Borderline personality disorder.*** In this disorders, interpersonal relationships are random in nature with instability in self-image, emotions and quite high level of impulsivity. This disorder was measured by administering a subscale in PDQ with high scores showing high level of borderline PD and low scores representing low borderline PD.

2.1.2.5.6 ***Histrionic personality disorder.*** This disorder is marked by attention seeking and excessive emotionality. This disorder was measured by administering a subscale in PDQ with high scores showing high level of histrionic PD and low scores representing low histrionic PD.

2.1.2.5.7 ***Narcissistic personality disorder.*** This disorder involves need for admiration, demanding, lack of empathy and grandiosity. This disorder was measured by administering a subscale in PDQ with high scores showing high level of narcissistic PD and low scores representing low narcissistic PD.

2.1.2.5.8 ***Avoidant personality disorder.*** This disorder involves feelings of inadequacy, hypersensitivity to negative evaluation and social inhibition. This

disorder was measured by administering a subscale in PDQ with high scores showing high level of avoidant PD and low scores representing low avoidant PD.

2.1.2.5.9 ***Dependent personality disorder.*** This disorder involves dependence in daily life, lack of independent mindedness, care seeking and submissiveness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of dependent PD and low scores representing low dependent PD.

2.1.2.5.10 ***Obsessive-compulsive personality disorder.*** This disorder involves heighten concerns for orderliness, control and perfectionism. This disorder was measured by administering a subscale in PDQ with high scores showing high level of obsessive-compulsive PD and low scores representing low obsessive-compulsive PD.

2.1.2.5.11 ***Passive aggressive personality disorder.*** This disorder involves hostile tendencies, revenge intentions, and hidden motives of aggression and lack of assertiveness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of passive-aggressive PD and low scores representing low passive-aggressive PD.

2.1.2.5.12 ***Depressive personality disorder.*** This disorder involves sadness, depressive modes, low energy and lack of activeness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of depressive PD and low scores representing low depressive PD.

2.1.3 Sample

The sample comprised of adults (N = 100) with age ranged from 18 to 36 years (M = 24.68, 4.68). The participants were equally divided into men (n = 50, 50%) and women adults (n = 50, 50%). Adults were selected from universities situated in

Khyber Pakhtoon-Khaw (n = 25, 25%), Punjab/ Islamabad (n = 25, 25%) and Sindh (n = 25, 25%) and Baluchistan (n = 25, 25%). Adults represented nuclear (n = 41, 41%) and joint family system (n = 59, 59%). Adults were residents of rural (n = 50, 50%) and urban areas (n = 50, 50%). Adults were first born (n = 28, 28%), second born (n = 51, 51%), last born (n = 17, 17%) and only child (n = 4, 4%). Purposive sampling technique was applied for data collection. Data was collected on the basis of pre-defined age-based sampling inclusion criteria as APA (2013) recommends that the data on personality disorders should be collected at the age of 18. The university students below 18 years were not included in the sample.

2.2.4 Instruments

2.1.4.1 Questionnaire on Dimensions of Emotional Maltreatment at Home

(Gesinde, 2010). QSDMH was adopted and Urdu translated by Qaiser and Malik (2017) comprises a set of 42 descriptive statements, and 7 subscales in which 7 items measured each subscale. The domains of emotional maltreatment included degrading, exploiting, isolating, ignoring, rejecting, and terrorizing. It is 4-point Likert scale in with 1 = *never*, 2 = *sometimes*, 3 = *often* and 4 *always*. The potential range of the scale was 42 to 168 with 42 as minimum and 168 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation in which low scores means low level of experience of emotional maltreatment and high scores means high level of experiences of emotional maltreatment. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The reliability reported in the original scale is .84 which is satisfactory and in the Urdu version is also .84. The scale was positively correlated with peer victimization and inversely related to state resilience which reveals the construct validity of the scale.

Thus, this scale is a psychometrically sound scale to measure emotional maltreatment experiences by adults at early stages of life.

2.1.4.2 Schema Mode Inventory. Schema mode inventory was developed by Lobbestael, Van Vreeswijk, Spinhoven, Schouten, & Arntz (2010). SMI was translated, adopted and cross-language validated by Riaz, Khalily, and Umm-e-Kalsoom (2012). The inventory has 124 descriptive statements and 14 subscales with distinct number of items measuring each domain including angry child, bully and attack mode child, compliant surrender, demanding, detached protector, detached self-soother child, enraged child, happy child, healthy, impulsive child, punishing, self-aggrandizer child, undisciplined child and vulnerable child. It is 6-point Likert scale in with 1 = *almost never*, 2 = *rarely*, 3 = *occasionally*, 4 = *frequently,* 5 = *most of the time* and 6 = *all of the time*. The potential range of the scale was 124 to 744 with 124 as minimum and 744 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation in which low scores means low level of schema modes and high scores means high level of schema modes. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The reliability reported in the original scale is .92 which is satisfactory and in the Urdu version is also .91. The scale was positively correlated with personality disorders (Lobbestael, Arntz, & Sieswerda, 2005) which reveal the construct validity (convergent validity) of the scale. Thus, this scale is a psychometrically sound scale to measure schema modes.

2.1.4.3 Personality Diagnostic Questionnaire-Fourth-Edition (Hyler, Skodol, Oldham, Kellman, & Doidge, 1992). PDQ-4 was Urdu translated and validated by Shehzadi (2014). It comprised of 100 descriptive statements and 12

subscales with distinct items. Each subscale is a measure of unique personality disorder (PD). The subscales measured paranoid PD, schizoid PD, schizotypal PD, antisocial PD, borderline PD, histrionic PD, narcissistic PD, avoidant PD, dependent PD, obsessive compulsive PD, passive aggressive PD and depressive PD. It has dichotomous responses with 0 = *false* and 1 = *true*. The potential range of the scale was 0 to 100 with 0 as minimum and 100 as maximum obtained scale scores, although each subscale has distinct score range. The scoring used in the present study is based on low and high scoring interpretation—although cut off scoring pattern is also available for diagnosis purpose—in which low scores means low level of a specific personality disorder and high scores means high level of a personality disorder. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The PDQ is reported to have high test-retest reliability in the original scale and in the Urdu version maximum subscales have low reliability except borderline subscale which has alpha reliability of .73. The subscales were positively correlated with early maladaptive schemas and inversely related to well-being which reveals the construct validity of the scale. The authors also reported face validity. Thus this scale is a psychometrically sound scale to measure PDs among adults.

2.1.4.4 Personality Inventory for DSM-5 (Krueger et al., 2012). PID-5 was Urdu translated by the researcher. It comprised of 25 descriptive statements and 5 subscales with equal number of items. Each subscale measures a unique domain of pathological traits with 5 items including negative affect, detachment, antagonism, disinhibition, and psychoticism. It is 4-point Likert scale with response options with 0=*often false,* 1=*somewhat false*, 2=*somewhat true,* and 3=often true. Potential range of the scale was 0 to 75 with 0 as minimum and 75 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation (although cut off

scores are also available for diagnostic purpose) in which low scores means low level of pathological traits and high scores means high level of pathological traits. Several items were reverse coded and hence the items are negative stated in accordance with the underlying construct. The reliability reported in the original scale is high which is satisfactory and in the Urdu version is also high. The scale was positively correlated with personality disorders and inversely related to life satisfaction which reveals the construct validity of the scale (Few, 2012). Thus, this scale is a psychometrically sound scale to measure pathological traits in adults.

Translation of Personality Inventory for DSM-5 (PID). The above mentioned first three scales were already translated into Urdu language however the PID was not yet translated. Therefore, it was decided to translate PID in Urdu language by using Oblique Translation Technique which was introduced by Mason (1994). The technique more focuses on thematic similarity and less concentrate on exact content similarity without thematic clarification and comprehension. Through this technique, translation procedure is completed into three simultaneous steps.

Step-I: Forward translation. In this step, the English version of PID was translated into Urdu language which was target language. For this purpose, five bilingual experts with the workable knowledge of psychology, translation and psychometrics were given the English scale for Urdu translation. The experts were MS, M.Phil and PhD scholars in the subject of psychology. Thus, the five language experts converted the English versions (source language) into Urdu version (target language). Through committee approach—a panel of experts in subject matter under consideration—from the five translations, an Urdu version was derived by considering all five translations of each item of the English version. The committee

was constituted with three bilingual experts with in-depth knowledge of translation procedures. At the end of the first step, an Urdu version was finalized.

Step-II: Back translation. In this step, the Urdu version of PID (finalized in the Step-I) was translated into English language which was source language. For this purpose, five bilingual experts with the workable knowledge of psychology, translation and psychometrics were given the Urdu scale for English translation. The experts were MS, M. Phil and Ph. D scholars in the subject of psychology. Thus, the five language experts converted the Urdu versions (target language) into English version (source language). Through committee approach—a panel of experts in subject matter under consideration—from the five translations, an English version was obtained by considering all five translations of each item of the Urdu version. The committee was constituted with three bilingual experts with in-depth knowledge of translation procedures. At the end of the step-II, an English version was finalized.

Step-III: Reconciliation: In this step forward translation (from English to Urdu—source language to target language) and back translation (from Urdu to English—target language to source language) were matched with the original English version to confirm the content and thematic similarity. Oblique Translation Techniques offer certain similarity to consider construct, thematic and content similarity instead of word to word translation. In this regard, both versions of PID showed good similarity of ideas, themes and subject matter with the original scale. Through committee approach—a panel of experts in subject matter under consideration—both versions were reviewed and compared with the original English versions for similarity. The committee was constituted with three bilingual experts

with in-depth knowledge of translation procedures. At the end of the step-III, it was ensured that the English and Urdu versions are similar to original English version.

2.1.5 Procedure

The study is conducted with cross-sectional design in which the researcher collected data from federal capital Islamabad and all provinces of Pakistan. The researcher visited universities situated in Punjab, KPK and Islamabad whereas key informants were approached from data collection from the universities situated in Baluchistan and Sindh. The key informants were properly guided to follow the same procedure for data collection which was adopted by the researcher. Initially, written permission was obtained from the authorities of targeted universities. The data was collected in group settings in the classrooms whereas in some cases the data was collected from individual participants. After approaching the participants, the researcher / key informants introduced the study and motivated adults to share information. Initially they were asked for age, and the students were selected according to the inclusion criteria (= / > 18). Those who met the inclusion criteria were requested to sign the informed consent and they were given brief instructions for completing scales with no time limits. The researcher / key informants made clarifications, whenever required before during and after the completion of scales. About 50 minutes to 1 hour was consumed by the participants in scale completion. The response rate was 83% as only 100 valid forms were entered into SPSS-23 out of 120 scales distributed. The participation was voluntary as the researcher did not offer any tangible or intangible benefit for scale completion. The researcher / key informants scanned the questionnaires booklet and requested the participants to fill the required information, if left unanswered. Finally, the researcher / key informants

paid special gratitude to the participants for allocating their time and consuming their energies for the research.

RESULTS

2.2 Results of Pilot Study

Study-I was based on pilot testing in which psychometric properties of the study variables were examined. To address the psychometric concerns of the scales, item total correlations, inter subscale correlations, reliability analysis, and normality analysis were computed. A preliminary analysis on study variables was carried out in order to see the direction of association among variables.

Table 1

Psychometric Properties of the Study Variables

Variable	*N*	*M*	*SD*	A	Range		Skewness	Kurtosis
					Potential	Actual		
Emotional maltreatment	100	113.39	9.84	.91	35-140	91-139	-.09	-.69
Degrading	100	16.74	4.26	.81	7-28	9-25	-.10	-.96
Exploiting	100	14.02	3.91	.70	6-24	6-22	.09	-.76
Isolating	100	15.17	4.97	.82	6-24	6-24	.16	-.84
Ignoring	100	12.55	3.38	.75	5-20	5-20	-.01	-.64
Rejecting	100	12.67	4.57	.75	5-20	5-20	.21	-1.05
Terrorizing	100	13.84	3.76	.85	6-24	6-24	.29	-.61
Maladaptive personality traits	100	68.03	5.90	.94	0-75	55-83	-.09	-.69
Negative affect	100	5.33	3.74	.80	0-15	0-14	.61	-.22
Detachment	100	6.48	3.96	.78	0-15	0-14	.24	-.94
Antagonism	100	6.34	3.73	.74	0-15	0-15	.51	-.51
Disinhibition	100	5.73	4.42	.84	0-15	0-15	.59	-.87
Psychoticism	100	5.76	3.75	.75	0-15	0-14	.46	-.90
Negative schema modes	100	340.18	29.53	.93	124-844	275-417	-.09	-.69
Vulnerable	100	19.22	2.66	.67	6-36	10-26	-.22	1.61
Angry	100	17.92	3.48	.43	6-36	10-28	.44	-.33
Enraged	100	18.26	3.17	.56	6-36	11-26	.24	.55
Impulsive	100	28.57	3.88	.67	9-54	20-38	.00	.08
Undisciplined	100	18.57	3.24	.67	6-36	11-25	.02	-.79
Happy	100	17.67	3.87	.60	6-36	10-30	.78	.51
Compliant	100	22.23	3.98	.77	7-42	12-34	.36	1.03
Detached	100	26.52	3.51	.66	9-54	20-40	.72	1.34
Self-soother	100	12.28	2.29	.40	4-24	8-19	.57	-.17
Aggrandizer	100	29.85	4.66	.59	10-60	19-45	.57	.78
Attach-bully	100	26.44	5.90	.79	9-54	12-40	-.39	-.20
Punishing	100	30.62	6.43	.78	10-60	16-47	-.10	-.19
Demanding	100	35.69	5.53	.66	10-60	22-48	-.34	-.11
Health	100	36.34	5.78	.79	10-60	22-50	-.22	-.05
Personality disorders	100	46.90	14.42	.92	0-100	17-91	.51	.37
Paranoid	100	3.67	1.61	.70	0-7	0-7	-.15	-.60
Schizoid	100	4.17	1.13	.80	0-7	2-7	.03	-.18

Schizotypal	100	4.33	1.76	.81	0-9	1-9	.32	-.70
Antisocial	100	5.97	1.59	.71	0-9	2-9	-.02	-.41
Borderline	100	7.15	2.53	.73	0-8	1-9	-.15	-.28
Narcissistic	100	4.13	1.86	.70	0-9	0-9	.18	- 24
Histrionic	100	2.71	1.80	.71	0-8	0-7	.65	-.44
Avoidant	100	2.52	1.64	.78	0-7	0-7	.89	.17
Dependent	100	2.74	1.79	.73	0-8	0-7	.50	-.39
Obsessive	100	3.53	1.86	.77	0-8	0-8	.25	-.65
Passive aggressive	100	3.74	1.92	.79	0-7	0-7	.24	-.33
Depressive	100	2.24	1.60	.80	0-6	0-6	.60	-.08

Table 1 shows alpha reliability coefficients for scales and subscales used in the pilot study. The alpha coefficient for Questionnaire on Dimensions of Emotional Maltreatment At Home is .91 (>.70), which is satisfactory reliability to use this scale in the main study. The alpha coefficient for The Personality Inventory for DSM-5 is .94 (>.70), which is satisfactory reliability to use this scale in the main study. The alpha coefficient for Schema Modes Inventory is.93 (>.70), which is satisfactory reliability to use this scale in the main study. The alpha coefficients for the subscales of Personality Diagnostic Questionnaire ranges from .70 to 81 (= / >.70), which is satisfactory reliability to use the subscales (measuring personality disorders) in the main study. The values of skewness and kurtosis for all scales and subscales used in the pilot study are less than +2 / -2, which depict that the data is normally distributed and free from the problems of symmetry and pointiness.

Table 2

Pearson Correlation among Subscales of Questionnaire on Dimensions of Emotional Maltreatment At Home (QDEMH)

Variable	1	2	3	4	5	6	7
1.Emotional maltreatment	-	.77***	.77***	.81***	.64***	.22*	.72***
2. Degrading		-	.66***	.72***	.22*	.23*	.53***
3. Exploiting			-	.82***	.21*	.22*	.49***
4. Isolating				-	.22*	.24*	.55***
5. Ignoring					-	.36***	.34**
6. Rejecting						-	.44***
7. Terrorizing							-

*p<.05. **p<.01. ***p<.001.

Table 2 shows that emotional maltreatment has positive correlation with degrading (r = .77, p< .001), exploiting (r = .77, p< .001), isolating (r = .81, p< .001), ignoring (r = .64, p< .001), rejecting (r = .22, p< .05) and terrorizing (r = .72, p< .001). Degrading has positive correlation with exploiting (r = .66, p< .001), isolating (r = .72, p< .001), ignoring (r = .22, p< .05) rejecting (r = .23, p< .05) and terrorizing (r = .53, p< .001). Exploiting has significant positive correlation with isolating (r = .82, p< .001), ignoring (r = .21, p< .05), rejecting (r = .22, p< .05) and terrorizing (r = .49, p< .001). Isolating has positive correlation with ignoring (r = .22, p< .05), rejecting (r = .24, p< .05) and terrorizing (r = .52, p< .001). Ignoring has positive correlation with rejecting (r = .36, p< .001) and terrorizing (r = .34, p< .001). Rejecting has positive correlation with terrorizing (r = .44, p< .001).

Table 3

Pearson Correlation among Subscales of the Personality Inventory for DSM-5 (PID-5)-Adult Form

Variable	1	2	3	4	5	6
1. Maladaptive personality traits	-	.26***	.34***	.31***	.23***	.36***
2. Negative affect		-	.81***	.80***	.82***	.50***
3. Detachment			-	.83***	.79***	.45***
4. Antagonism				-	.79***	.57***
5. Dysinhibition					-	.56***
6. Psychoticism						-

*p<.05. **p<.01. ***p<.001.

Table 3 shows that maladaptive personality traits have positive correlation with negative affect (r = .26, p< .001), detachment (r = .34, p< .001), antagonism (r = .31, p< .001), dysinhibition (r = .23, p< .001) and psychoticism (r = .36, p< .001). Negative affect has positive correlation with detachment (r = .81, p< .001), antagonism (r = .80, p< .001), dysinhibition (r = .82, p< .001) and psychoticism (r = .50, p< .001). Detachment has positive correlation with antagonism (r = .83, p< .001), dysinhibition (r = .79, p< .001) and psychoticism (r = .45, p< .001). Antagonism has positive correlation with dysinhibition (r = .79, p< .001) and psychoticism (r = .57, p< .001). Dysinhibition has positive correlation with psychoticism (r = .56, p< .001).

Table 4

Pearson Correlation among Subscales of Schema Mode Inventory (SMI)

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Negative schema modes	-	46***	38***	50***	45***	66***	49***	42***	49***	50***	56***	51***	37***	19*	20*
2	Vulnerable		-	64***	57***	52***	48***	29***	38***	30***	32***	27***	24*	13	- 00	- 03
3	Angry			-	49***	53***	42***	41***	49***	33***	50***	30***	18*	20*	- 07	01
4	Enraged				-	72***	57***	42***	33***	40***	38***	33***	38***	30***	06	03
5	Impulsive					-	53***	32***	46***	27***	30***	44***	22*	33***	03	07
6	Undisciplined						-	41***	48***	43***	45***	47***	50***	33***	- 05	- 05
7	Happy							-	- 51***	- 61***	- 45***	- 48***	- 49***	- 40***	- 00	06
8	Compliant								-	49***	50***	55***	24*	36***	- 05	05
9	Detached									-	.54***	59***	49***	42***	17	- 01
10	Self-soother										-	62***	49***	41***	- 04	04
11	Aggrandizer											-	62***	62***	15	- 02
12	Attach-bully												-	60***	24*	- 04
13	Punishing													-	23*	- 11
14	Demanding															- 27***
15	Health															-

*p<.05. **p<.01. ***p<.001.

Table 4 that schema modes have positive correlation with vulnerable child (r = .46, p< .001), angry child (r = .38, p< .001), enraged child (r = .50, p< .001), impulsive child (r = .45, p< .001), undisciplined child (r = .66, p< .001), happy child (r = .49, p< .001), compliant child (r = .42, p< .001), detached child (r = .49, p< .001), self-soother child (r = .50, p< .001), aggrandizer child (r = .56, p< .001), attach-bully child (r = .51, p< .001), punishing child (r = .37, p< .001), demanding child (r = .19, p< .001), and healthy child (r = .20, p< .001).Vulnerable child has positive correlation with angry child (r = .64, p< .001), enraged child (r = .57, p< .001), impulsive child (r = .52, p< .001), undisciplined child (r = .48, p< .001), happy child (r = .29, p< .001), compliant child (r = .38, p< .001), detached child (r = .30, p< .001), self-soother child (r = .32, p< .001), aggrandizer child (r = .27, p< .001) and attach-bully child (r = .24, p< .001). Angry child has positive correlation with enraged child (r = .49, p< .001), impulsive child (r = .53, p< .001), undisciplined child (r = .42, p< .001), happy child (r = .41, p< .001), compliant child (r = .49, p< .001), detached child (r = .33, p< .001), self-soother child (r = .50, p< .001), aggrandizer child (r = .30, p< .001), attach-bully child (r = .18, p< .05) and punishing child (r = .20, p< .001). Enraged child has positive correlation with impulsive child (r = .72, p< .001), undisciplined child (r = .57, p< .001), happy child (r = .42, p< .001), compliant child (r = .33, p< .001), detached child (r = .40, p< .001), self-soother child (r = .38, p< .001), aggrandizer child (r = .33, p< .001), attach-bully child (r = .38, p< .001), punishing child (r = .30, p< .001).Impulsive child has positive correlation with undisciplined child (r = .53, p< .001), happy child (r = .32, p< .001), compliant child (r = .46, p< .001), detached child (r = .27, p< .001), self-soother child (r = .30, p< .001), aggrandizer child (r = .44, p< .001), attach-bully child (r = .22, p< .001) and punishing child (r = .33, p< .001). Undisciplined child has positive correlation with happy child (r = .41, p< .001),

compliant child (r = .48, p< .001), detached child (r = .43, p< .001), self-soother child (r = .47, p< .001), aggrandizer child (r = .50, p< .001) and attach-bully child (r = .33, p< .001).Happy child has positive correlation with compliant child (r = -.51, p< .001), detached child (r = -.61, p< .001), self-soother child (r = -.45, p< .001), aggrandizer child (r = -.48, p< .001), attach-bully child (r = -.49, p< .001) and punishing child (r = -.40, p< .001). Compliant child has positive correlation with detached child (r = .49, p< .001), self-soother child (r = .50, p< .001), aggrandizer child (r = .51, p< .001), attach-bully child (r = .24, p< .05) and punishing child (r = .36, p< .001).Detached child has positive correlation with self-soother child (r = .54, p< .001), aggrandizer child (r = .59, p< .001), attach-bully child (r = .55, p< .001) and punishing child (r = .42, p< .001). Self-soother child has positive correlation with aggrandizer child (r = .62, p< .001), attach-bully child (r = .49, p< .001) and punishing child (r = .41, p< .001).Aggrandizer child has positive correlation with attach-bully child (r = .62, p< .001) and punishing child (r = .62, p< .001). Attach-bully child has positive correlation with punishing child (r = .60, p< .001) and demanding child (r = .24, p< .001). Punishing child has positive correlation with demanding child (r = .23, p< .001). Demanding child has negative correlation with healthy child (r = -.27, p< .001). Remaining correlations are non-significant. The correlation coefficients are in theoretically consistent dimensions.

Table 5

Pearson Correlation among Subscales of Personality Diagnostic Questionnaire (PDQ)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Personality disorders	-	.65***	.48***	.67***	.44***	.79***	.69***	.68***	.71***	.78***	.71***	.77***	.64***
2. Paranoid		-	.41***	.53***	.34***	.52***	.35***	.34***	.38***	.36***	.37***	.46***	.30***
3. Schizoid			-	.35***	.19*	.36***	.32***	.24***	.23***	.32***	.23***	.26***	.19*
4. Schizotypal				-	.30***	.67***	.45***	.32***	.32***	.41***	.36***	.41***	.21*
5. Antisocial					-	.32**	.16*	.16*	.22*	.25*	.29**	.27**	.24***
6. Borderline						-	.49***	.48***	.52***	.56***	.40***	.48***	.38***
7. Narcissistic							-	.44***	.43***	.52***	.43***	.48***	.42***
8. Histrionic								-	.46***	.59***	.48***	.55***	.52***
9. Avoidant									-	.61***	.56***	.51***	.47***
10. Dependent										-	57***	.63***	.44***
11. Obsessive											-	.58***	.47***
12. Passive aggressive												-	.58***
13. Depressive													-

*p<.05. **p<.01. ***p<.001.

Table 5 shows that overall personality disorders have positive correlation with paranoid PD (r = .65, p< .001), schizoid PD (r = .48, p< .001), schizotypal PD (r = .67, p< .001), antisocial PD (r = .44, p< .001), borderline PD (r = .79, p< .001), narcissistic PD (r = .69, p< .001), histrionic PD (r = .68, p< .001), avoidant PD(r = .71, p< .001), dependent PD (r = .78, p< .001), obsessive PD (r = .71, p< .001), passive aggressive PD (r = .77, p< .001)and depressive PD (r = .64, p< .001). Paranoid PD has positive correlation with schizoid PD (r = .41, p< .001), schizotypal PD (r = .53, p< .001), antisocial PD (r = .43, p< .001), borderline PD (r = .52, p< .001), narcissistic PD (r = .35, p< .001), histrionic PD (r = .34, p< .001), avoidant PD(r = .38, p< .001), dependent PD (r = .36, p< .001), obsessive PD (r = .37, p< .001), passive aggressive PD (r = .48, p< .001) and depressive PD (r = .30, p< .001). Schizoid PD has positive correlation with schizotypal PD (r = .35, p< .001), antisocial PD (r = .19, p< .05), borderline PD (r = .36, p< .001), narcissistic PD (r = .32, p< .001), histrionic PD (r = .24, p< .001), avoidant PD(r = .23, p< .001), dependent PD (r = .32, p< .001), obsessive PD (r = .23, p< .001), passive aggressive PD (r = .26, p< .001) and depressive PD (r = .19, p< .05). Schizotypal PD has positive correlation with antisocial PD (r = .30, p< .001), borderline PD (r = .67, p< .001), narcissistic PD (r = .45, p< .001), histrionic PD (r = .32, p< .001), avoidant PD(r = .32, p< .001), dependent PD (r = .41, p< .001), obsessive PD (r = .36, p< .001), passive aggressive PD (r = .41, p< .001) and depressive PD (r = .21, p< .001). Antisocial PD has positive correlation with borderline PD (r = .32, p< .001), narcissistic PD (r = .16, p< .05), histrionic PD (r = .16, p< .05), avoidant PD(r = .22, p< .05), dependent PD (r = .25, p< .05), obsessive PD (r = .29, p< .01), passive aggressive PD (r = .27, p< .001) and depressive (r = .24, p< .001). Borderline PD has positive correlation with narcissistic PD (r = .49, p< .001), histrionic PD (r = .48, p< .001), avoidant PD(r = .52, p< .001),

dependent PD (r = .56, p< .001), obsessive PD (r = .40, p< .001), passive aggressive PD (r = .48, p< .001) and depressive PD (r = .38, p< .001). Narcissistic PD has positive correlation with histrionic PD (r = .44, p< .001), avoidant PD(r = .43, p< .001), dependent PD (r = .52, p< .001), obsessive PD (r = .43, p< .001), passive aggressive PD (r = .48, p< .001) and depressive PD (r = .42, p< .001). Histrionic PD has positive correlation with avoidant PD(r = .46, p< .001), dependent PD (r = .59, p< .001), obsessive PD (r = .48, p< .001), passive aggressive PD (r = .55, p< .001) and depressive PD (r = .52, p< .001). Avoidant PD has positive correlation with dependent PD (r = .61, p< .001), obsessive PD (r = .56, p< .001), passive aggressive PD (r = .51, p< .001) and depressive PD (r = .47, p< .001). Dependent PD has positive correlation with obsessive PD (r = .57, p< .001), passive aggressive PD (r = .63, p< .001) and depressive PD (r = .44, p< .001). Obsessive PD has positive correlation with passive aggressive PD (r = .58, p< .001) and depressive PD (r = .47, p< .001). Passive-aggressive PD has positive correlation with depressive PD (r = .58, p< .001).

Table 6

Pearson Correlation among Questionnaire on Dimensions of Emotional Maltreatment at Home (QDEMII) and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	r	*r*	*r*	*r*	*R*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Emotional maltreatment	.19*	.24*	.26**	.20**	.30**	.23***	.19*	.24*	.26**	.29**	.11	.08
Degrading	-.05	-.04	-.05	-.04	-.04	.06	.09	-.02	.01	.09	.16	-.05
Exploiting	-.11	-.02	-.07	-.11	-.09	-.05	-.03	-.08	-.12	-.03	-.07	-.11
Isolating	-.14	-.07	-.12	-.08	-.17	.00	-.06	-.15	-.09	-.02	.01	-.13
Ignoring	.01	.02	-.00	-.04	.00	.04	-.01	-.01	-.03	.12	-.00	-.09
Rejecting	.11	.10	.09	.06	.08	.08	.07	.08	.00	.15	.01	.01
Terrorizing	-.02	-.00	.02	-.01	-.07	.04	-.00	-.03	.02	.01	.02	-.04

*p<.05. **p<.01. ***p<.001.

Table 6 shows that emotional maltreatment has positive correlation with paranoid PD ($r = .19, p < .05$), schizoid PD ($r = .24, p < .01$), schizotypal PD ($r = .26, p < .01$), antisocial PD ($r = .20, p < .01$), borderline PD ($r = .30, p < .01$), narcissistic PD ($r = .23, p < .001$), histrionic PD ($r = .19, p < .05$), avoidant PD($r = .24, p < .05$), dependent PD ($r = .26, p < .01$) and obsessive PD ($r = .29, p < .01$).Remaining correlations between domains of emotional maltreatment and PDs are non-significant. The findings revealed that as a whole the emotional maltreatment has positive association with Cluster-A, B and C PD whereas no association is found between the six domains of emotional maltreatment and PDs.

Table 7

Pearson Correlation among the Personality Inventory for DSM-5 (PID-5)-Adult Form and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	r	*r*	*r*	*r*	*R*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Maladaptive traits	.20*	.24*	.27**	.21*	.30**	.23*	.19*	.24*	.26**	.29**	.11	.08
Negative affect	.08	.09	.05	.20*	.06	.04	.12	.00	.03	.01	.02	.03
Detachment	.09	.14	.15	.06	.19	.26**	.24*	.14	.09	.16	.17	.29**
Antagonism	.08	.10	.13	.07	.16	.19*	.27**	.10	.05	.04	.05	.12
Dysinhibition	.09	.16	.16	.00	.16	.20*	.16	.13	.15	.13	.11	.24**
Psychoticism	.12	.08	.13	.01	.10	.05	.04	.17	.08	.05	.17	.01

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

Table 8 shows that maladaptive traits have positive correlation with paranoid PD (r = .20, p< .05), schizoid PD (r = .24, p< .05), schizotypal PD (r = .27, p< .01), antisocial PD (r = .21, p< .05), borderline PD (r = .30, p< .01), narcissistic PD (r = .23, p< .05), histrionic PD (r = .19, p< .05), avoidant PD(r = .24, p< .05), dependent PD (r = .26, p< .01) and obsessive PD (r = .29, p< .01). Negative affect domain has positive correlation with antisocial PD (r = .20, p< .05). Detachment domain has positive correlation with narcissistic PD (r = .26, p< .01), histrionic PD (r = .24, p< .05) and depressive PD (r = .29, p< .01). Antagonism has positive correlation with narcissistic PD (r = .19, p< .05) and histrionic PD (r = .27, p< .01). Dysinhibition has positive correlation with narcissistic PD (r = .20, p< .05) and depressive PD (r = .24, p< .01). The remaining correlations between domains of maladaptive traits and personality PDs are non-significant. The findings revealed that maladaptive personality traits of DSM 5 alternate model have significant association with Cluster-A, B and C PDs.

Table 8

Pearson Correlation among Schema Mode Inventory (SMI) and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	R	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Negative schema modes	.19*	.24*	.26**	.20*	.30**	.23*	.19*	.24*	.26**	.29**	.11	.08
Vulnerable	.19	.17	.19*	.18	.17	.17	.18	.17	.21*	.20*	.10	.15
Angry	.22*	.27**	.33**	.27**	.29**	.23*	.24*	.22*	.26**	.29**	.12	.13
Enraged	.03	.03	.05	.01	.13	.16	.20*	.10	.17	.11	.04	.10
Impulsive	.12	.12	.15	.18	.27**	.13	.10	.10	.19*	.22*	.07	.10
Undisciplined	.03	.11	-.03	.03	.15	.18	.09	.04	-.05	.04	.08	.05
Happy	-.08	-.13	-.07	-.13	-.20*	-.10	-.17	-.11	-.11	-.15	-.13	-.25**
Compliant	-.13	-.13	-.07	-.09	.20*	-.13	-.08	.20*	-.10	-.07	.07	-.10
Detached	-.09	-.05	-.05	-.12	.20*	-.03	-.03	-.09	-.05	-.06	.05	-.07
Self-soother	-.14	-.15	-.13	.23*	.21*	-.15	-.16	.24*	-.09	-.08	-.06	.21*
Aggrandizer	.21*	.11	.12	.04	.15	.15	.12	.18	.07	.24*	-.00	-.03
Attach-bully	.20*	.25**	.18	.20*	.32**	.25*	.20*	.27**	.31**	.29**	.08	.08
Punishing	.06	.15	.11	.02	.21*	.12	.12	.21	.07	.19	.02	.02
Demanding	.32**	.36**	.44**	.39**	.49**	.29**	.18	.32**	.35**	.27**	.08	.12
Health	.17	-.29**	-.33**	-.32**	-.30**	.15	.19	-.31**	-.34**	-.28**	-.21*	-.25*

*p<.05. **p<.01.

Table 8 shows that negative schema modes have positive correlation with paranoid PD (r = .19, p< .05), schizoid PD (r = .24, p< .05), schizotypal PD (r = .26, p< .01), antisocial PD (r = .20, p< .05), borderline PD (r = .30, p< .01), narcissistic PD (r = .23, p< .05), histrionic PD (r = .19, p< .05), avoidant PD(r = .24, p< .05), dependent PD (r = .26, p< .01) and obsessive PD (r = .29, p< .01). Vulnerable child has positive correlation with dependent PD (r = .21, p< .05) and obsessive PD (r = .20, p< .05) Angry child has positive correlation with paranoid PD (r = .22, p< .05), schizoid PD (r = .27, p< .01), schizotypal PD (r = .33, p< .01), antisocial PD (r = .27, p< .01), borderline PD (r = .29, p< .01), narcissistic PD (r = .23, p< .05), histrionic PD (r = .24, p< .05), avoidant PD(r = .22, p< .05), dependent PD (r = .27, p< .01) and obsessive PD (r = .29, p< .01). Enraged child has positive correlation with histrionic PD (r = .20, p< .05). Impulsive child has positive correlation with borderline PD (r = .27, p< .01) and dependent PD (r = .19, p< .05) and obsessive (r = .22, p< .01). Happy child has negative correlation with dependent PD (r = -.20, p< .05) and depressive PD (r = -.25, p< .01). Compliant child has positive correlation with borderline PD (r = .20, p< .05) and depressive PD (r = .20, p< .05). Detached child has positive correlation with borderline PD (r = .20, p< .001). Self-soother has positive correlation with antisocial PD (r = .23, p< .05), borderline PD (r = .21, p< .05), avoidant PD (r = .24, p<.05) and depressive PD (r = .21, p< .05). Aggrandizer child has positive correlation with paranoid PD (r = .24, p< .001) and obsessive PD (r = .21, p< .001). Attach-bully child has positive correlation with paranoid PD (r = .20, p< .05), schizoid PD (r = .25, p< .01), antisocial PD (r = .20, p< .05), borderline PD (r = .32, p< .01), narcissistic PD (r = .25, p< .05), histrionic PD (r = .20, p< .05), avoidant PD(r = .27, p< .01), dependent PD (r = .31, p< .01) and obsessive PD (r = .29, p< .01).. Punishing child has positive correlation with borderline PD (r = .21, p<

.05).Demanding child has positive correlation with paranoid PD (r = .32, p< .01), schizoid PD (r = .36, p< .01), schizotypal PD (r = .44, p< .01), antisocial PD (r = .39, p< .01), borderline PD (r = .49, p< .01), narcissistic PD (r = .29, p< .01), avoidant PD(r = .32, p< .01), dependent PD (r = .35, p< .01), and obsessive PD (r = .27, p< .01). Healthy child has negative correlation with schizoid PD (r = -.29, p< .01), schizotypal PD (r = -.33, p< .01), antisocial PD (r = -.32, p< .01), borderline PD (r = -.30, p< .01), , avoidant PD(r = -.31, p< .01), dependent PD (r = -.34, p< .01), obsessive PD (r = -.28, p< .01), passive-aggressive PD (r = -.21, p< .05), depressive PD (r = -.25, p< .05).Findings revealed that schema modes have significant association with Cluster-A, B and C PDs. However, the domains of schema modes have random relationship with Cluster-A, B and C PDs.

Table 9

Item Total Correlation for the Subscales of Questionnaire on Dimensions of Emotional Maltreatment At Home (QDEMH)

a		b		c		d		e		f	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.66	1	.31	1	.53	1	.48	1	.62	1	.74
2	.63	2	.34	2	.65	2	.57	2	.67	2	.57
3	.66	3	.34	3	.61	3	.58	3	.61	3	.81
4	.45	4	.44	4	.62	4	.58	4	.68	4	.53
5	.71	5	.33	5	.61	5	.59	5	.67	5	.68
6	.60	6	.39	6	.57	6	.47	6	.53	6	.71
7	.67	7	.32	7	.55	7	.60	7	.67	7	.74

Table 9(a) shows item total correlation for the degrading subscale of QDEMH. The correlation coefficients were between the ranges of .45 to .67 which is considered is satisfactory magnitude to retain the items in the degrading subscale. This also depicts that all items contribute to the overall homogeneity of the degrading subscale.

Table 9(b) shows item total correlation for the exploiting subscale of QDEMH. The correlation coefficients were between the ranges of .31 to .44 (except item 2) which is considered is satisfactory magnitude to retain the items in the exploiting subscale. This also depicts that all items (except item 2) contribute to the overall homogeneity of the exploiting subscale. Thus item 2 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the exploiting subscale.

Table 9(c) shows item total correlation for the isolating subscale of QDEMH. The correlation coefficients were between the ranges of .53 to .65 which is considered is satisfactory magnitude to retain the items in the isolating subscale. This also depicts that all items contribute to the overall homogeneity of the isolating subscale.

Table 9(d) shows item total correlation for the ignoring subscale of QDEMH. The correlation coefficients were between the ranges of .48 to .60 (except item 1 and item 2) which is considered is satisfactory magnitude to retain the items in the ignoring subscale. This also depicts that all items contribute to the overall homogeneity of the ignoring subscale.

Table 9(e) shows item total correlation for the rejecting subscale of QDEMH. The correlation coefficients were between the ranges of .53 to .67 which is considered is satisfactory magnitude to retain the items in the rejecting subscale. This also depicts that all items contribute to the overall homogeneity of the rejecting subscale.

Table 9(f) shows item total correlation for the terrorizing subscale of QDEMH. The correlation coefficients were between the ranges of .53 to .81 which is considered is satisfactory magnitude to retain the items in the terrorizing subscale. This also depicts that all items contribute to the overall homogeneity of the terrorizing subscale.

Table 10

Item Total Correlation for the Subscales of the Personality Inventory for DSM-5 (PID-5)-Adult Form

a		b		c		e		f	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.41	1	.61	1	.54	1	.62	1	.38
2	.67	2	.61	2	.66	2	.67	2	.68
3	.62	3	.62	3	.62	3	.58	3	.61
4	.51	4	.58	4	.51	4	.56	4	.49
5	.75	5	.50	5	.68	5	.75	5	.49

Table 10(a) shows item total correlation for the negative affect subscale of PID-5. The correlation coefficients were between the ranges of .41 to .75 which is considered is satisfactory magnitude to retain the items in the negative affect subscale. This also depicts that all items contribute to the overall homogeneity of the negative affect subscale.

Table 10(b) shows item total correlation for the detachment subscale of PID-5. The correlation coefficients were between the ranges of .50 to .62 which is considered is satisfactory magnitude to retain the items in the detachment subscale. This also depicts that all items contribute to the overall homogeneity of the detachment subscale.

Table 10(c) shows item total correlation for the antagonism subscale of PID-5. The correlation coefficients were between the ranges of .54 to .68 which is considered is satisfactory magnitude to retain the items in the antagonism subscale. This also

depicts that all items contribute to the overall homogeneity of the antagonism subscale.

Table 10(e) shows item total correlation for the dysinhibition subscale of PID-5. The correlation coefficients were between the ranges of .56 to .75 which is considered is satisfactory magnitude to retain the items in the dysinhibition subscale. This also depicts that all items contribute to the overall homogeneity of the dysinhibition subscale.

Table 10(f) shows item total correlation for the psychoticism subscale of PID-5. The correlation coefficients were between the ranges of .49 to .68 which is considered is satisfactory magnitude to retain the items in the psychoticism subscale. This also depicts that all items contribute to the overall homogeneity of the psychoticism subscale.

Table 11

Item Total Correlation for the Subscales of Schema Mode Inventory

a		b		c		d		e		f		g	
Items	*r*	Items	*r*	Items	*r*	Items	*R*	Items	*r*	Items	*r*	Items	*r*
1	.30	1	.38	1	.33	1	.50	1	.30	1	.32	1	.64
2	.46	2	.55	2	.57	2	.39	2	.36	2	.54	2	.57
3	.46	3	.32	3	.42	3	.43	3	.41	3	.61	3	.69
4	.49	4	.50	4	.44	4	.30	4	.30	4	.56	4	.77
5	.51	5	.43	5	.33	5	.54	5	.46	5	.47	5	.65
6	.36	6	.39	6	.42	6	.43	6	.38	6	.50	6	.62
						7	.53					7	.45
						8	.56						
						9	.48						

h		i		j		k		l		m		n	
Items	*r*	Items	*R*	Items	*r*	Items	*R*	Items	*r*	Items	*r*	Items	*r*
1	.37	1	.49	1	.49	1	.50	1	.40	1	.36	1	.30
2	.51	2	.46	2	.46	2	.42	2	.34	2	.48	2	.40
3	.49	3	.52	3	.52	3	.38	3	.30	3	.39	3	.33
4	.51	4	.35	4	.35	4	.42	4	.62	4	.44	4	.34
5	.32					5	.36	5	.41	5	.59	5	.34
6	.48					6	.38	6	.55	6	.47	6	.56
7	.39					7	.42	7	.47	7	.35	7	.52
8	.45					8	.51	8	.34	8	.59	8	.55
9	.36					9	.44	9	.37	9	.61	9	.42
						10	.38			10	.58	10	.58

Table 11(a) shows item total correlation for the vulnerable child subscale of SMI. The correlation coefficients were between the ranges of .30 to .51 which is considered is satisfactory magnitude to retain the items in the vulnerable child subscale. This also depicts that all items contribute to the overall homogeneity of the

vulnerable child subscale. This also depicts that all items contribute to the overall homogeneity of the vulnerable child subscale.

Table 11(b) shows item total correlation for the angry child subscale of SMI. The correlation coefficients were between the ranges of .32 to .55 which is considered is satisfactory magnitude to retain the items in the angry child subscale. This also depicts that all items contribute to the overall homogeneity of the angry child subscale. This also depicts that all items contribute to the overall homogeneity of the angry child subscale.

Table 11(c) shows item total correlation for the enraged child subscale of SMI. The correlation coefficients were between the ranges of .33 to .57 which is considered is satisfactory magnitude to retain the items in the enraged child subscale. This also depicts that all items contribute to the overall homogeneity of the enraged child subscale. This also depicts that all items contribute to the overall homogeneity of the enraged child subscale.

Table 11(d) shows item total correlation for the impulsive child subscale of SMI. The correlation coefficients were between the ranges of .39 to .56 which is considered is satisfactory magnitude to retain the items in the impulsive child subscale. This also depicts that all items contribute to the overall homogeneity of the impulsive child subscale. This also depicts that all items contribute to the overall homogeneity of the impulsive child subscale.

Table 11(e) shows item total correlation for the undisciplined child subscale of SMI. The correlation coefficients were between the ranges of .30 to .46 which is considered is satisfactory magnitude to retain the items in the undisciplined child

subscale. This also depicts that all items contribute to the overall homogeneity of the undisciplined child subscale.

Table 11(f) shows item total correlation for the happy child subscale of SMI. The correlation coefficients were between the ranges of .32 to .61 which is considered is satisfactory magnitude to retain the items in the happy child subscale. This also depicts that all items contribute to the overall homogeneity of the happy child subscale.

Table 11(g) shows item total correlation for the compliant child subscale of SMI. The correlation coefficients were between the ranges of .57 to .69 which is considered a satisfactory magnitude to retain the items in the compliant child subscale. This also depicts that all items contribute to the overall homogeneity of the compliant child subscale.

Table 11(h) shows item total correlation for the detached child subscale of SMI. The correlation coefficients were between the ranges of .36 to .51 which is considered is satisfactory magnitude to retain the items in the detached child subscale. This also depicts that all items contribute to the overall homogeneity of the detached child subscale. This also depicts that all items contribute to the overall homogeneity of the detached child subscale.

Table 11(i) shows item total correlation for the self-soother child subscale of SMI. The correlation coefficients were between the ranges of .46 to .52 which is considered is satisfactory magnitude to retain the items in the self-soother child subscale. This also depicts that all items contribute to the overall homogeneity of the self-soother child subscale.

Table 11(j) shows item total correlation for the aggrandizer child subscale of SMI. The correlation coefficients were between the ranges of .38 to .51 which is considered is satisfactory magnitude to retain the items in the aggrandizer child subscale. This also depicts that all items contribute to the overall homogeneity of the aggrandizer child subscale. This also depicts that all items contribute to the overall homogeneity of the aggrandizer child subscale.

Table 11(k) shows item total correlation for the attack-bully subscale of SMI. The correlation coefficients were between the ranges of .34 to .62 which is considered is satisfactory magnitude to retain the items in the attack-bully child subscale. This also depicts that all items contribute to the overall homogeneity of the attack-bully child subscale. This also depicts that all items contribute to the overall homogeneity of the attack-bully child subscale.

Table 11(l) shows item total correlation for the punishing child subscale of SMI. The correlation coefficients were between the ranges of .35 to .61 which is considered is satisfactory magnitude to retain the items in the punishing child subscale. This also depicts that all items contribute to the overall homogeneity of the punishing child subscale. This also depicts that all items contribute to the overall homogeneity of the punishing child subscale.

Table 11(m) shows item total correlation for the demanding child subscale of SMI. The correlation coefficients were between the ranges of .30 to .58 which is considered is satisfactory magnitude to retain the items in the demanding child subscale. This also depicts that all items contribute to the overall homogeneity of the demanding child subscale. This also depicts that all items contribute to the overall homogeneity of the demanding child subscale.

Table 11(n) shows item total correlation for the happy child subscale of SMI. The correlation coefficients were between the ranges of .37 to .67 which is considered a satisfactory magnitude to retain the items in the happy child subscale. This also depicts that all items contribute to the overall homogeneity of the happy child subscale. This also depicts that all items contribute to the overall homogeneity of the happy child subscale.

Table 12

Item Total Correlation for the Subscales of Personality Diagnostic Questionnaire (PDQ)

a		b		c		d		e		f	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.49	1	.30	1	.34	1	.50	1	.47	1	.38
2	.30	2	.30	2	.42	2	.42	2	.30	2	.52
3	.30	3	.33	3	.30	3	.51	3	.40	3	.53
4	.31	4	.43	4	.30	4	.39	4	.31	4	.30
5	.35	5	.44	5	.31	5	.49	5	.42	5	.31
6	.32	6	.40	6	.31	6	.47	6	.49	6	.33
7	.34	7	.34	7	.34	7	.39	7	.40	7	.45
				8	.31	8	.46	8	.34	8	.46
				9	.47	9	.49	9	.30	9	.47
								10	.32		
								11	.32		
								12	.35		
								13	.32		
								14	.35		

G		h		i		j		k		l	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.30	1	.40	1	.30	1	.32	1	.36	1	.35
2	.52	2	.33	2	.35	2	.36	2	.30	2	.37
3	.51	3	.30	3	.57	3	.39	3	.30	3	.41
4	.40	4	.45	4	.56	4	.34	4	.37	4	.32
5	.52	5	.42	5	.43	5	.56	5	.35	5	.53
6	.47	6	.30	6	.49	6	.30	6	.33	6	.35
7	.48	7	.31	7	.36	7	.30	7	.26	7	.19
8	.53			8	.41	8	.31	8	.34		

Table 12(a) shows item total correlation for the paranoid subscale of PDQ. The correlation coefficients were between the ranges of .30 to .49 which is considered is satisfactory magnitude to retain the items in the paranoid subscale. This also depicts that all items contribute to the overall homogeneity of the paranoid subscale.

Table 12(b) shows item total correlation for the schizoid subscale of PDQ. The correlation coefficients were between the ranges of .30 to .44 which is considered a satisfactory magnitude to retain the items in the schizoid subscale. This also depicts that all items contribute to the overall homogeneity of the schizoid subscale.

Table 12(c) shows item total correlation for the schizotypal subscale of PDQ. The correlation coefficients were between the ranges of .30 to .47 which is considered a satisfactory magnitude to retain the items in the schizotypal subscale. This also depicts that all items contribute to the overall homogeneity of the schizotypal subscale.

Table 12(d) shows item total correlation for the antisocial subscale of PDQ. The correlation coefficients were between the ranges of .39 to .51 which is considered a satisfactory magnitude to retain the items in the antisocial subscale. This also depicts that all items contribute to the overall homogeneity of the antisocial subscale.

Table 12(e) shows item total correlation for the borderline subscale of PDQ. The correlation coefficients were between the ranges of .30 to .49 which is considered a satisfactory magnitude to retain the items in the borderline subscale. This also depicts that all items contribute to the overall homogeneity of the borderline subscale.

Table 12(f) shows item total correlation for the narcissistic subscale of PDQ. The correlation coefficients were between the ranges of .31 to .53 which is considered

a satisfactory magnitude to retain the items in the narcissistic subscale. This also depicts that all items contribute to the overall homogeneity of the narcissistic subscale.

Table 12(g) shows item total correlation for the histrionic subscale of PDQ. The correlation coefficients were between the ranges of .30 to .52 which is considered a satisfactory magnitude to retain the items in the histrionic subscale. This also depicts that all items contribute to the overall homogeneity of the histrionic subscale.

Table 12(h) shows item total correlation for the avoidant subscale of PDQ. The correlation coefficients were between the ranges of .30 to .45 which is considered a satisfactory magnitude to retain the items in the avoidant subscale. This also depicts that all items contribute to the overall homogeneity of the avoidant subscale.

Table 12(i) shows item total correlation for the dependent subscale of PDQ. The correlation coefficients were between the ranges of .30 to .57 which is considered a satisfactory magnitude to retain the items in the dependent subscale. This also depicts that all items contribute to the overall homogeneity of the dependent subscale.

Table 12(j) shows item total correlation for the obsessive-compulsive subscale of PDQ. The correlation coefficients were between the ranges of .30 to .56 which is considered a satisfactory magnitude to retain the items in the obsessive-compulsive subscale. This also depicts that all items contribute to the overall homogeneity of the obsessive-compulsive subscale.

Table 12(k) shows item total correlation for the passive aggressive subscale of PDQ. The correlation coefficients were between the ranges of .30 to .37 (except item 7) which is considered a satisfactory magnitude (= / > .30) to retain the items in the

passive aggressive subscale. This also depicts that all items (except item 7) contribute to the overall homogeneity of the passive aggressive subscale. Thus, the magnitude of item 7 is not desirable (< .30) therefore this item was excluded from the subscale in the forthcoming main study analyses.

Table 12(l) shows item total correlation for the depressive subscale of PDQ. The correlation coefficients were between the ranges of .32 to .41 (except item 7) which is considered a satisfactory magnitude to retain the items in the depressive subscale. This also depicts that all items (except item 7) contribute to the overall homogeneity of the depressive subscale. Thus, the magnitude of item 7 is not desirable (< .30) therefore this item was excluded from the subscale in the forthcoming main study analyses.

DISCUSSION

Chapter-III

2.3. Discussion

The pilot study is a shortened version of a large scale research project which enables researcher(s) to pre-test the suitability of measures and the association among variables before carrying the main study based on a comprehensive large-scale project (Dane, 1990). Pilot testing addressed dual objectives including 1) the confirmation of the psychometric properties of the scales and the pre-testing on the association among constructs of the present study. For this purpose, data of not less than 18-year-old adults was collected due to the clinically determined criteria of aging for the diagnosis of personality disorders (APA, 2013). Data from 100 adults is taken by administering tools including Questionnaire on Dimensions of Emotional Maltreatment at Home (Gesinde, 2010), Personality Inventory for DSM-5 (Lobbestael et al., 2010), Schema Mode Inventory (Krueger et al., 2012) and Personality Diagnostic Questionnaire (Hyler et al., 1992). Three scales were available in Urdu—already translated in Urdu by indigenous investigators—but the Personality Inventory for DSM-5 was in English language and therefore Urdu translated in this study by using Oblique Translation Technique by following three steps including back translation, forward translation and reconciliation (Mason, 1994). Thus, an Urdu comparable scale was developed for the English Personality Inventory for DSM-5. The items and their subject matter remained the same as too many changes are not recommended by translators (Beck, Bernal, & Froman, 2003; Rocco & Hatcher, 2011).

Ensuing the psychometric properties of the scale was the prime concern before drawing inferences through these scales. Thus, the item total correlation was studied for all domains of four scales. Firstly, the item total correlations for the subscales of

Questionnaire on Dimensions of Emotional Maltreatment at Home, was computed. The findings depicted that the items of three subscales including degrading, exploiting, isolating, ignoring, rejecting and terrorizing showed desired magnitude (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs (Kline, 2000). Secondly, item total correlations for the subscales of Personality Inventory for DSM-5 were computed. Findings revealed that items in the all of the subscales including negative affect, detachment, antagonism, disinhibition and psychoticism exhibited desired magnitudes (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs (Brzoska & Razum, 2010).

Thirdly, item total correlations for the subscales of Schema Mode Inventory were computed. The findings portrayed that all the items of all subscales including vulnerable child, angry child, enraged child, impulsive child, undisciplined child, happy child, compliant child, detached child, self-soother child, aggrandizer child, attach-bully child, punishing child, demanding child and healthy child and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs (Maltby, Day, & Williams., 2006). Fourthly, item total correlations for the subscales of Personality Diagnostic Questionnaire were computed. Findings indicated that all the items of twelve subscales including paranoid subscale, schizoid subscale, schizotypal subscale, antisocial subscale, borderline subscale, narcissistic subscale, histrionic subscale, avoidant subscale, dependent subscale and obsessive compulsive subscale exhibited desired magnitude (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs.

However, one item form passive aggressive subscale and depressive subscale was excluded due to low magnitude (< .30) which indicated poor coherence of these items with their underlying constructs. Item total correlations for all scales confirmed the homogeneity of items as some of the items have as high correlations as .60 or even above which is considered an ideal condition to retain items in a subscale (Hair, Black, Babin, & Anderson, 2010).

The alpha reliability analysis was carried out to compute the internal consistency (Pallant, 2013; Sekaran, 2006)—which is based upon the covariance among the unstandardized items (Coakes & Steed, 2003). The alpha coefficients were greater than .70 for all constructs being considered for hypotheses testing. The scales measuring study constructs exhibited desired level (= / > .70) of inter consistency (Kline, 2001). However, the reliability of most of the subscales except personality disorders was considerably low. After ensuring the reliability, validity was ensured. For this purpose, construct validity was ensured because it was the most relevant validity for the present study and besides this it is known as "mother of all validities" due to its utmost importance (Polit & Beck, 2012). Zero-order correlations among variables were computed. The correlation coefficients among the six domains of Questionnaire on Dimensions of Emotional Maltreatment at Home were positively correlated with each other and with the overall scale total scores. These theoretically consistent associations among the subscales of QDEMH and the association of all domains with the overall scale confirmed the convergent validity of this scale. The five domains of Personality Inventory for DSM-5 measuring specific maladaptive personality traits were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the subscales of PID and the association of all domains with the overall scale confirmed the

convergent validity of this scale. The fourteen domains of Schema Mode Inventory (SMI) measuring specific schema modes split into two different set of modes out of which twelve are negative modes and two are positive modes. The positive schema modes were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the positive subscales of SMI and the association of both positive domains with the overall scale confirmed the convergent validity of this scale. The negative schema modes were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the positive subscales of SMI and the association of all negative domains with the overall scale confirmed the convergent validity of this scale. However, the negative association of negative schema modes with the positive schema modes provided an evidence of divergent validity for the SMI.

The inferential statistics is based on the normal curve. Therefore, for drawing inferences through the statistical analyses, normality of the data was ensured. Normality of the curve is either affected by the symmetry or through pointiness. The right-left and top-down dimensions of the curve are statistically evaluated through skewness and kurtosis respectively. The skewness is a measure of symmetry whereas the kurtosis measures pointiness. The skewness values were in the desired range (< +2 / -2) which confirmed that the data was not skewed. Similarly, the kurtosis values were in the desired range (< +1 / -1) which confirmed that the data was not kurtic (George & Mallery, 2010; Gravetter & Wallnau, 2014). Thus, in the present study the data was normally distributed. The normality analysis ensured that the data of the present study was normality distributed (with a symmetrical, mesokurtic curve), neither skewed (positive or negative) nor kurtic (platy kurtic and lepto kurtic) (Cisar & Cisar, 2010; Field, 2005; Miles & Shevlin, 2001).

The hypotheses were tested in the main study through PROCESS 3.0 by computing medication analysis. Correlation among the constructs is the major underlying assumption in the mediation analysis (Hayas, 2018). Thus, the independent variable (emotional maltreatment) was correlated with the mediator variables (schema modes and maladaptive personality traits) and both independent and mediator variables were correlated with the personality disorders. The emotional maltreatment was positively associated with the schema modes (Lobbestael, Arntz, & Sieswerda, 2005), maladaptive personality traits (Spinhoven, Elzinga, Hemert, Rooij, & Penninx, 2016) and personality disorders (Taillieu, Brownridges, & Afifi, 2016). Moreover, the schema modes (Bach & Farrell, 2018) and maladaptive personality traits were also correlated with the personality disorders of adults (Gleason, Veinstein, Balsis, & Oltmanns, 2014). Although the main constructs showed correlations in the desired directions, but the subscales of these variables were having significant correlations. Overall the pilot testing provided empirical grounds for the further use of these scales with a larger sample to test the hypotheses.

METHOD

Chapter-V

2.2 Method

In this phase of the present study, mediation model was tested through path analysis. The study tested the underlying assumptions of schema theory positing that early maladaptive schemas are developed due to emotional maltreatment of parents or caregivers in childhood and these schemas later on develop personality disorders in adulthood. Moreover, the mediation of maladaptive personality traits between emotional maltreatment and personality disorders is also under investigation. More specifically, the study was conducted to achieve the following objectives:

2.2.1 Objectives

1. To examine the direct effect of emotional maltreatment on the prediction of personality disorders among adults.
2. To investigate the direct effect of emotional maltreatment on the prediction of dysfunctional schema modes among adults.
3. To find out the direct effect of emotional maltreatment on the prediction of maladaptive personality traits among adults.
4. To determine the direct effect of schema modes on the prediction of personality disorders among adults.
5. To investigate the direct effect of maladaptive personality traits on the prediction of personality disorders among adults.
6. To examine the indirect effect of emotional maltreatment (through schema modes) on the prediction of personality disorders among adults.

7. To investigate the indirect effect of emotional maltreatment (through maladaptive personality traits of adults) on the prediction of personality disorders among adults.

2.2.1 Hypotheses

1. Emotional maltreatment is likely to have direct effect on personality disorders among adults.
2. Emotional maltreatment is likely to have direct effect on dysfunctional schemas among adults.
3. Emotional maltreatment is likely to have direct effect on maladaptive personality traits among adults.
4. Dysfunctional schema modes are likely to have direct effect on personality disorders among adults.
5. Maladaptive personality traits are likely to have direct effect on personality disorders among adults.
6. Dysfunctional schema modes are likely to positively predict narcissistic Personality Disorder.
7. Dysfunctional schema modes are likely to positively predict borderline Personality Disorder.
8. Dysfunctional schema modes are likely to mediate between emotional maltreatment and histrionic personality disorder.
9. Dysfunctional schema modes are likely to mediate between emotional maltreatment and antisocial personality disorder.
10. Dysfunctional schema modes are likely to mediate between emotional maltreatment and narcissistic personality disorder.

11. Dysfunctional schema modes are likely to mediate between emotional maltreatment and personality disorders among adults.
12. Maladaptive personality traits are likely to mediate between emotional maltreatment and personality disorders among adults.

2.2.3 Operational Definitions of Variables

2.2.3.1 Emotional maltreatment. American Humane Association (2010) defines it as a behavioral patterns either adopted by parents or caregivers which disturb a child's development in terms of psychological, emotional, cognitive and social aspects. It is classified as degrading, exploiting, isolating, ignoring, rejecting, and terrorizing (Gesinde, 2010). In the present study, emotional maltreatment is measured by administering Questionnaire on Dimensions of Emotional Maltreatment at Home by with high scores revealing high level of emotional maltreatment and low scores showing low level of emotional maltreatment among adults.

2.2.3.2 Schema modes. The present experienced related to emotional, cognitive and coping responses which are activated due to emotional experiences in the early years of life. Sometimes individual's coping recourses are unable to response an emotional life event and therefore schema modes are activated. Early emotional maltreatment develops negative cognitive schemas out of which some remain active and becomes schema modes (Young, 2003). Schema modes were measured by administering Schema Mode Inventory with high scores showing high level of schema modes and low scores representing low level of dysfunctional schema modes among adults.

2.2.3.3 Maladaptive personality traits. In the alternative DSM-5 model, personality disorders are characterized by impairments in personality functioning and

twenty-five pathological personality traits which are integrated on five broader domains. The five broader domains were negative affect (separation insecurity, anxiousness and emotional liability), detachment (intimacy avoidance, anhedonia and withdrawal), antagonism (grandiosity, deceitfulness and manipulativeness), disinhibition (distractibility, impulsivity and irresponsibility), and psychoticism (perceptual dysregulation, eccentricity, unusual beliefs and experiences) (Krueger, Derringer, Markon, Watson, & Skodol, 2012). Maladaptive personality traits were measured by administering Personality Inventory for DSM-5 with low scores showing low level of maladaptive personality traits and high scores exhibiting high level of level of maladaptive personality traits.

2.2.3.4 Personality disorders. These are the individual's behavioral patterns which are long lasting which are deviant from the culture of the individual and the individual mostly operates opposite of the cultural expectations. These patterns are rigidly defined, persistent, and stiff. The personality disorders appear in the early adulthood or in the late adolescence and become more pervasive with the passage of time. Individual's overall personal, family, and social life is disturbed because of personality disorders. Most of the individuals face relational problems in daily life scenarios (American Psychiatric Association, 2013). PDs were measured by administering Personality Diagnostic Questionnaire with the higher scores on subscale represent specific PD and vice versa. This scale comprised of twelve subscales and each subscale measured one PD.

2.2.3.4.1 ***Paranoid personality disorder.*** In this disorder, others' intentions are perceived as malicious. It is characterized by a pattern of heighten suspiciousness and destruct. This disorder was measured by administering a subscale in PDQ with high

scores showing high level of paranoid PD and low scores representing low paranoid PD.

2.2.3.4.2 ***Schizoid personality disorder.*** In this disorder, indifference is shown to social relationships and expression of emotion is very limited. This disorder was measured by administering a subscale in PDQ with high scores showing high level of schizoid PD and low scores representing low schizoid PD.

2.2.3.4.3 ***Schizotypal personality disorder.*** In this disorder, heighten discomfort is experienced with close relationships, involves cognitive impairments, eccentricities of behavior and perceptual distortions. This disorder was measured by administering a subscale in PDQ with high scores showing high level of schizotypal PD and low scores representing low schizoid PD.

2.2.3.4.4 ***Antisocial personality disorder.*** In this disorder, other's rights are violated, poor relationships and patients have disregard for others. This disorder was measured by administering a subscale in PDQ with high scores showing high level of antisocial PD and low scores representing low antisocial PD.

2.2.3.4.5 ***Borderline personality disorder.*** In this disorders, interpersonal relationships are random in nature with instability in self-image, emotions and quite high level of impulsivity. This disorder was measured by administering a subscale in PDQ with high scores showing high level of borderline PD and low scores representing low borderline PD.

2.2.3.4.6 ***Histrionic personality disorder.*** This disorder is marked by attention seeking and excessive emotionality. This disorder was measured by administering a

subscale in PDQ with high scores showing high level of histrionic PD and low scores representing low histrionic PD.

2.2.3.4.7 ***Narcissistic personality disorder.*** This disorder involves need for admiration, demanding, lack of empathy and grandiosity. This disorder was measured by administering a subscale in PDQ with high scores showing high level of narcissistic PD and low scores representing low narcissistic PD.

2.2.3.4.8 ***Avoidant personality disorder.*** This disorder involves feelings of inadequacy, hypersensitivity to negative evaluation and social inhibition. This disorder was measured by administering a subscale in PDQ with high scores showing high level of avoidant PD and low scores representing low avoidant PD.

2.2.3.4.9 ***Dependent personality disorder.*** This disorder involves dependence in daily life, lack of independent mindedness, care seeking and submissiveness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of dependent PD and low scores representing low dependent PD.

2.2.3.4.10 ***Obsessive-compulsive personality disorder.*** This disorder involves heighten concerns for orderliness, control and perfectionism. This disorder was measured by administering a subscale in PDQ with high scores showing high level of obsessive-compulsive PD and low scores representing low obsessive-compulsive PD.

2.2.3.4.11 ***Passive aggressive personality disorder.*** This disorder involves hostile tendencies, revenge intentions, hidden motives of aggression and lack of assertiveness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of passive-aggressive PD and low scores representing low passive-aggressive PD.

2.2.3.4.12 ***Depressive personality disorder.*** This disorder involves sadness, depressive modes, low energy and lack of activeness. This disorder was measured by administering a subscale in PDQ with high scores showing high level of depressive PD and low scores representing low depressive PD.

2.2.4 Sample

The sample comprised of adults (N = 1000) with age ranged from 18 to 39 years (M = 24.69, 4.76). The participants were equally divided into men (n = 500, 50%) and women adults (n = 500, 50%). Adults were selected from universities situated in Khyber Pakhtoon-Khaw (n = 250, 25%), Punjab (n = 250, 25%) and Sindh (n = 250, 25%) and Baluchistan, Kashmir and Islamabad (n = 250, 25%). Adults represented nuclear (n = 265, 46.5%) and joint family system (n = 535, 53.5%). Adults were residents of rural (n = 603, 60.3%) and urban areas (n = 397, 39.7%). Adults were first born (n = 361, 36.1%), second born (n = 472, 47.2%), last born (n = 123, 12.3%) and only child (n = 44, 4.4%). Purposive sampling technique was applied for data collection. Data was collected on the basis of pre-defined age-based sampling inclusion criteria as APA (2013) recommends that the data on personality disorders should be collected at the age of 18. The university students below 18 years were not included in the sample.

2.2.5 Instruments

2.2.5.1 Questionnaire on Dimensions of Emotional Maltreatment at Home (Gesinde, 2010). QSDMH was adopted and Urdu translated by Qaiser (2017) comprises a set of 42 descriptive statements, and 7 subscales in which 7 items measured each subscale. The domains of emotional maltreatment included degrading, exploiting, isolating, ignoring, rejecting, and terrorizing. It is 4-point Likert scale in

with 1 = *never*, 2 = *sometimes*, 3 = *often* and 4 *always*. The potential range of the scale was 42 to 168 with 42 as minimum and 168 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation in which low scores means low level of experience of emotional maltreatment and high scores means high level of experiences of emotional maltreatment. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The reliability reported in the original scale is .84 which is satisfactory and in the Urdu version is also .84. The scale was positively correlated with peer victimization and inversely related to state resilience which reveals the construct validity of the scale. Thus, this scale is a psychometrically sound scale to measure emotional maltreatment experiences by adults at early stages of life.

2.2.5.2 Schema Mode Inventory. Developed by Lobbestael, Van Vreeswijk, Spinhoven, Schouten, and Arntz (2010). SMI was translated, adopted and cross-language validated by Riaz, Khalily, and Umm-e-Kalsoom (2012). The inventory has 124 descriptive statements and 14 subscales with distinct number of items measuring each domain. Angry child, bully and attack mode child, compliant surrender, demanding, detached protector, detached self-soother child, enraged child, happy child, healthy, impulsive child, punishing, self-aggrandizer child, undisciplined child and vulnerable child. It is 6-point Likert scale in with 1 = *almost never*, 2 = *rarely*, 3 = *occasionally*, 4 = *frequently,* 5 = *most of the time* and 6 = *all of the time*. The potential range of the scale was 124 to 744 with 124 as minimum and 744 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation in which low scores means low level of schema modes and high scores means high level of schema modes. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The reliability reported in the

original scale is .92 which is satisfactory and in the Urdu version is also .91. The scale was positively correlated with personality disorders (Lobbestael, Arntz, & Sieswerda, 2005) which reveal the construct validity (convergent validity) of the scale. Thus, this scale is a psychometrically sound scale to measure schema modes.

2.2.5.3 Personality Diagnostic Questionnaire-Forth-Edition (Hyler, Skodol, Oldham, Kellman, & Doidge, 1992). PDQ-4 was Urdu translated and validated by Shehzadi (2014). It comprised of 100 descriptive statements and 12 subscales with distinct items. Each subscale is a measure of unique personality disorder (PD). The subscales measured paranoid PD, schizoid PD, schizotypal PD, antisocial PD, borderline PD, histrionic PD, narcissistic PD, avoidant PD, dependent PD, obsessive compulsive PD, passive aggressive PD and depressive PD. It has dichotomous responses with 0 = *false* and 1 *true*. The potential range of the scale was 0 to 100 with 0 as minimum and 100 as maximum obtained scale scores, although each subscale has distinct score range. The scoring used in the present study is based on low and high scoring interpretation—although cut off scoring pattern is also available for diagnosis purpose—in which low scores means low level of a specific personality disorder and high scores means high level of a personality disorder. There is no reverse coded item and hence the items are positively stated in accordance with the underlying construct. The PDQ is reported to have high test-retest reliability in the original scale and in the Urdu version maximum subscales have low reliability except borderline subscale which has alpha reliability of .73. The subscales were positively correlated with early maladaptive schemas and inversely related to well-being which reveals the construct validity of the scale. The authors also reported face validity. Thus, this scale is a psychometrically sound scale to measure PDs among adults.

2.2.5.4 Personality Inventory for DSM-5 (Krueger et al., 2012). PID-5 was Urdu translated by the researcher. It comprised of 25 descriptive statements and 5 subscales with equal number of items. Each subscale measures a unique domain of pathological traits with 5 items including negative affect, detachment, antagonism, disinhibition, and psychoticism. It is 4-point Likert scale with response options with 0 = *often false,* 1 = *somewhat false*, 2 = *somewhat true,* and 3 = often true. Potential range of the scale was 0 to 75 with 0 as minimum and 75 as maximum obtained scale scores. The scoring is based on low and high scoring interpretation (although cut off scores are also available for diagnostic purpose) in which low scores means low level of pathological traits and high scores means high level of pathological traits. Several items were reverse coded and hence the items are negative stated in accordance with the underlying construct. The reliability reported in the original scale is high which is satisfactory and in the Urdu version is also high. The scale was positively correlated with personality disorders and inversely related to life satisfaction which reveals the construct validity of the scale (Few, 2012). Thus, this scale is a psychometrically sound scale to measure pathological traits by adults.

2.2.6 Procedure

The study is conducted with cross-sectional design in which the researcher collected data from federal capital Islamabad and all provinces of Pakistan. The researcher visited universities situated in Punjab, KPK and Islamabad whereas key informants were approached from data collection from the universities situated in Baluchistan and Sindh. The key informants were properly guided to follow the same procedure for data collection which was adopted by the researcher. Initially, written permission was obtained from the authorities of targeted universities. The data was

collected in group settings in the classrooms whereas in some cases the data was collected from individual participants. After approaching the participants, the researcher / key informants introduced the study and motivated adults to share information. Initially they were asked for age, and the students were selected according to the inclusion criteria (= / > 18). Those who met the inclusion criteria were requested to sign the informed consent and they were given brief instructions for completing scales with no time limits. The researcher / key informants made clarifications, whenever required before during and after the completion of scales. About 45 minutes to 1 hour was consumed by the participants in scale completion. The response rate was 77% as only 1000 valid forms were entered into SPSS-23 out of 1300 scales distributed. The participation was voluntary as the researcher did not offer any tangible or intangible benefit for scale completion. The researcher / key informants scanned the questionnaires booklet and requested the participants to fill the required information, if left unanswered. Finally, the researcher / key informants paid special gratitude to the participants for allocating their time and consuming their energies for the research.

RESULTS

MAIN STUDY

Chapter-III

Results of the Main Study

The main study was carried out to test the mediational hypothesis based on the direct and indirect effect (through schema modes and maladaptive personality traits) of child emotional maltreatment on personality disorders in adults. For this purpose the mediational model was tested by using PROCESS Macro 3.0 (Hayas et al., 2013). Thus, dual paths were tested in which the first path examined the direct impact of child emotional maltreatment on personality disorders whereas in the second path it was examined that child emotional maltreatment lead to the development of schema modes and maladaptive personality traits which eventually lead to personality disorders.

Table 13

Psychometric Properties of the Study Variables

Variable	*N*	*M*	*SD*	α	Range		Skewness	Kurtosis
					Potential	Actual		
Emotional maltreatment	1000	81.43	16.20	.86	35-140	42-131	.10	1.95
Degrading	1000	16.24	5.05	.78	7-28	7-28	.21	.45
Exploiting	1000	13.17	3.76	.59	6-24	6-24	.13	.38
Isolating	1000	14.28	4.55	.77	6-24	6-24	.22	1.04
Ignoring	1000	11.56	3.30	.54	5-20	5-20	.17	1.18
Rejecting	1000	12.20	4.10	.77	5-20	5-20	.20	.85
Terrorizing	1000	13.96	3.85	.61	6-24	6-24	.00	.58
Maladaptive personality traits	1000	26.45	14.26	.91	0-75	1-70	.79	.86
Negative affect	1000	4.63	3 28	.70	0-15	0-15	.75	1.23
Detachment	1000	5.68	3.54	.71	0-15	0-15	.44	.60
Antagonism	1000	6.12	3.50	.69	0-15	0-15	.38	1.12
Dysinhibition	1000	4.56	3.62	.71	0-15	0-15	.94	04
Psychoticism	1000	5.43	3.42	.75	0-15	0-15	.59	.40
Negative schema modes	1000	334.95	43.09	.91	124-844	200-563	.01	.97
Vulnerable	1000	17.56	4.60	.61	6-36	6-30	-.62	1.00
Angry	1000	17.45	4.70	.59	6-36	6-33	.03	.13
Enraged	1000	18.30	4.64	.58	6-36	6-36	.03	-.45
Impulsive	1000	27.66	6.31	.61	9-54	9-51	-.27	-.20
Undisciplined	1000	18.31	4.08	.51	6-36	6-33	-.25	-.44
Happy	1000	18.43	5.01	.68	6-36	6-36	.40	-.33
Compliant	1000	21.82	5.62	.73	7-42	7-42	.13	-.15
Detached	1000	27.63	6.09	.67	9-54	9-54	.24	-.33
Self-soother	1000	12.34	3.41	.51	4-24	4-24	.13	-.68
Aggrandizer	1000	29.72	6.33	61	10-60	10-60	.01	.05
Attach-bully	1000	26.48	7.20	.74	9-54	9-54	-.13	-.56
Punishing	1000	30.01	7.76	.77	10-60	10-60	-.03	-.38
Demanding	1000	34.20	6.34	.68	10-60	10-50	-.82	-.45
Health	1000	34.97	6.72	.80	10-60	10-50	-.76	-.30
Personality disorders	1000	43.97	15.25	.91	0-100	0-94	-.02	1.95
Paranoid	1000	3.39	1.64	.70	0-7	0-7	-.22	.45
Schizoid	1000	3.41	1.60	.78	0-7	0-7	-.25	.38

Schizotypal	1000	3.95	1.97	.88	0-9	0-9	-.03	1.04
Antisocial	1000	5.04	2.32	.73	0-9	0-9	-.52	1.18
Borderline	1000	6.58	2.79	.75	0-14	0-14	-.32	.85
Narcissistic	1000	3.85	2.05	.77	0-9	0-9	.06	.58
Histrionic	1000	2.82	2.03	.78	0-8	0-8	.40	.86
Avoidant	1000	2.35	1.57	.75	0-7	0-7	.65	1.23
Dependent	1000	3.01	1.98	.79	0-8	0-8	.39	.60
Obsessive	1000	3.33	1.90	.80	0-8	0-8	.24	1.12
Passive aggressive	1000	3.74	1.90	.71	0-8	0-8	.06	.04
Depressive	1000	2.43	1.81	.78	0-7	0-7	.55	.40

Table 13 shows alpha reliability coefficients for scales and subscales used in the present study. The alpha coefficient for Questionnaire on Dimensions of Emotional Maltreatment At Home is .86 (>.70), which is satisfactory reliability to use this scale in the further analyses. The alpha coefficient for The Personality Inventory for DSM-5 is .91 (>.70), which is satisfactory reliability to use this scale in the further analyses. The alpha coefficient for Schema Modes Inventory is.91 (>.70), which is satisfactory reliability to use this scale in the further analyses. The alpha coefficients for the subscales of Personality Diagnostic Questionnaire ranges from .71 to 88 (>.70), which is satisfactory reliability to use the subscales (measuring personality disorders) in the further analyses. The values of skewness and kurtosis for all scales and subscales used in the present study are less than +2 / -2, which depict that the data is normally distributed and free from the problems of symmetry and pointiness.

Table 14

Pearson Correlation among Subscales of Questionnaire on Dimensions of Emotional Maltreatment At Home (QDEMH)

Variable	1	2	3	4	5	6	7
8.Emotional maltreatment	-	.58***	.75***	.77***	.67***	.48***	.72***
9. Degrading		-	.41***	.34***	.12***	-.02	.24***
10. Exploiting			-	.70***	.34***	.07*	.42***
11. Isolating				-	.41***	.08*	.49***
12. Ignoring					-	.56***	.39***
13. Rejecting						-	.34***
14. Terrorizing							-

*p<.05. **p<.01. ***p<.001.

Table 14 shows that emotional maltreatment has positive correlation with degrading (r = .58, p< .001), exploiting (r = .75, p< .001), isolating (r = .77, p< .001), ignoring (r = .67, p< .001), rejecting (r = .48, p< .001) and terrorizing (r = .72, p< .001). Degrading has positive correlation with exploiting (r = .41, p< .001), isolating (r = .32, p< .001), ignoring (r = .12, p< .001) and terrorizing (r = .24, p< .001). Isolating has positive correlation with ignoring (r = .41, p< .001), rejecting (r = .08, p< .05) and terrorizing (r = .49, p< .001). Ignoring has positive correlation with rejecting (r = .56, p< .001) and terrorizing (r = .39, p< .001).

Table 15

Pearson Correlation among Subscales of the Personality Inventory for DSM-5 (PID-5)-Adult Form

Variable	1	2	3	4	5	6
7. Maladaptive personality traits	-	.86***	.86***	.85***	.87***	.66***
8. Negative affect		-	.74***	.70***	.70***	.43***
9. Detachment			-	.72***	.68***	.39***
10. Antagonism				-	.68***	.40***
11. Dysinhibition					-	.50***
12. Psychoticism						-

*p<.05. **p<.01. ***p<.001.

Table 15 shows that maladaptive personality traits have positive correlation with negative affect (r = .86, p< .001), detachment (r = .86, p< .001), antagonism (r = .85, p< .001), dysinhibition (r = .87, p< .001) and pscyhoticism (r = .66, p< .001). Negative affect has positive correlation with detachment (r = .74, p< .001), antagonism (r = .70, p< .001), dysinhibition (r = .70, p< .001) and pscyhoticism (r = .43, p< .001). Detachment has positive correlation with antagonism (r = .72, p< .001), dysinhibition (r = .68, p< .001) and pscyhoticism (r = .39, p< .001). Antagonism has positive correlation with dysinhibition (r = .68, p< .001) and pscyhoticism (r = .40, p< .001). Dysinhibition has positive correlation with pscyhoticism (r = .50, p< .001).

Table 16

Pearson Correlation among Subscales of Schema Mode Inventory (SMI)

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	Negative schema modes	-	53***	60***	58***	64***	55***	49***	54***	57***	51***	67***	62***	66***	34***	26***
17	Vulnerable		-	55***	39***	43***	31***	15***	20***	18***	24***	29***	21***	21***	10***	04
18	Angry			-	40***	48***	26***	21***	28***	22***	31***	28***	25***	30***	13***	10***
19	Enraged				-	50***	40***	26***	28***	32***	24***	30***	25***	29***	04	- 01
20	Impulsive					-	36***	21***	32***	24***	23***	29***	23***	36***	14***	12***
21	Undisciplined						-	35***	40***	43***	32***	31***	19***	24***	01	- 03
22	Happy							-	- 43***	- 45***	- 42***	- 31***	- 25***	- 23***	- 13***	- 12***
23	Compliant								-	44***	37***	34***	15***	25***	- 05	- 07*
24	Detached									-	45***	41***	23***	27***	- 04	- 09**
25	Self-soother										-	46***	23***	25***	10***	- 11***
26	Aggrandizer											-	48***	47***	09***	- 01
27	Attach-bully												-	51***	25***	15***
28	Punishing													-	21***	10***
29	Demanding														-	55***
30	Health															-

*p<.05. **p<.01. ***p<.001.

Table 16 that schema modes have positive correlation with vulnerable child (r = .53, p< .001), angry child (r = .60, p< .001), enraged child (r = .58, p< .001), impulsive child (r = .64, p< .001), undisciplined child (r = .55, p< .001), happy child (r = .49, p< .001), compliant child (r = .54, p< .001), detached child (r = .57, p< .001), self-soother child (r = .51, p< .001), aggrandizer child (r = .67, p< .001), attach-bully child (r = .62, p< .001), punishing child (r = .66, p< .001), demanding child (r = .34, p< .001), and healthy child (r = .26, p< .001). Vulnerable child has positive correlation with angry child (r = .55, p< .001), enraged child (r = .39, p< .001), impulsive child (r = .43, p< .001), undisciplined child (r = .31, p< .001), happy child (r = .15, p< .001), compliant child (r = .20, p< .001), detached child (r = .18, p< .001), self-soother child (r = .24, p< .001), aggrandizer child (r = .29, p< .001), attach-bully child (r = .21, p< .001), punishing child (r = .21, p< .001) and demanding child (r = .10, p< .001). Angry child has positive correlation with enraged child (r = .40, p< .001), impulsive child (r = .48, p< .001), undisciplined child (r = .26, p< .001), happy child (r = .21, p< .001), compliant child (r = .28, p< .001), detached child (r = .31, p< .001), self-soother child (r = .28, p< .001), aggrandizer child (r = .28, p< .001), attach-bully child (r = .25, p< .001), punishing child (r = .30, p< .001), demanding child (r = .13, p< .001), and healthy child (r = .10, p< .001). Enraged child has positive correlation with impulsive child (r = .50, p< .001), undisciplined child (r = .40, p< .001), happy child (r = .26, p< .001), compliant child (r = .32, p< .001), detached child (r = .33, p< .001), self-soother child (r = .24, p< .001), aggrandizer child (r = .25, p< .001), attach-bully child (r = .29, p< .001), punishing child (r = .30, p< .001). Impulsive child has positive correlation with undisciplined child (r = .36, p< .001), happy child (r = .21, p< .001), compliant child (r = .32, p< .001), detached child (r = .24, p< .001), self-soother child (r = .23, p< .001), aggrandizer child (r = .29, p<

.001), attach-bully child (r = .23, p< .001), punishing child (r = .30, p< .001), attach-bully child (r = .14, p< .001), punishing child (r = .12, p< .001). Undisciplined child has positive correlation with happy child (r = .35, p< .001), compliant child (r = .40, p< .001), detached child (r = .43, p< .001), self-soother child (r = .32, p< .001), aggrandizer child (r = .31, p< .001), attach-bully child (r = .19, p< .001), punishing child (r = .24, p< .001). Happy child has positive correlation with compliant child (r = -.43, p< .001), detached child (r = -.45, p< .001), self-soother child (r = -.42, p< .001), aggrandizer child (r = -.31, p< .001), attach-bully child (r = -.25, p< .001), punishing child (r = -.23, p< .001), demanding child (r = -.13, p< .001), and healthy child (r = -.12, p< .001). Compliant child has positive correlation with detached child (r = .44, p< .001), self-soother child (r = .37, p< .001), aggrandizer child (r = .34, p< .001), attach-bully child (r = .19, p< .001) and punishing child (r = .25, p< .001) whereas negative correlation with happy child (r = -.07, p< .05). Detached child has positive correlation with self-soother child (r = .45, p< .001), aggrandizer child (r = .41, p< .001), attach-bully child (r = .23, p< .001) and punishing child (r = .27, p< .001) whereas negative correlation with happy child (r = -.09, p< .01). Self-soother child has positive correlation with aggrandizer child (r = .46, p< .001), attach-bully child (r = .23, p< .001), punishing child (r = .25, p< .001), demanding child (r = .10, p< .001) whereas negative correlation with healthy child (r = -.11, p< .001). Aggrandizer child has positive correlation with attach-bully child (r = .48, p< .001), punishing child (r = .47, p< .001), demanding child (r = .09, p< .001). Attach-bully child has positive correlation with punishing child (r = .51, p< .001), demanding child (r = .25, p< .001) and healthy child (r = .15, p< .001).Punishing child has positive correlation with demanding child (r = .21, p< .001) and healthy child (r = .10, p< .001). Demanding child has positive correlation with healthy child (r = .55, p< .001). Remaining

correlations are non-significant. The correlation coefficients are in theoretically consistent dimensions.

Table 17

Pearson Correlation among Subscales of Personality Diagnostic Questionnaire (PDQ)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
14. Personality disorders	-	.67***	.64***	.62***	.57***	.77***	.72***	.70***	.64***	.63***	.66***	.58***	.45***
15. Paranoid		-	.49***	.45***	.43***	.48***	.41***	.41***	.35***	.38***	.37***	.26***	.16***
16. Schizoid			-	.42***	.50***	.46***	.42***	.40***	.37***	.24***	.33***	.23***	.13***
17. Schizotypal				-	.46***	.50***	.45***	.28***	.25***	.30***	.29***	.22***	.10***
18. Antisocial					-	.46***	.38***	.20***	.19***	.19***	.27***	.15***	-.03
19. Borderline						-	.58***	.43***	.43***	.36***	.40***	.34***	.22***
20. Narcissistic							-	.50***	.39***	.39***	.37***	.31***	.22***
21. Histrionic								-	.51***	.46***	.45***	.41***	.38***
22. Avoidant									-	.44***	.44***	.36***	.34***
23. Dependent										-	.44***	.36***	.31***
24. Obsessive											-	.46***	.30***
25. Passive aggressive												-	.45***
26. Depressive													-

*p<.05. **p<.01. ***p<.001.

Table 17 shows that overall personality disorders have positive correlation with paranoid PD (r = .67, p< .001), schizoid PD (r = .64, p< .001), schizotypal PD (r = .62, p< .001), antisocial PD (r = .57, p< .001), borderline PD (r = .77, p< .001), narcissistic PD (r = .72, p< .001), histrionic PD (r = .70, p< .001), avoidant PD(r = .64, p< .001), dependent PD (r = .63, p< .001), obsessive PD (r = .66, p< .001), passive aggressive PD (r = .58, p< .001) and depressive PD (r = .45, p< .001). Paranoid PD has positive correlation with schizoid PD (r = .49, p< .001), schizotypal PD (r = .45, p< .001), antisocial PD (r = .43, p< .001), borderline PD (r = .48, p< .001), narcissistic PD (r = .41, p< .001), histrionic PD (r = .41, p< .001), avoidant PD(r = .35, p< .001), dependent PD (r = .38, p< .001), obsessive PD (r = .37, p< .001), passive aggressive PD (r = .26, p< .001) and depressive PD (r = .16, p< .001). Schizoid PD has positive correlation with schizotypal PD (r = .42, p< .001), antisocial PD (r = .50, p< .001), borderline PD (r = .46, p< .001), narcissistic PD (r = .42, p< .001), histrionic PD (r = .40, p< .001), avoidant PD(r = .37, p< .001), dependent PD (r = .24, p< .001), obsessive PD (r = .33, p< .001), passive aggressive PD (r = .23, p< .001) and depressive PD (r = .13, p< .001). Schizotypal PD has positive correlation with antisocial PD (r = .46, p< .001), borderline PD (r = .50, p< .001), narcissistic PD (r = .45, p< .001), histrionic PD (r = .28, p< .001), avoidant PD(r = .25, p< .001), dependent PD (r = .30, p< .001), obsessive PD (r = .29, p< .001), passive aggressive PD (r = .22, p< .001) and depressive PD (r = .10, p< .001). Antisocial PD has positive correlation with borderline PD (r = .46, p< .001), narcissistic PD (r = .38, p< .001), histrionic PD (r = .20, p< .001), avoidant PD(r = .19, p< .001), dependent PD (r = .19, p< .001), obsessive PD (r = .27, p< .001), and passive aggressive PD (r = .15, p< .001). Borderline PD has positive correlation with narcissistic PD (r = .58, p< .001), histrionic PD (r = .43, p< .001), avoidant PD(r = .43, p< .001), dependent PD (r = .36,

$p < .001$), obsessive PD ($r = .40$, $p < .001$), passive aggressive PD ($r = .34$, $p < .001$) and depressive PD ($r = .22$, $p < .001$). Narcissistic PD has positive correlation with histrionic PD ($r = .50$, $p < .001$), avoidant PD($r = .39$, $p < .001$), dependent PD ($r = .39$, $p < .001$), obsessive PD ($r = .37$, $p < .001$), passive aggressive PD ($r = .31$, $p < .001$) and depressive PD ($r = .22$, $p < .001$). Histrionic PD has positive correlation with avoidant PD($r = .51$, $p < .001$), dependent PD ($r = .46$, $p < .001$), obsessive PD ($r = .45$, $p < .001$), passive aggressive PD ($r = .41$, $p < .001$) and depressive PD ($r = .31$, $p < .001$). Avoidant PD has positive correlation with dependent PD ($r = .44$, $p < .001$), obsessive PD ($r = .44$, $p < .001$), passive aggressive PD ($r = .36$, $p < .001$) and depressive PD ($r = .34$, $p < .001$). Dependent PD has positive correlation with obsessive PD ($r = .44$, $p < .001$), passive aggressive PD ($r = .36$, $p < .001$) and depressive PD ($r = .31$, $p < .001$). Obsessive PD has positive correlation with passive aggressive PD ($r = .46$, $p < .001$) and depressive PD ($r = .30$, $p < .001$). Passive-aggressive PD has positive correlation with depressive PD ($r = .45$, $p < .001$).

Table 18

Pearson Correlation among Questionnaire on Dimensions of Emotional Maltreatment at Home (QDEMII) and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	r	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Emotional maltreatment	.07*	.17***	.13***	.19***	.15***	.11***	.14***	.17***	.25***	.17***	.11***	.14***
Degrading	.04	.03	.02	.02	.01	.01	.03	.02	.03	.02	.01	.03
Exploiting	-.02	-.02	.04	.00	-.05	-.02	-.05	.04	.07*	-.02	-.03	.07*
Isolating	-.05	-.02	.07*	-.03	.08*	.07*	-.05	.07*	.07*	-.03	-.00	-.04
Ignoring	-.01	.03	.03	.01	-.02	.01	-.02	-.02	-.02	.01	-.01	-.05
Rejecting	.04	.04	.04	.06*	.03	.04	.02	.04	.05	.07*	.01	-.02
Terrorizing	-.05	-.02	.03	.07*	-.04	-.02	.03	.01	.03	.03	.01	.03

*p<.05. **p<.01. ***p<.001.

Table 18 shows that emotional maltreatment has positive correlation with paranoid PD (r = .07, p< .05), schizoid PD (r = .17, p< .001), schizotypal PD (r = .13, p< .001), antisocial PD (r = .19, p< .001), borderline PD (r = .15, p< .001), narcissistic PD (r = .1, p< .001), histrionic PD (r = .14, p< .001), avoidant PD(r = .17, p< .001), dependent PD (r = .25, p< .001), obsessive PD (r = .17, p< .001), passive aggressive PD (r = .11, p< .001) and depressive PD (r = .14, p< .001). Exploiting domain has positive correlation with dependent PD (r = .07, p< .05) and depressive PD (r = .07, p< .05). Isolating domain has positive correlation with schizotypal PD (r = .07, p< .05), borderline PD (r = .08, p< .05), narcissistic PD (r = .07, p< .05), avoidant PD(r = .07, p< .05), and dependent PD (r = .07, p< .05). Rejecting domain has positive correlation with antisocial PD (r = .06, p< .05) and obsessive PD (r = .07, p< .05). Terrorizing domain has positive correlation with antisocial PD (r = .07, p< .05). Remaining correlations between domains of emotional maltreatment and PDs are non-significant.

Table 19

Pearson Correlation among the Personality Inventory for DSM-5 (PID-5)-Adult Form and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	r	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Maladaptive traits	.07*	.18***	.16***	.18***	.15***	.11***	.15***	.17***	.08*	.17***	.11***	.13***
Negative affect	.07*	.04	.04	.12***	.04	.02	.02	.06*	.03	.01	.05	.07*
Detachment	.01	.00	.01	.09***	.01	.01	.07*	.07*	.09**	.05	.07*	11***
Antagonism	.01	.02	.02	.04	.03	.01	.05	.06*	.07*	.06	.04	.05
Dysinhibition	.01	.03	.02	.07*	.01	.01	.08***	.12**	.10***	.06*	.08*	.14***
Psychoticism	.01	.02	.01	.02	.03	.02	.07*	.13**	.11***	.07*	.08*	.13***

*p<.05. **p<.01. ***p<.001.

Table 19 shows that maladaptive traits have positive correlation with paranoid PD (r = .07, p< .05), schizoid PD (r = .18, p< .001), schizotypal PD (r = .16, p< .001), antisocial PD (r = .18, p< .001), borderline PD (r = .15, p< .001), narcissistic PD (r = .11, p< .001), histrionic PD (r = .15, p< .001), avoidant PD(r = .17, p< .001), dependent PD (r = .08, p< .05), obsessive PD (r = .17, p< .001), passive aggressive PD (r = .11, p< .001) and depressive PD (r = .13, p< .001). Negative affect domain has positive correlation with paranoid PD (r = .07, p< .05), antisocial PD (r = .12, p< .001), avoidant PD (r = .06, p< .05), and depressive PD (r = .07, p< .05). Detachment domain has positive correlation with antisocial PD (r = .09, p< .001), histrionic PD (r = .07, p< .05), avoidant PD(r = .07, p< .05), dependent PD (r = .09, p< .05), passive aggressive PD (r = .07, p< .05) and depressive PD (r = .11, p< .001). Antagonism has positive correlation with avoidant PD (r = .06, p< .05) and dependent PD (r = .07, p< .05). Dysinhibition has positive correlation with antisocial PD (r = .07, p< .05), histrionic PD (r = .08, p< .001), avoidant PD(r = .12, p< .01), dependent PD (r = .10, p< .001), obsessive PD (r = .06, p< .05), passive aggressive PD (r = .08, p< .05) and depressive PD (r = .14, p< .001). Psychoticism has positive correlation with histrionic PD (r = .07, p< .05), avoidant PD(r = .13, p< .01), dependent PD (r = .11, p< .001), obsessive PD (r = .07, p< .05), passive aggressive PD (r = .08, p< .05) and depressive PD (r = .13, p< .001). The remaining correlations between domains of maladaptive traits and personality PDs are non-significant.

Table 20

Pearson Correlation among Schema Mode Inventory (SMI) and Personality Diagnostic Questionnaire (PDQ)

Variable	Paranoid	Schizoid	Schizotypal	Antisocial	Borderline	Narcissistic	Histrionic	Avoidant	Dependent	Obsessive	Passive	Depressive
	r	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*	*r*
Negative schema modes	.09**	.18***	.16***	.17***	.17***	.12***	.18***	.22***	.10***	.19***	.11***	.15***
Vulnerable	05	.16***	.13***	.23***	.09***	.07*	.07*	.04	-.08***	.09***	.09***	-.02
Angry	.09***	.14***	.17***	.21***	.09***	.09***	.15***	.16***	.05	.11***	.06*	.03
Enraged	-.01	.05	.09***	.11***	.06*	.03	.01	.02	-.04	.01	.03	.02
Impulsive	.07*	.16***	.16***	.19***	.14***	.11***	.09***	.11***	.01	.08*	.05	.06*
Undisciplined	-.03	.07*	.01	.09***	.04	.05	.05	.05	-.08***	.05	.03	.05
Happy	-.06*	-.09***	-.10***	-.12***	-.06*	-.08***	.01	.06*	-.01	-.07	.01	.06
Compliant	-.02	-.03	-.01	-.01	-.02	-.04	.06*	.04	.05	.08*	.12***	.13***
Detached	-.05	-.01	.01	-.06*	-.02	-.04	.03	.03	.04	.08***	.03	.10***
Self-soother	-.04	-.05	-.10***	-.09***	-.01	-.05	.03	.12***	.02	.09***	.08*	.11***
Aggrandizer	.05	.11***	.04	.044	.15***	.10***	.12***	.17***	.10***	.16***	.06	.10***
Attach-bully	.13***	.21***	.12***	.15***	.20***	.13***	.18***	.26***	.10***	.20***	.13***	.18***
Punishing	.11***	.17***	.16***	.11***	.16***	.10***	.15***	.19***	.14***	.18***	.08***	.15***
Demanding	.17***	.19***	.19***	.22***	.20***	.18***	.13***	.13***	.13***	.14***	.02	.03
Health	.11***	.16***	.17***	.15***	.14***	.15***	.12***	.14***	.14***	.09***	.03	.04

*$p<.05$. **$p<.01$. ***$p<.001$.

Table 20 shows that negative schema modes have positive correlation with paranoid PD (r = .09, p< .01), schizoid PD (r = .18, p< .001), schizotypal PD (r = .16, p< .001), antisocial PD (r = .17, p< .001), borderline PD (r = .17, p< .001), narcissistic PD (r = .12, p< .001), histrionic PD (r = .18, p< .001), avoidant PD(r = .22, p< .001), dependent PD (r = .10, p< .001), obsessive PD (r = .19, p< .001), passive aggressive PD (r = .11, p< .001) and depressive PD (r = .15, p< .001). Vulnerable child has positive correlation with schizoid PD (r = .16, p< .001), schizotypal PD (r = .13, p< .001), antisocial PD (r = .23, p< .001), borderline PD (r = .09, p< .001), narcissistic PD (r = .07, p< .001), histrionic PD (r = .07, p< .05), dependent PD (r = .08, p< .05), obsessive PD (r = .09, p< .001) and passive aggressive PD (r = .09, p< .001). Angry child has positive correlation with paranoid PD (r = .09, p< .001), schizoid PD (r = .14, p< .001), schizotypal PD (r = .17, p< .001), antisocial PD (r = .21, p< .001), borderline PD (r = .09, p< .001), narcissistic PD (r = .09, p< .001), histrionic PD (r = .15, p< .001), avoidant PD(r = .16, p< .001), obsessive PD (r = .11, p< .001) and passive aggressive PD (r = .06, p< .05). Enraged child has positive correlation with schizotypal PD (r = .09, p< .001), antisocial PD (r = .11, p< .001), and borderline PD (r = .06, p< .05). Impulsive child has positive correlation with paranoid PD (r = .07, p< .05), schizoid PD (r = .16, p< .001), schizotypal PD (r = .16, p< .001), antisocial PD (r = .19, p< .001), borderline PD (r = .14, p< .001), narcissistic PD (r = .11, p< .001), histrionic PD (r = .09, p< .001), dependent PD (r = .11, p< .05), obsessive PD (r = .08, p< .05), and depressive PD (r = .06, p< .05). Undisciplined child has positive correlation with schizoid PD (r = .07, p< .05), antisocial PD (r = .09, p< .001), and dependent PD (r = .08, p< .05). Happy child has negative correlation with paranoid PD (r = -.06, p< .05), schizoid PD (r = -.09, p< .001), schizotypal PD (r = -.10, p< .001), antisocial PD (r = -.12, p< .001),

borderline PD (r = -.06, p< .05), narcissistic PD (r = -.08, p< .05), and avoidant PD(r = -.06, p< .05). Compliant child has positive correlation with histrionic PD (r = .06, p< .05), obsessive PD (r = .08, p< .05), passive aggressive PD (r = .12, p< .001) and depressive PD (r = .13, p< .001). Detached child has positive correlation with antisocial PD (r = .06, p< .05), obsessive PD (r = .08, p< .05), and depressive PD (r = .10, p< .001). Self-soother has positive correlation with schizotypal PD (r = .10, p< .001), antisocial PD (r = .09, p< .001), avoidant PD (r = .12, p< .001), obsessive PD (r = .09, p< .001), passive aggressive PD (r = .08, p< .05) and depressive PD (r = .11, p< .001). Aggrandizer child has positive correlation with schizoid PD (r = .11, p< .001), borderline PD (r = .15, p< .001), narcissistic PD (r = .11, p< .001), histrionic PD (r = .12, p< .001), avoidant PD(r = .17, p< .001), dependent PD (r = .10, p< .001), obsessive PD (r = .20, p< .001), and depressive PD (r = .10, p< .001). Attach-bully child has positive correlation with paranoid PD (r = .13, p< .001), schizoid PD (r = .21, p< .001), schizotypal PD (r = .12, p< .001), antisocial PD (r = .15, p< .001), borderline PD (r = .20, p< .001), narcissistic PD (r = .13, p< .001), histrionic PD (r = .18, p< .001), avoidant PD(r = .26, p< .001), dependent PD (r = .10, p< .001), obsessive PD (r = .20, p< .001), passive aggressive PD (r = .13, p< .001) and depressive PD (r = .18, p< .001). Punishing child has positive correlation with paranoid PD (r = .11, p< .001), schizoid PD (r = .17, p< .001), schizotypal PD (r = .16, p< .001), antisocial PD (r = .11, p< .001), borderline PD (r = .16, p< .001), narcissistic PD (r = .10, p< .001), histrionic PD (r = .15, p< .001), avoidant PD(r = .19, p< .001), dependent PD (r = .14, p< .001), obsessive PD (r = .18, p< .001), passive aggressive PD (r = .08, p< .001) and depressive PD (r = .15, p< .001). Demanding child has positive correlation with paranoid PD (r = .17, p< .001), schizoid PD (r = .19, p< .001), schizotypal PD (r = .19, p< .001), antisocial PD (r =

.26, $p< .001$), borderline PD ($r = .20$, $p< .001$), narcissistic PD ($r = .18$, $p<.001$), histrionic PD ($r = .13$, $p< .001$), avoidant PD($r = .13$, $p< .001$), dependent PD ($r = .13$, $p< .001$), and obsessive PD ($r = .14$, $p< .001$). Healthy child has negative correlation with paranoid PD ($r = -.11$, $p< .001$), schizoid PD ($r = -.16$, $p< .001$), schizotypal PD ($r = -.17$, $p< .001$), antisocial PD ($r = -.15$, $p< .001$), borderline PD ($r = -.14$, $p< .001$), narcissistic PD ($r = -.15$, $p< .001$), histrionic PD ($r = -.12$, $p< .001$), avoidant PD ($r = -.14$, $p< .001$), dependent PD ($r = -.14$, $p< .001$), and obsessive PD ($r = -.19$, $p< .001$). Remaining correlations between the domains of schema modes and PDs are non-significant.

Table 21

Item Total Correlation for the Subscales of Questionnaire on Dimensions of Emotional Maltreatment At Home (QDEMH)

A		b		c		d		e		f	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.35	1	.33	1	.24	1	.35	1	.51	1	.04
2	.54	2	.11	2	.20	2	.54	2	.58	2	.36
3	.54	3	.42	3	.36	3	.54	3	.46	3	.36
4	.47	4	.30	4	.35	4	.47	4	.61	4	.45
5	.57	5	.40	5	.35	5	.57	5	.57	5	.51
6	.48	6	.42			6	.48			6	.40
7	.55					7	.55				

Table 21(a) shows item total correlation for the degrading subscale of QDEMH. The correlation coefficients were between the ranges of .30 to .45 which is considered is satisfactory magnitude to retain the items in the degrading subscale. This also depicts that all items contribute to the overall homogeneity of the degrading subscale.

Table 21(b) shows item total correlation for the exploiting subscale of QDEMH. The correlation coefficients were between the ranges of .30 to .42 (except item 2) which is considered is satisfactory magnitude to retain the items in the exploiting subscale. This also depicts that all items (except item 2) contribute to the overall homogeneity of the exploiting subscale. Thus item 2 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the exploiting subscale.

Table 21(c) shows item total correlation for the isolating subscale of QDEMH. The correlation coefficients were between the ranges of .43 to .48 which is considered is satisfactory magnitude to retain the items in the isolating subscale. This also depicts that all items contribute to the overall homogeneity of the isolating subscale.

Table 21(d) shows item total correlation for the ignoring subscale of QDEMH. The correlation coefficients were between the ranges of .35 to .36 (except item 1 and item 2) which is considered is satisfactory magnitude to retain the items in the ignoring subscale. This also depicts that all items (except item 1 and item 2) contribute to the overall homogeneity of the ignoring subscale. Thus item 1 and item 2 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the ignoring subscale.

Table 21(e) shows item total correlation for the rejecting subscale of QDEMH. The correlation coefficients were between the ranges of .46 to .61 which is considered a satisfactory magnitude to retain the items in the rejecting subscale. This also depicts that all items contribute to the overall homogeneity of the rejecting subscale.

Table 21(f) shows item total correlation for the terrorizing subscale of QDEMH. The correlation coefficients were between the ranges of .36 to .51 (except item 1) which is considered a satisfactory magnitude to retain the items in the terrorizing subscale. This also depicts that all items contribute to the overall homogeneity of the terrorizing subscale. This also depicts that all items (except item 1) contribute to the overall homogeneity of the ignoring subscale. Thus item 1 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the terrorizing subscale.

Table 22

Item Total Correlation for the Subscales of the Personality Inventory for DSM-5 (PID-5)-Adult Form

Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.33	1	.52	1	.55	1	.40	1	.55
2	.48	2	.52	2	.60	2	.45	2	.60
3	.45	3	.51	3	.40	3	.47	3	.40
4	.48	4	.43	4	.42	4	.41	4	.42
5	.52	5	.35	5	.61	5	.52	5	.61

Table 22(a) shows item total correlation for the negative affect subscale of PID-5. The correlation coefficients were between the ranges of .33 to .52 which is considered asatisfactory magnitude to retain the items in the negative affect subscale. This also depicts that all items contribute to the overall homogeneity of the negative affect subscale.

Table 22(b) shows item total correlation for the detachment subscale of PID-5. The correlation coefficients were between the ranges of .35 to .52 which is considered a satisfactory magnitude to retain the items in the detachment subscale. This also depicts that all items contribute to the overall homogeneity of the detachment subscale.

Table 22(c) shows item total correlation for the antagonism subscale of PID-5. The correlation coefficients were between the ranges of .40 to .61 which is considered a satisfactory magnitude to retain the items in the antagonism subscale. This also depicts that all items contribute to the overall homogeneity of the antagonism subscale.

Table 22(d) shows item total correlation for the dysinhibition subscale of PID-5. The correlation coefficients were between the ranges of .41 to .52 which is considered a satisfactory magnitude to retain the items in the dysinhibition subscale. This also depicts that all items contribute to the overall homogeneity of the dysinhibition subscale.

Table 22(e) shows item total correlation for the psychoticism subscale of PID-5. The correlation coefficients were between the ranges of .40 to .61 which is considered a satisfactory magnitude to retain the items in the psychoticism subscale. This also depicts that all items contribute to the overall homogeneity of the psychoticism subscale.

Table 23

Item Total Correlation for the Subscales of Schema Mode Inventory

A		b		c		d		e		f		g	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.25	1	.35	1	.29	1	.29	1	.41	1	.30	1	.35
2	.37	2	.32	2	.38	2	.38	2	.59	2	.43	2	.45
3	.45	3	.30	3	.37	3	.41	3	.59	3	.52	3	.49
4	.32	4	.43	4	.31	4	.25	4	.61	4	.48	4	.55
5	.35	5	.30	5	.32	5	.42	5	.61	5	.36	5	.51
6	.35	6	.27	6	.24	6	.33	6	.56	6	.36	6	.45
						7	.38					7	.30
						8	.37						
						9	.44						

H		i		j		k		l		m		n	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.39	1	41	1	.17	1	.29	1	.31	1	.16	1	.44
2	.40	2	.39	2	.42	2	.35	2	.40	2	.06	2	.22
3	.41	3	.34	3	.45	3	.35	3	.40	3	.52	3	.55
4	.41	4	32	4	.31	4	.51	4	.47	4	.48	4	.52
5	28			5	.47	5	.51	5	52	5	.09	5	.57
6	.36			6	.44	6	.50	6	.36	6	.49	6	.56
7	.35			7	.51	7	.50	7	44	7	.55	7	.57
8	.30			8	.25	8	.44	8	.51	8	.54	8	.53
9	.22			9	.35	9	.25	9	.47	9	.45	9	.34
				10	.40			10	.41	10	.42	10	.44

Table 23(a) shows item total correlation for the vulnerable child subscale of SMI. The correlation coefficients were between the ranges of .32 to .45 (except item 1) which is considered a satisfactory magnitude to retain the items (except item 1) in the vulnerable child subscale. This also depicts that all items contribute to the overall homogeneity of the vulnerable child subscale. This also depicts that all items (except item 1) contribute to the overall homogeneity of the vulnerable child subscale. Thus item 1 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the vulnerable child subscale.

Table 23(b) shows item total correlation for the angry child subscale of SMI. The correlation coefficients were between the ranges of .30 to .43 (except item 6) which is considered a satisfactory magnitude to retain the items (except item 6) in the angry child subscale. This also depicts that all items (except item 6) contribute to the overall homogeneity of the angry child subscale. This also depicts that all items (except item 6) contribute to the overall homogeneity of the angry child subscale. Thus item 6 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the angry child subscale.

Table 23(c) shows item total correlation for the enraged child subscale of SMI. The correlation coefficients were between the ranges of .31 to .38 (except item 1 and item 6) which is considered a satisfactory magnitude to retain the items (except item 1 and item 6) in the enraged child subscale. This also depicts that all items contribute to the overall homogeneity of the enraged child subscale. This also depicts that all items (except item 1 and item 6) contribute to the overall homogeneity of the enraged child subscale. Thus item 1 and item 6 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the enraged child subscale.

Table 23(d) shows item total correlation for the impulsive child subscale of SMI. The correlation coefficients were between the ranges of .33 to .44 (except item 1 and item 4) which is considered a satisfactory magnitude to retain the items in the impulsive child subscale. This also depicts that all items contribute (except item 1 and item 4) to the overall homogeneity of the impulsive child subscale. This also depicts that all items (except item 1 and item 4) contribute to the overall homogeneity of the impulsive child subscale. Thus item 1 and item 4 was discarded from the subscale due

to its low magnitude (< .30) which reflects poor homogeneity of this item with the impulsive child subscale.

Table 23(e) shows item total correlation for the undisciplined child subscale of SMI. The correlation coefficients were between the ranges of .41 to .61 which is considered a satisfactory magnitude to retain the items in the undisciplined child subscale. This also depicts that all items contribute to the overall homogeneity of the undisciplined child subscale.

Table 23(f) shows item total correlation for the happy child subscale of SMI. The correlation coefficients were between the ranges of .30 to .52 which is considered a satisfactory magnitude to retain the items in the happy child subscale. This also depicts that all items contribute to the overall homogeneity of the happy child subscale.

Table 23(g) shows item total correlation for the compliant child subscale of SMI. The correlation coefficients were between the ranges of .30 to .55 which is considered a satisfactory magnitude to retain the items in the compliant child subscale. This also depicts that all items contribute to the overall homogeneity of the compliant child subscale.

Table 23(h) shows item total correlation for the detached child subscale of SMI. The correlation coefficients were between the ranges of .30 to .45 (except item 9) which is considered a satisfactory magnitude to retain the items (except item 9) in the detached child subscale. This also depicts that all items (except item 9) contribute to the overall homogeneity of the detached child subscale. This also depicts that all items (except item 9) contribute to the overall homogeneity of the detached child

subscale. Thus item 9 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the detached child subscale.

Table 23(i) shows item total correlation for the self-soother child subscale of SMI. The correlation coefficients were between the ranges of .32 to .41 which is considered is satisfactory magnitude to retain the items in the self-soother child subscale. This also depicts that all items contribute to the overall homogeneity of the self-soother child subscale.

Table 23(j) shows item total correlation for the aggrandizer child subscale of SMI. The correlation coefficients were between the ranges of .30 to .45 (except item 1 and item 8) which is considered a satisfactory magnitude to retain the items in the aggrandizer child subscale. This also depicts that all items (except item 1 and item 8) contribute to the overall homogeneity of the aggrandizer child subscale. This also depicts that all items (except item 1 and item 8) contribute to the overall homogeneity of the aggrandizer child subscale. Thus item 1 and item 8 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the aggrandizer child subscale.

Table 23(k) shows item total correlation for the attack-bully subscale of SMI. The correlation coefficients were between the ranges of .30 to .45 (except item 1 and item 9) which is considered a satisfactory magnitude to retain the items in the attack-bully child subscale. This also depicts that all items (except item 1 and item 9) contribute to the overall homogeneity of the attack-bully child subscale. This also depicts that all items (except item 1 and item 9) contribute to the overall homogeneity of the attack-bully child subscale. Thus item 1 and item 9 was discarded from the

subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the attack-bully child subscale.

Table 23(l) shows item total correlation for the punishing child subscale of SMI. The correlation coefficients were between the ranges of .31 to .52 (except item 1, item 2 and item 5) which is considered a satisfactory magnitude to retain the items in the punishing child subscale. This also depicts that all items (except item 1, item 2 and item 5) contribute to the overall homogeneity of the punishing child subscale. This also depicts that all items (except item 1, item 2 and item 5) contribute to the overall homogeneity of the punishing child subscale. Thus item 1, item 2 and item 5 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the punishing child subscale.

Table 23(m) shows item total correlation for the demanding child subscale of SMI. The correlation coefficients were between the ranges of .42 to .55 (except item 1, item 2 and item 5) which is considered a satisfactory magnitude to retain the items in the demanding child subscale. This also depicts that all items contribute to the overall homogeneity of the demanding child subscale. This also depicts that all items (except item 1, item 2 and item 5) contribute to the overall homogeneity of the demanding child subscale. This also depicts that all items (except item 1, item 2 and item 5) contribute to the overall homogeneity of the demanding child subscale. Thus item 1, item 2 and item 5 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the demanding child subscale.

Table 23(n) shows item total correlation for the happy child subscale of SMI. The correlation coefficients were between the ranges of .34 to .57 (except item 2) which is considered a satisfactory magnitude to retain the items in the happy child

subscale. This also depicts that all items contribute to the overall homogeneity of the happy child subscale. This also depicts that all items (except item 2) contribute to the overall homogeneity of the happy child subscale. This also depicts that all items (except item 2) contribute to the overall homogeneity of the happy child subscale. Thus item 2 was discarded from the subscale due to its low magnitude (< .30) which reflects poor homogeneity of this item with the happy child subscale.

Table 24

Item Total Correlation for the Subscales of Personality Diagnostic Questionnaire (PDQ)

a		b		c		d		e		e	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.36	1	.47	1	.49	1	.36	1	.36	1	.55
2	.44	2	.50	2	.48	2	.60	2	.62	2	.34
3	.43	3	.46	3	.50	3	.59	3	.59	3	.33
4	.42	4	.42	4	.46	4	.31	4	.60	4	.59
5	.45	5	.30	5	.51	5	.34	5	.60	5	.57
6	.41	6	.30	6	.51	6	.59	6	.61	6	.31
7	.43	7	.42	7	.50	7	.60	7	.57	7	.30
				8	.52	8	.58	8	.59	8	.55
				9	.48	9	.34	9	.59	9	.32
								10	.60		
								11	.60		
								12	.59		
								13	.61		
								14	.59		

G		h		i		j		k		l	
Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*	Items	*r*
1	.64	1	.45	1	.61	1	.56	1	.53	1	.60
2	.39	2	.34	2	.58	2	.52	2	.50	2	.31
3	.41	3	.60	3	.41	3	.52	3	.30	3	.35
4	.39	4	.31	4	.43	4	.32	4	.54	4	.36
5	.36	5	.34	5	.34	5	.39	5	.53	5	.37
6	.63	6	.33	6	.58	6	.31	6	.36	6	.35
7	.32	7	.43	7	.57	7	.57	7	.31	7	.30
8	.36			8	.57	8	.52	8	.52		

Table 24(a) shows item total correlation for the paranoid subscale of PDQ. The correlation coefficients were between the ranges of .36 to .45 which is considered

a satisfactory magnitude to retain the items in the paranoid subscale. This also depicts that all items contribute to the overall homogeneity of the paranoid subscale.

Table 24(b) shows item total correlation for the schizoid subscale of PDQ. The correlation coefficients were between the ranges of .30 to .50 which is considereda satisfactory magnitude to retain the items in the schizoid subscale. This also depicts that all items contribute to the overall homogeneity of the schizoid subscale.

Table 24(c) shows item total correlation for the schizotypal subscale of PDQ. The correlation coefficients were between the ranges of .46 to .52 which is considered a satisfactory magnitude to retain the items in the schizotypal subscale. This also depicts that all items contribute to the overall homogeneity of the schizotypal subscale.

Table 24(d) shows item total correlation for the antisocial subscale of PDQ. The correlation coefficients were between the ranges of .31 to .60 which is considered asatisfactory magnitude to retain the items in the antisocial subscale. This also depicts that all items contribute to the overall homogeneity of the antisocial subscale.

Table 24(e) shows item total correlation for the borderline subscale of PDQ. The correlation coefficients were between the ranges of .36 to .61 which is considered a satisfactory magnitude to retain the items in the borderline subscale. This also depicts that all items contribute to the overall homogeneity of the borderline subscale.

Table 24(f) shows item total correlation for the narcissistic subscale of PDQ. The correlation coefficients were between the ranges of .31 to .59 which is considered a satisfactory magnitude to retain the items in the narcissistic subscale. This also

depicts that all items contribute to the overall homogeneity of the narcissistic subscale.

Table 24(g) shows item total correlation for the histrionic subscale of PDQ. The correlation coefficients were between the ranges of .32 to .64 which is considered a satisfactory magnitude to retain the items in the histrionic subscale. This also depicts that all items contribute to the overall homogeneity of the histrionic subscale.

Table 24(h) shows item total correlation for the avoidant subscale of PDQ. The correlation coefficients were between the ranges of .31 to .60 which is considered a satisfactory magnitude to retain the items in the avoidant subscale. This also depicts that all items contribute to the overall homogeneity of the avoidant subscale.

Table 24(i) shows item total correlation for the dependent subscale of PDQ. The correlation coefficients were between the ranges of .34 to .61 which is considered a satisfactory magnitude to retain the items in the dependent subscale. This also depicts that all items contribute to the overall homogeneity of the dependent subscale.

Table 24(j) shows item total correlation for the obsessive-compulsive subscale of PDQ. The correlation coefficients were between the ranges of .31 to .57 which is considered a satisfactory magnitude to retain the items in the obsessive-compulsive subscale. This also depicts that all items contribute to the overall homogeneity of the obsessive-compulsive subscale.

Table 24(k) shows item total correlation for the passive aggressive subscale of PDQ. The correlation coefficients were between the ranges of .30 to .54 which is considered a satisfactory magnitude to retain the items in the passive aggressive

subscale. This also depicts that all items contribute to the overall homogeneity of the passive aggressive subscale.

Table 24(l) shows item total correlation for the depressive subscale of PDQ. The correlation coefficients were between the ranges of .31 to .60 which is considered a satisfactory magnitude to retain the items in the depressive subscale. This also depicts that all items contribute to the overall homogeneity of the depressive subscale.

Table 25

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Paranoid PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.00	.01
Direct	.02	-.02	.01
Indirect	.01***	.01	.03

***p<.001.

Table 25 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on paranoid PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in paranoid PD with F (1, 998) = 4516.82, p< .001. The R^2value of 0.10 indicates that emotional maltreatment and schema modes explain 10% variance paranoid PD with F (2, 997) = 5.48, p< .01. The R^2 value of 0.07 indicates that total model explains the 7% variance with F (1, 998) = 4.94, p< .05. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on paranoid PD.

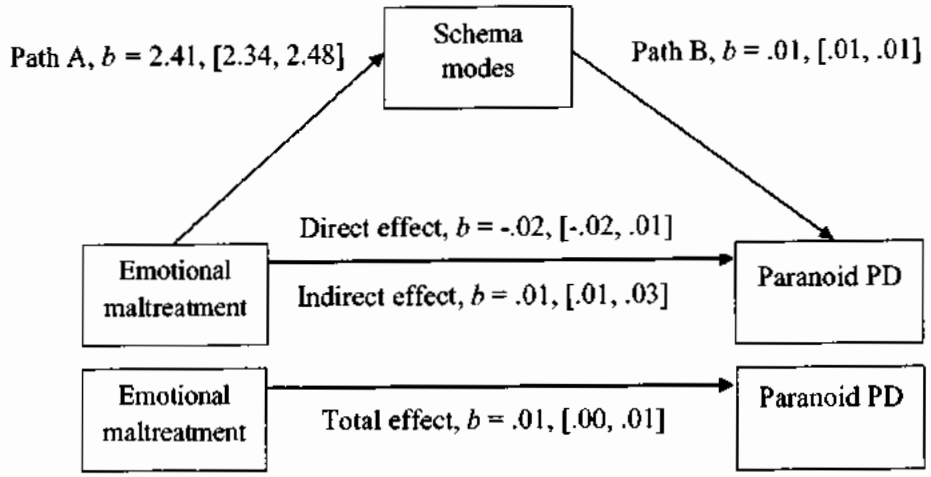

Figure 2. Mediation of Schema Modes between Emotional Maltreatment and Paranoid PD of Adults

Table 26

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Schizoid PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.02
Direct	.01***	.00	.02
Indirect	.01***	.00	.01

***p<.001.

Table 26 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on schizoid PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in schizoid PD with F (1, 998) = 4516.82, p< .001. The R^2value of .04 indicates that emotional maltreatment and schema modes explain 4% variance schizoid PD with F (2, 997) = 20.02, p< .01. The R^2 value of .03 indicates that total model explains the 3% variance with F (1, 998) = 32.86, p< .05. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on schizoid PD.

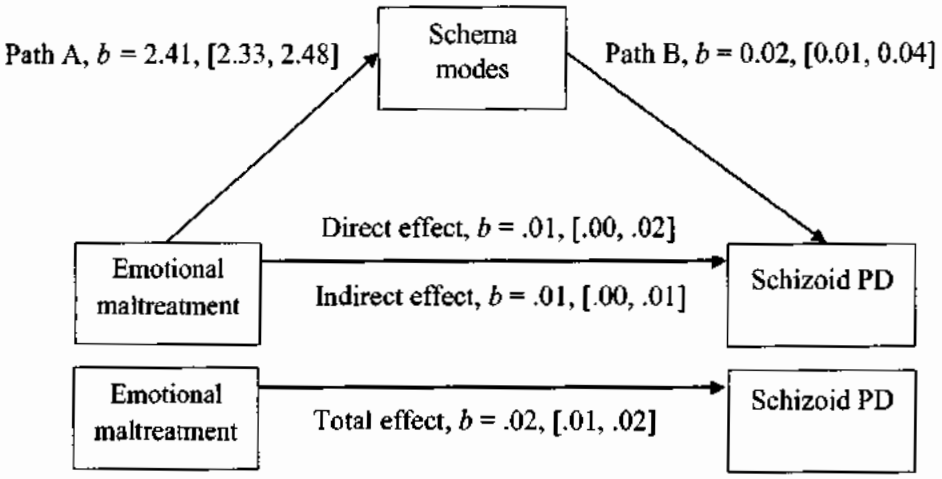

Figure 3. Mediation of Schema Modes between Emotional Maltreatment and Schizoid PD

Table 27

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Schizotypal PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	-.01	-.03	.01
Indirect	.03***	.01	.04

***p<.001.

Table 27 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on schizotypal PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in schizotypal PD with F (1, 998) = 4516.80, p< .001. The R^2value of 0.03 indicates that emotional maltreatment and schema modes explain 3% variance schizotypal PD with F (2, 997) = 14.32, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 18.14, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on schizotypal PD.

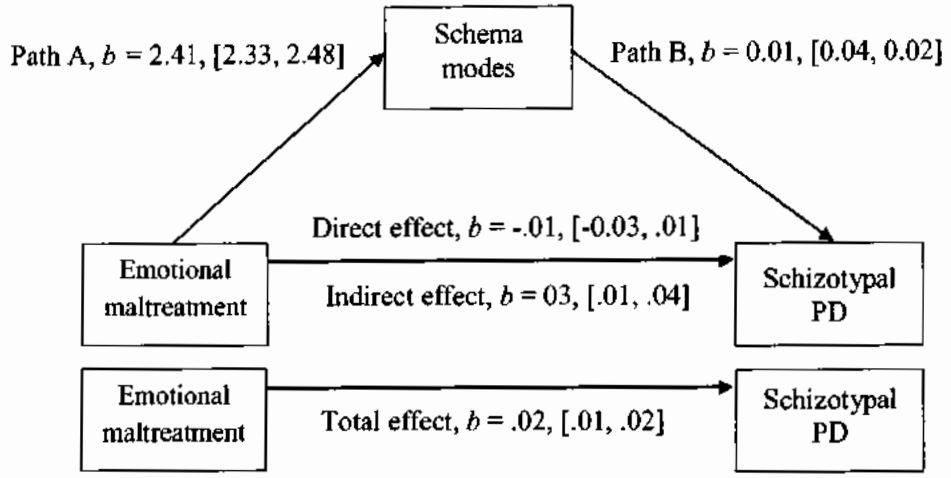

Figure 4. Mediation of Schema Modes between Emotional Maltreatment and Schizotypal PD

Table 28

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Antisocial PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.03***	.02	.04
Direct	.02***	.00	.03
Indirect	.01***	.00	.02

***p<.001.

Table 28 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on antisocial PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in antisocial PD with F (1, 998) = 4516.80, p< .001. The R^2value of 0.03 indicates that emotional maltreatment and schema modes explain 3% variance antisocial PD with F (2, 997) = 16.24, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 24.28, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on antisocial PD.

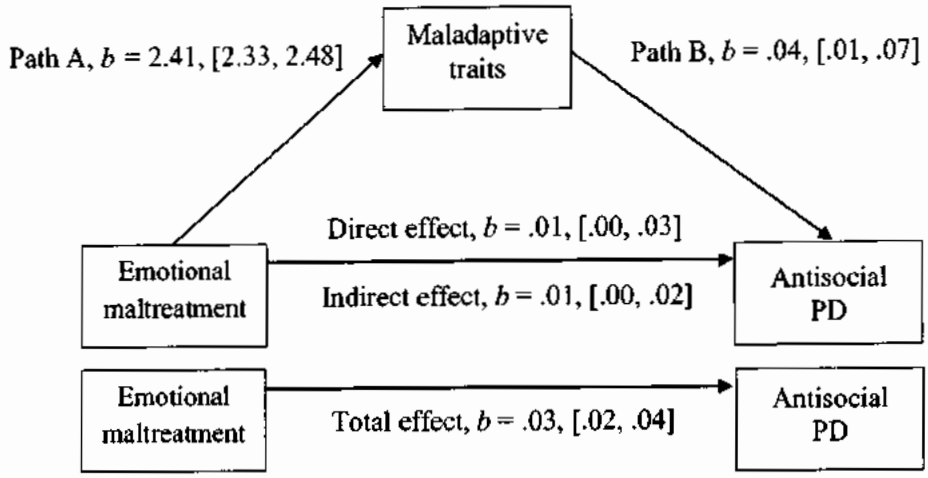

Figure 5. Mediation of Schema Modes between Emotional Maltreatment and Antisocial PD

Table 29

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Borderline PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.03***	.02	.04
Direct	-.04	-.03	.02
Indirect	.03***	.02	.05

***p<.001.

Table 29 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on borderline PD. The R^2 value of 0.81 indicates that emotional maltreatment explained 81% variance in borderline PD with F (1, 998) = 4516.81, p< .001. The R^2value of 0.03 indicates that emotional maltreatment and schema modes explain 3% variance borderline PD with F (2, 997) = 15.91, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 24.28, p< .05. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on borderline PD.

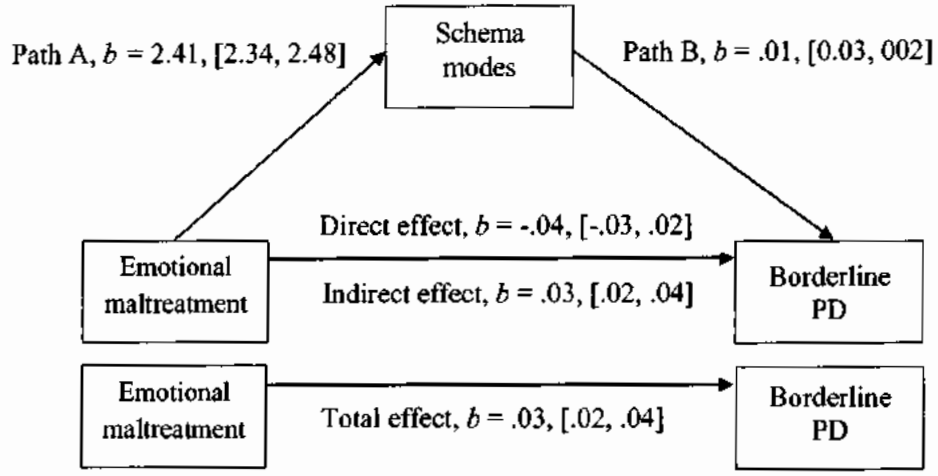

Figure 6. Mediation of Schema Modes between Emotional Maltreatment and Borderline PD

Table 30

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Narcissistic PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	.00	-.01	.02
Indirect	.01***	.02	.03

***p<.001.

Table 30 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on narcissistic PD. The R^2 value of 0.81 indicates that emotional maltreatment explained 81% variance in narcissistic PD with F (1, 998) = 4516.80, p< .001. The R^2value of 0.02 indicates that emotional maltreatment and schema modes explain 2% variance narcissistic PD with F (2, 997) = 7.72, p< .001. The R^2 value of 0.01 indicates that total model explains the 1% variance with F (1, 998) = 12.80, p< .05. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on narcissistic PD.

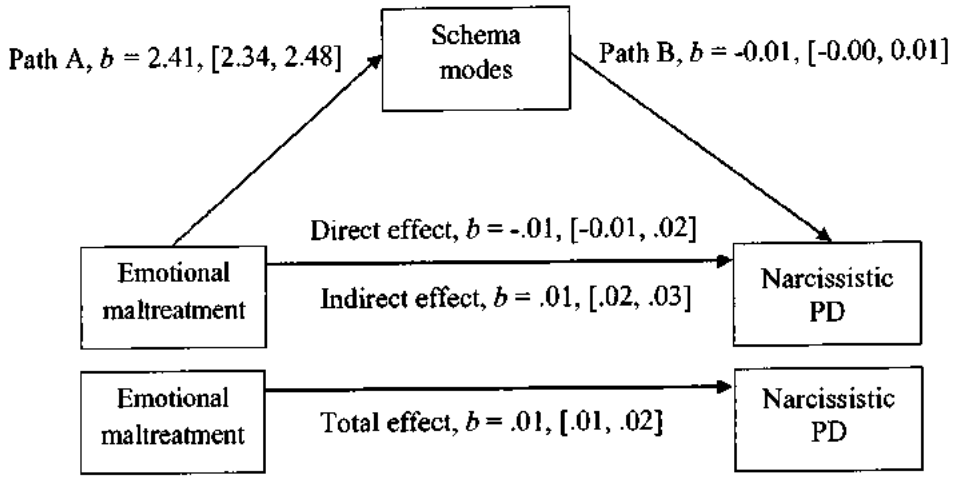

Figure 7. Mediation of Schema Modes between Emotional Maltreatment and Narcissistic PD

Table 31

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Histrionic PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.03
Direct	-.01	-.03	.01
Indirect	.03***	.02	.05

***p<.001.

Table 31 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on histrionic PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in histrionic PD with F (1, 998) = 4516.80, p< .001. The R^2value of 0.03 indicates that emotional maltreatment and schema modes explain3% variance histrionic PD with F (2, 997) = 17.15, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 21.00, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on histrionic PD.

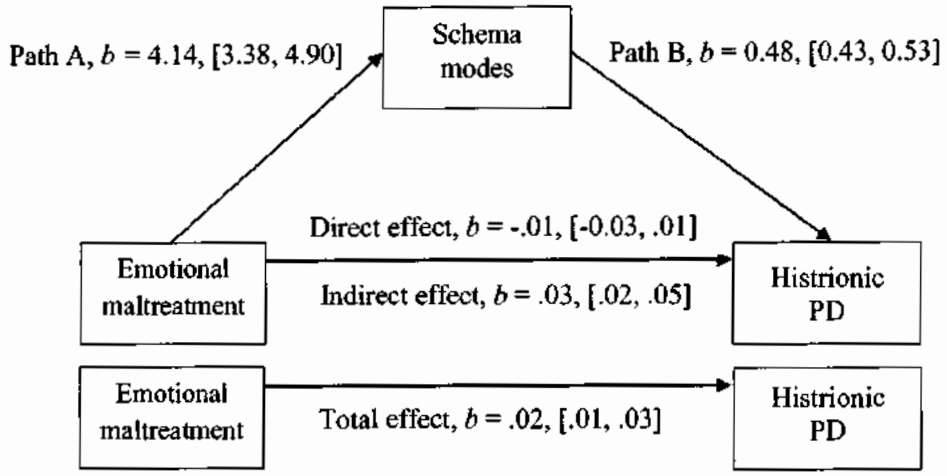

Figure 8. Mediation of Schema Modes between Emotional Maltreatment and Histrionic PD of Adults

Table 32

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Avoidant PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.02
Direct	-.03	.01	.00
Indirect	.03***	.02	.05

***p<.001.

Table 32 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on avoidant PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in avoidant PD with F (1, 998) = 4516.81, p< .001. The R^2value of 0.06 indicates that emotional maltreatment and schema modes explain 6% variance avoidant PD with F (2, 997) = 29.16, p< .001. The R^2 value of 0.03 indicates that total model explains the 3% variance with F (1, 998) = 30.56, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on avoidant PD.

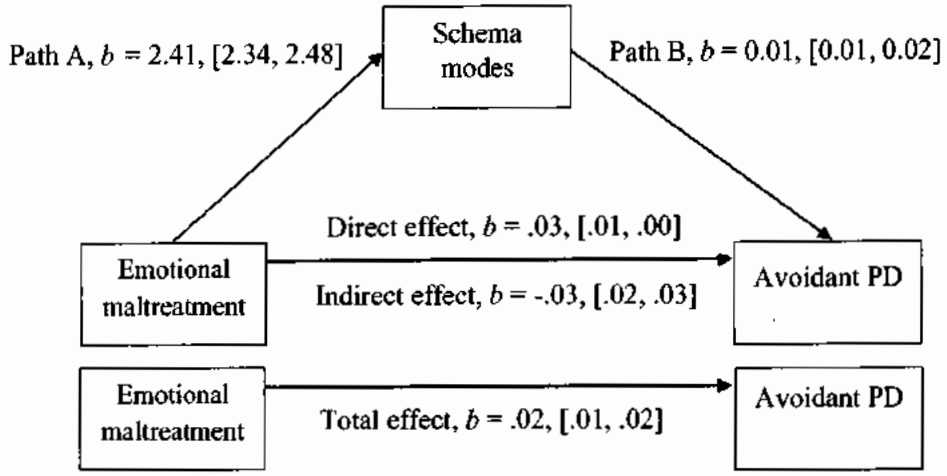

Figure 9. Mediation of Schema Modes between Emotional Maltreatment and Avoidant PD of Adults

Table 33

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Dependent PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01	-.00	.01
Direct	-.03	-.02	.01
Indirect	.04	.05	.06

***$p<.001$.

Table 33 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on dependent PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in dependent PD with F (1, 998) = 4516.81, $p< .001$. The R^2value of 0.02 indicates that emotional maltreatment and schema modes explain 2% variance dependent PD with F (2, 997) = 10.67, $p< .001$. The total effect is non-significant with F (1, 998) = 2.13, $p > .05$. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on dependent PD.

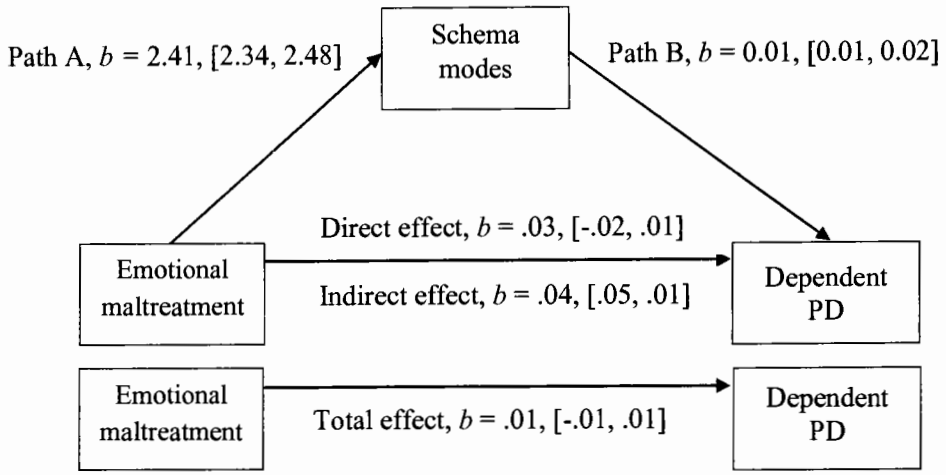

Figure 10. Mediation of Schema Modes between Emotional Maltreatment and Dependent PD

Table 34

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Obsessive Compulsive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.03
Direct	.01	-.02	.01
Indirect	.03***	.01	.05

***p<.001.

Table 34 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on obsessive-compulsive PD. The R^2 value of 0.91 indicates that emotional maltreatment explained 91% variance in obsessive-compulsive PD with F (1, 998) = 4516.81, p< .001. The R^2value of 0.04 indicates that emotional maltreatment and schema modes explain 4% variance obsessive-compulsive PD with F (2, 997) = 20.12, p< .001. The R^2 value of 0.03 indicates that total model explains the 3% variance with F (1, 998) = 28.63, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on obsessive-compulsive PD.

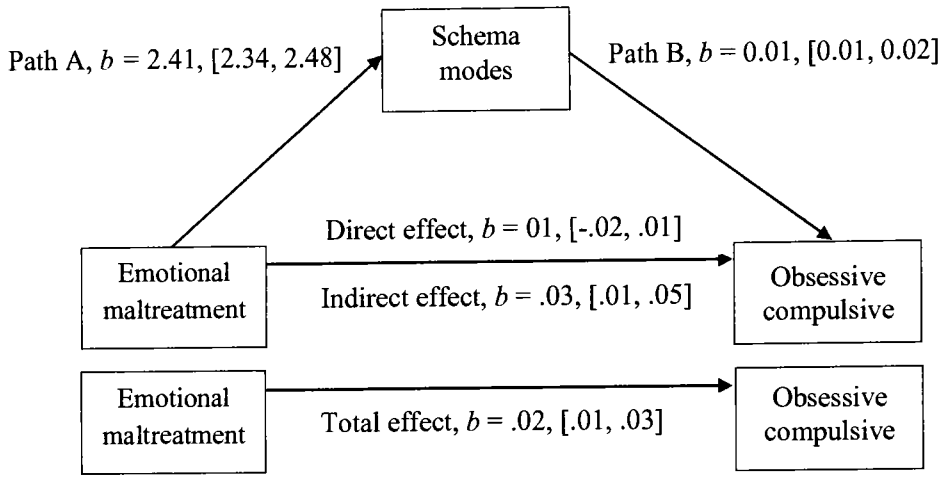

Figure 11. Mediation of Schema Modes between Emotional Maltreatment and Obsessive-Compulsive PD

Table 35

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Passive Aggressive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.02	.02
Direct	.01	-.01	.01
Indirect	.02***	.01	.03

***p<.001.

Table 35 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on passive aggressive PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in passive aggressive PD with F (1, 998) = 4516.81, p< .001. The R^2value of 0.02 indicates that emotional maltreatment and schema modes explain 2% variance passive aggressive PD with F (2, 997) = 12.16, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 19.21, p< .001. The indirect effect confirmed the mediating effects of schema modes between emotional maltreatment on passive aggressive PD.

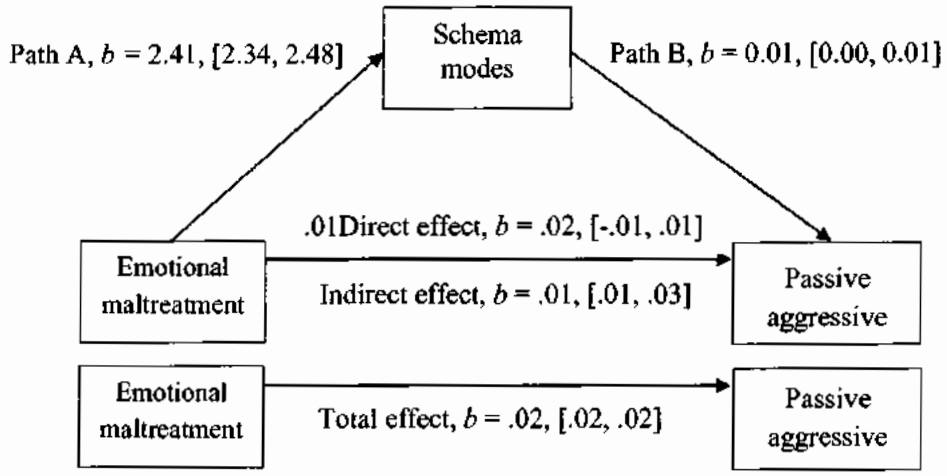

Figure 12. Mediation of Schema Modes between Emotional Maltreatment and Passive Aggressive PD of adults

Table 36

Direct and Indirect Effect (Through Schema Modes) of Emotional Maltreatment on Depressive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.03	.02	.04
Direct	.02	.01	.03
Indirect	.01	-.00	.01

***p<.001.

Table 36 shows direct, indirect (through schema modes) and overall effect of emotional maltreatment on depressive PD. The R^2 value of 0.82 indicates that emotional maltreatment explained 82% variance in depressive PD with F (1, 998) = 4516.81, p< .001. The R^2value of 0.04 indicates that emotional maltreatment and schema modes explain 4% variance depressive PD with F (2, 997) = 19.76, p< .001. The R^2 value of 0.04 indicates that total model explains the 4% variance with F (1, 998) = 36.70, p< .001. The indirect effect was not confirmed and therefore there is no mediating effect of schema modes between emotional maltreatment on depressive PD.

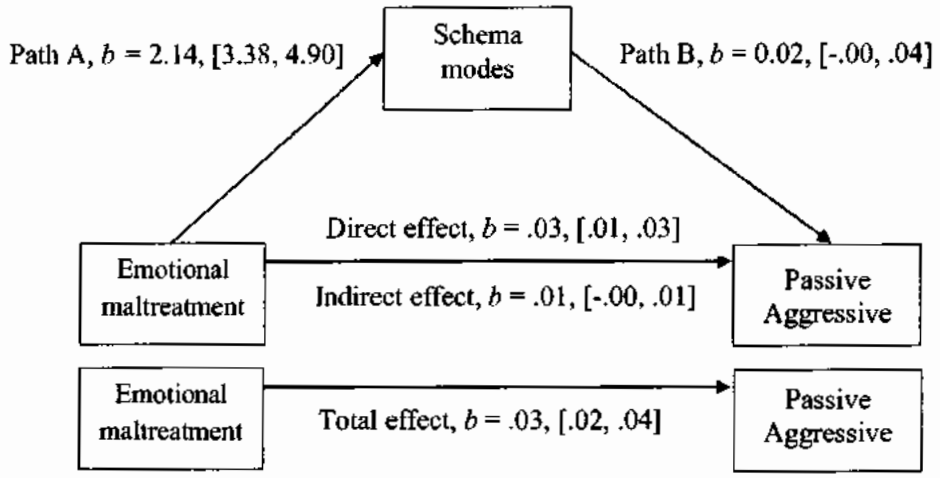

Figure 13. Mediation of Schema Modes between Emotional Maltreatment and Depressive PD

Table 37

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Paranoid PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01*	.00	.01
Direct	-.00	-.01	.01
Indirect	.02***	.01	.01

*p<.05. ***p<.001.

Table 37 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on paranoid PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in paranoid PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.02 indicates that emotional maltreatment and maladaptive personality traits explain 2% variance in paranoid PD with F (2, 997) = 9.38, p< .001. The R^2 value of 0.01 indicates that total model explains the 2% variance with F (1, 998) = 4.94, p< .05. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on paranoid PD.

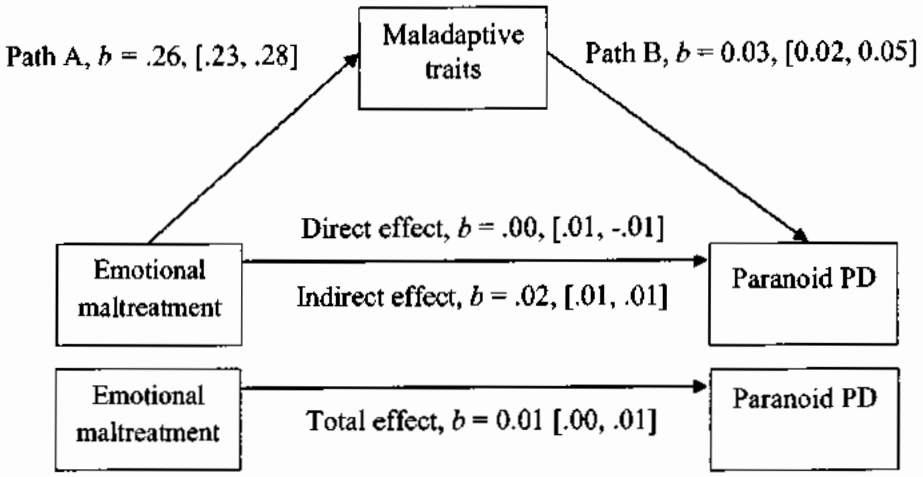

Figure 14. Mediation of Maladaptive Traits between Emotional Maltreatment and Paranoid PD

Table 38

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Schizoid PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.02
Direct	.01***	.01	.02
Indirect	.01***	.00	.01

***p<.001.

Table 38 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on schizoid PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in schizoid PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.05 indicates that emotional maltreatment and maladaptive personality traits explain 5% variance in schizoid PD with F (2, 997) = 26.39, p< .001. The R^2 value of 0.03 indicates that total model explains the 3% variance with F (1, 998) 32.86, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on schizoid PD.

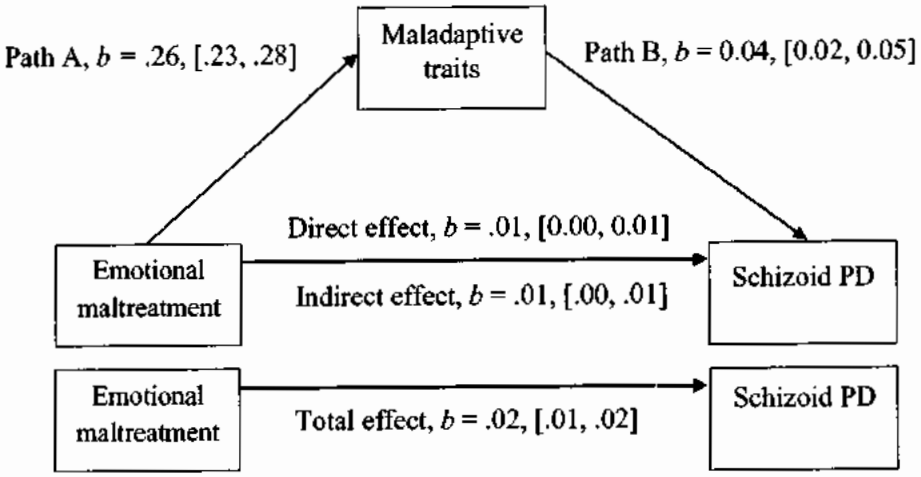

Figure 15. Mediation of Maladaptive Traits between Emotional Maltreatment and Schizoid PD

Table 39

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Schizotypal PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	.01	-.00	.01
Indirect	.01***	.00	.02

***p<.001.

Table 39 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on schizotypal. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in schizotypal PD with F (1, 998) = 491.97, p< .001. The R^2value of .03 indicates that emotional maltreatment and maladaptive personality traits explain 3% variance in schizotypal PD with F (2, 997) = 14.38, p< .001. The R^2 value of .02 indicates that total model explains the 2% variance with F (1, 998) = 18.14, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on schizotypal PD.

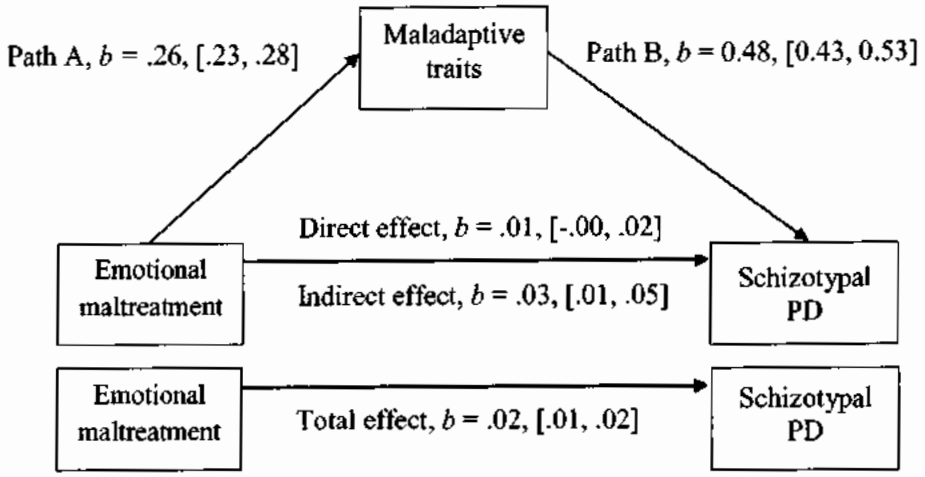

Figure 16. Mediation of Maladaptive Traits between Emotional Maltreatment and Schizotypal PD

Table 40

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Antisocial PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.02
Direct	.01	-.00	.01
Indirect	.01***	.01	.02

***p<.001.

Table 40 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on antisocial. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in passive aggressive with F (1, 998) = 491.97, p< .001. The R^2 value of 0.04 indicates that emotional maltreatment and maladaptive personality traits explain 4% variance in antisocial with F (2, 997) = 19.52, p< .001. The R^2 value of .02 indicates that total model explains the 2% variance with F (1, 998) = 19.21, p<.001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on antisocial PD.

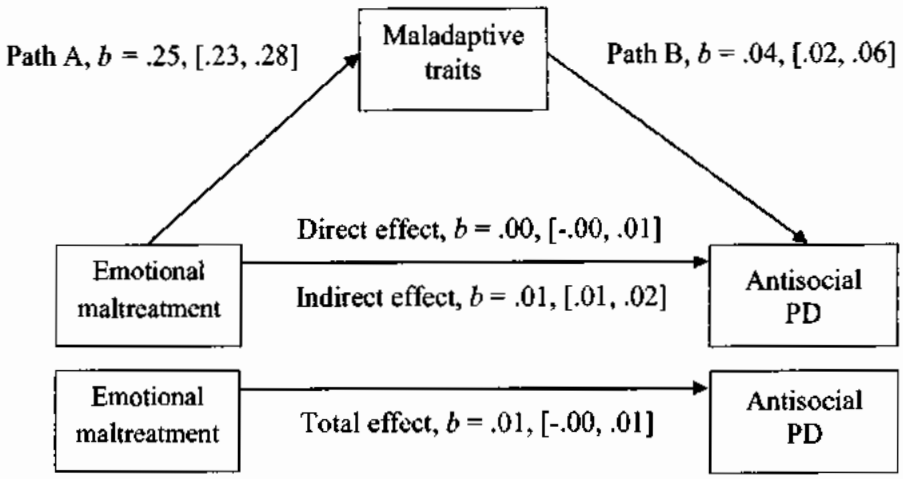

Figure 17. Mediation of Maladaptive Traits between Emotional Maltreatment and Antisocial PD

Table 41

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Borderline PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.03***	.02	.04
Direct	.01	-.00	.01
Indirect	.02***	.01	.02

***p<.001.

Table 41 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on borderline PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in borderline PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.04 indicates that emotional maltreatment and maladaptive personality traits explain 4% variance in borderline PD with F (2, 997) = 22.18, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 24.28, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on borderline PD.

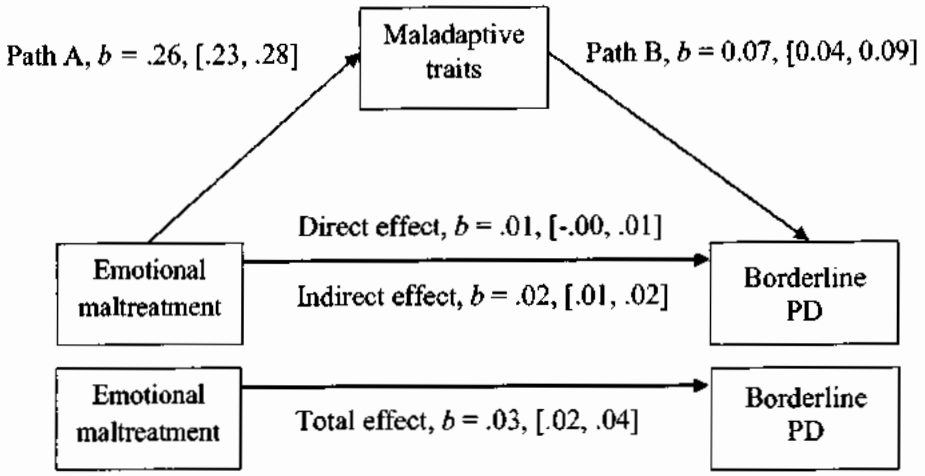

Figure 18. Mediation of Maladaptive Traits between Emotional Maltreatment and Borderline PD

Table 42

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Narcissistic PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	.01	-.00	.01
Indirect	.01***	.00	.01

***p<.001.

Table 42 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on narcissistic PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in narcissistic PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.02 indicates that emotional maltreatment and maladaptive personality traits explain 2% variance in narcissistic PD with F (2, 997) = 9.73, p< .001. The R^2 value of 0.01 indicates that total model explains the 1% variance with F (1, 998) = 12.81, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on narcissistic PD.

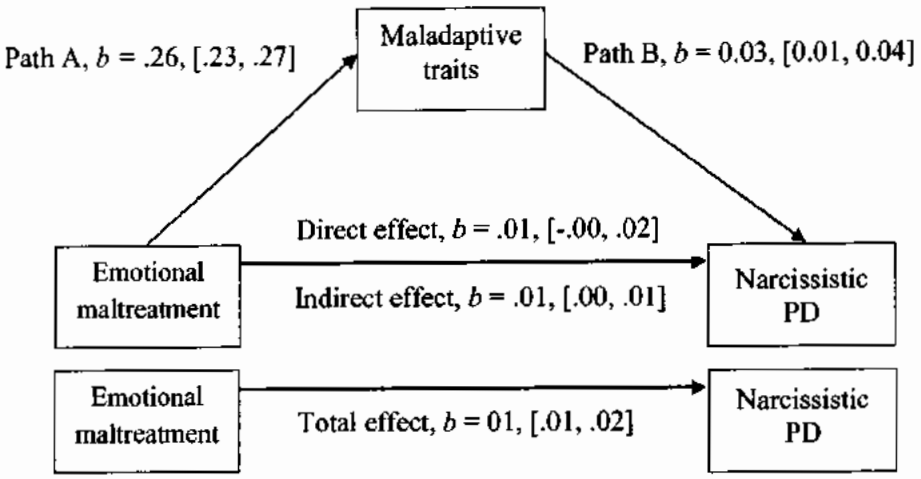

Figure 19. Mediation of Maladaptive Traits between Emotional Maltreatment and Narcissistic PD

Table 43

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Histrionic PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.03
Direct	.01	-.01	.01
Indirect	.01***	.01	.02

***p<.001.

Table 43 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on histrionic PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in histrionic PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.04 indicates that emotional maltreatment and maladaptive personality traits explain 4% variance in histrionic PD with F (2, 997) = 18.97, p< .001. The R^2 value of 0.02 indicates that total model explains the 2% variance with F (1, 998) = 20.99, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on histrionic PD.

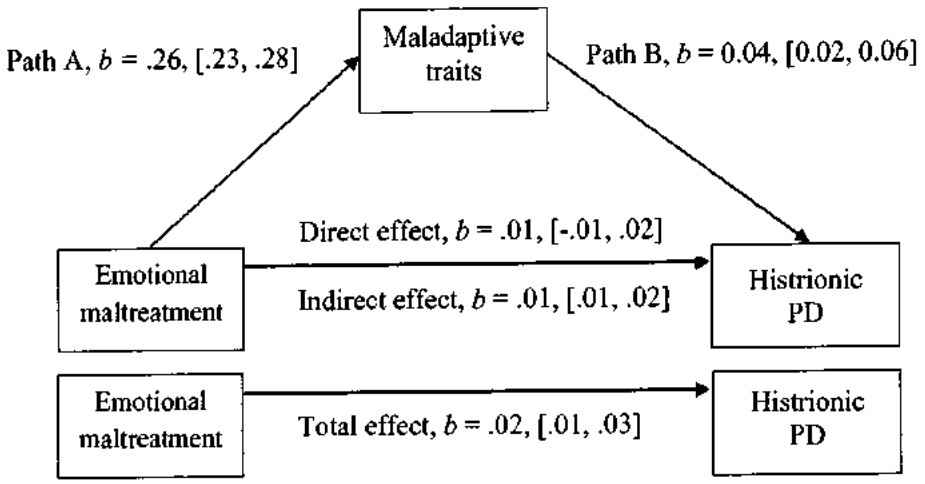

Figure 20. Mediation of Maladaptive Traits between Emotional Maltreatment and Histrionic PD

Table 44

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Avoidant PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	.00	-.00	.01
Indirect	.01***	.01	.02

***p<.001.

Table 44 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on avoidant PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in avoidant PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.07 indicates that emotional maltreatment and maladaptive personality traits explain 7% variance in avoidant PD with F (2, 997) = 36.56, p< .001. The R^2 value of 0.03 indicates that total model explains the 3% variance with F (1, 998) = 30.56, p< .001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on avoidant PD.

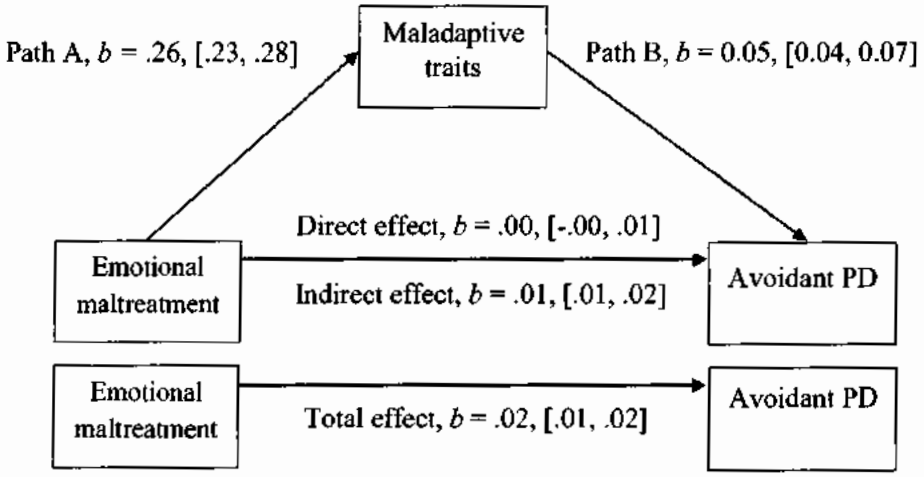

Figure 21. Mediation of Maladaptive Traits between Emotional Maltreatment and Avoidant PD

Table 45

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Dependent PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01	-.00	.01
Direct	-.00	-.01	.01
Indirect	.01***	.00	.01

***p<.001.

Table 45 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on dependent PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in dependent PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.01 indicates that emotional maltreatment and maladaptive personality traits explain 1% variance in dependent PD with F (2, 997) = 5.07, p< .01. The R^2 value of 0.00 indicates that total model explains the 0% variance with F (1, 998) = 2.14, p>.05. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on dependent PD.

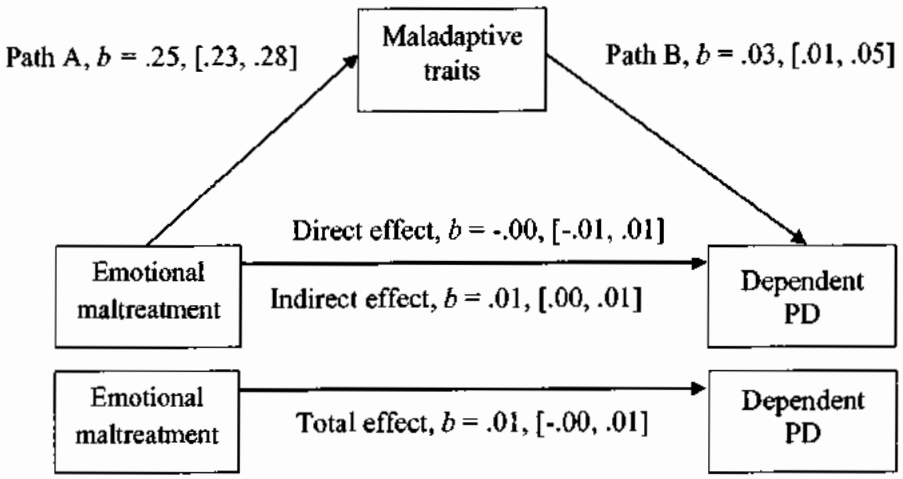

Figure 22. Mediation of Maladaptive Traits between Emotional Maltreatment and Dependent PD

Table 46

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Obsessive Compulsive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.03
Direct	.01	-.00	.02
Indirect	.01***	.01	.02

***p<.001.

Table 46 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on obsessive compulsive PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in obsessive compulsive PD with F (1, 998) = 491.97, p< .001. The R^2 value of 0.05 indicates that emotional maltreatment and maladaptive personality traits explain 5% variance in obsessive compulsive PD with F (2, 997) = 23.82, p< .001. The R^2 value of .03 indicates that total model explains the 3% variance with F (1, 998) = 28.63, p<.001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on obsessive compulsive PD.

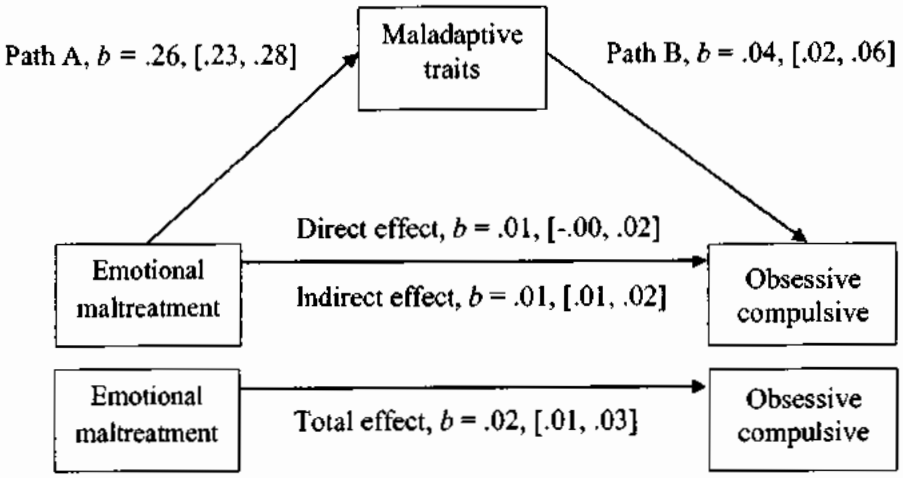

Figure 23. Mediation of Maladaptive Traits between Emotional Maltreatment and Obsessive-Compulsive PD

Table 47

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Passive Aggressive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.01***	.01	.02
Direct	.01	-.00	.01
Indirect	.01***	.00	.01

***p<.001.

Table 47 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on passive aggressive PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in passive aggressive PD with F (1, 998) = 491.97, p< .001. The R^2value of 0.02 indicates that emotional maltreatment and maladaptive personality traits explain 2% variance in passive aggressive PD with F (2, 997) = 3.57, p< .001. The R^2 value of .01 indicates that total model explains the 1% variance with F (1, 998) = 3.59, p<.001. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on passive aggressive PD.

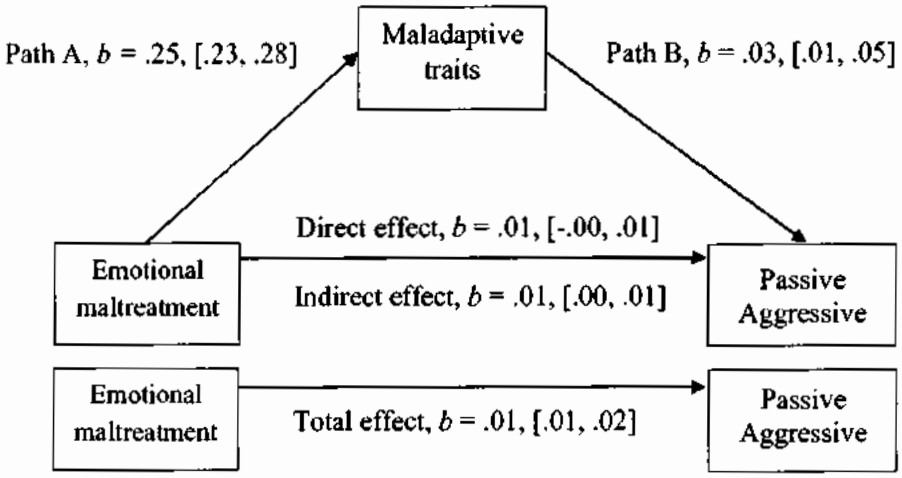

Figure 24. Mediation of Maladaptive Traits between Emotional Maltreatment and Passive Aggressive PD

Table 48

Direct and Indirect Effect (Through Maladaptive Traits) of Emotional Maltreatment on Depressive PD

		95%CI	
Effects	*B*	*LL*	*UL*
Total	.02***	.01	.02
Direct	.01	-.00	.02
Indirect	.01	-.00	.03

***$p<.001$.

Table 48 shows direct, indirect (through maladaptive personality traits) and overall effect of emotional maltreatment on depressive PD. The R^2 value of 0.33 indicates that emotional maltreatment explained 33% variance in passive aggressive PD with F (1, 998) = 491.97, $p< .001$. The R^2 value of 0.03 indicates that emotional maltreatment and maladaptive personality traits explain 3% variance in depressive PD with F (2, 997) = 17.44, $p< .001$. The R^2 value of .03 indicates that total model explains the 3% variance with F (1, 998) = 32.86, $p<.001$. The indirect effect confirmed the mediating effect of maladaptive personality traits between emotional maltreatment on depressive PD.

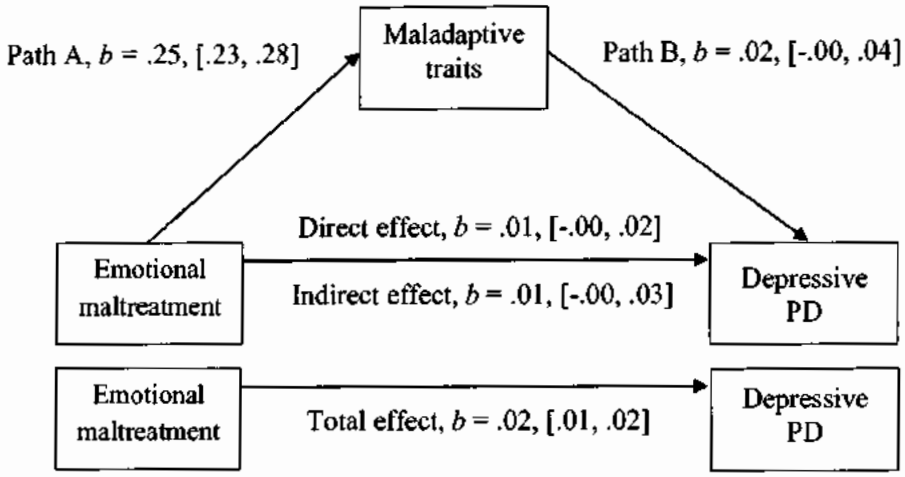

Figure 25. Mediation of Maladaptive Traits between Emotional Maltreatment and Depressive PD

Table 49

Mean, Standard Deviation and t-Values for Men and Women on Study Variables

	Men (n = 500)		Women (n = 500)				95%CI		
Variable	*M*	*SD*	*M*	*SD*	*t*(998)	*p*	*LL*	*UL*	Cohen's *d*
Emotional maltreatment	108.82	16.10	112.74	15.99	-3.86	.000	-5.91	-1.93	0.24
Degrading	16.96	5.43	15.53	4.54	4.49	.000	.80	2.04	0.28
Exploiting	12.96	3.55	13.39	3.94	-1.81	.069	-.89	.03	0.11
Isolating	13.38	4.05	15.17	4.85	-6.32	.000	-2.34	-1.23	0.40
Ignoring	11.29	3.32	11.82	3.26	-2.53	.011	-.93	-.11	0.16
Rejecting	12.70	4.10	11.70	4.04	3.85	.000	.48	1.49	0.24
Terrorizing	13.60	4.00	14.33	3.66	-3.01	.003	-1.20	-.25	0.19
Maladaptive personality traits	65.68	9.11	67.94	8.85	-3.97	.000	-3.37	-1.14	0.25
Negative affect	4.92	3.40	4.34	3.14	2.78	.005	.17	.98	0.17
Detachment	6.02	3.69	5.35	3.34	3.02	.003	.23	1.11	0.19
Antagonism	6.67	3.67	5.57	3.23	5.00	.000	.66	1.52	0.31
Dysinhibition	5.13	3.96	4.00	3.14	4.97	.000	.68	1.57	0.31
Psychoticism	5.75	3.69	5.11	3.09	2.96	.003	.21	1.06	0.18
Negative schema modes	328.78	44.76	341.13	40.46	-4.50	.000	-17.64	-7.05	0.28
Vulnerable	16.69	4.52	18.43	4.51	-6.08	.000	-2.30	-1.17	0.38
Angry	16.50	4.56	18.40	4.66	-6.50	.000	-2.47	-1.32	0.41
Enraged	18.07	4.45	18.54	4.82	-1.60	.109	-1.04	.10	0.10
Impulsive	27.47	5.94	27.8	6.66	-.99	.322	-1.17	.38	0.05
Undisciplined	17.83	4.25	18.79	3.85	-3.73	.000	-1.46	-.45	0.23
Happy	17.35	5.18	19.51	4.60	-6.98	.000	-2.77	-1.55	0.44
Compliant	21.03	5.84	22.61	5.27	-4.48	.000	-2.27	-.88	0.28
Detached	27.20	6.67	28.06	5.42	-2.23	.026	-1.61	-.10	0.14
Self-soother	11.60	3.50	13.08	3.16	-7.00	.000	-1.89	-1.06	0.44
Aggrandizer	29.08	6.71	30.36	5.86	-3.21	.001	-2.06	-.49	0.20
Attach-bully	26.14	7.10	26.81	7.29	-1.47	.123	-1.56	.21	0.09
Punishing	28.68	7.50	31.35	7.79	-5.50	.000	-3.61	-1.71	0.34

Demanding	35.07	5.33	33.33	7.10	4.36	.000	.95	2.51	0.27
Health	36.02	5.60	33.92	7.54	4.99	.000	1.27	2.92	0.31
Personality disorders	44.30	12.88	43.65	17.31	.67	.501	-1.24	2.54	0.04
Paranoid	3.51	1.39	3.27	1.85	2.26	.024	.03	.44	0.14
Schizoid	3.41	1.40	3.42	1.78	-.09	.922	-.20	.18	0.01
Schizotypal	4.06	1.77	3.84	2.15	1.76	.079	-.02	.46	0.11
Antisocial	5.17	2.01	4.91	2.58	1.76	.079	-.02	.54	0.11
Borderline	6.77	2.43	6.40	3.11	2.11	.034	.02	.72	0.13
Narcissistic	4.08	1.82	3.62	2.24	3.55	.000	.20	.71	0.23
Histrionic	2.79	1.91	2.85	2.14	-.49	.619	-.31	.18	0.03
Avoidant	2.24	1.42	2.47	1.71	-2.29	.022	-.42	-.03	0.14
Dependent	3.00	1.94	3.02	2.03	-.12	.899	-.26	.23	0.01
Obsessive	3.24	1.77	3.43	2.01	-1.54	.122	-.42	.04	0.10
Passive aggressive	3.61	1.91	3.87	1.89	-2.17	.030	-.49	-.02	0.13
Depressive	2.37	1.85	2.50	1.77	-1.15	.250	-.35	.09	0.07

Table 49 shows gender differences on variables. Finding showed mean differences on overall emotional maltreatment with t (998) = 3.86, p< .001. Women exhibited higher scores on emotional maltreatment (M = 112. 74, SD = 16.10) as compared to men (M = 112. 74, SD = 16.10). Finding showed mean differences on degrading with t (998) = 4.54, p< .001. Men exhibited higher scores on emotional maltreatment (M = 16.96, SD = 5.43) as compared to women (M = 5. 53, SD = 4.54). Finding showed non-significant mean differences on exploiting with t (998) = 1.81, p> .05. Finding showed mean differences on isolating with t (998) = 6.32, p< .001. Women exhibited higher scores on isolating (M = 15.17, SD = 4.85) as compared to men (M = 13. 38, SD = 4.05). Finding showed mean differences on ignoring with t (998) = 2.33, p< .05. Women exhibited higher scores on ignoring (M = 11.82, SD = 3.26) as compared to men (M = 11. 29, SD = 3.32). Finding showed mean differences on rejecting with t (998) = 3.85, p< .001. Men exhibited higher scores on

rejecting (M = 12.70, SD = 4.10) as compared to women (M = 13. 38, SD = 4.04). Finding showed mean differences on terrorizing with t (998) = 3.01, p< .01. Women exhibited higher scores on terrorizing (M = 14.33, SD = 3.36) as compared to men (M = 13. 60, SD = 4.00).

Finding showed mean differences on maladaptive personality traits with t (998) = 3.97, p< .001. Women exhibited higher scores on maladaptive personality traits (M = 67.94, SD = 8.85) as compared to women (M = 65. 68, SD = 9.1). Finding showed mean differences on negative affect with t (998) = 2.78, p< .01. Men exhibited higher scores on negative affect (M = 4.92, SD = 3.40) as compared to women (M = 4. 34, SD = 3.14). Finding showed mean detachment on detachment with t (998) = 3.02, p< .01. Men exhibited higher scores on detachment (M = 6.02, SD = 3.69) as compared to women (M = 5. 35, SD = 3.34). Finding showed mean differences on antagonism with t (998) = 5.00, p< .001. Men exhibited higher scores on antagonism (M = 6.67, SD = 3.67) as compared to women (M = 5. 57, SD = 3.32). Finding showed mean differences on dysinhibition with t (998) = 4.97, p< .001. Men exhibited higher scores on dysinhibition (M = 5.13, SD = 3.96) as compared to women (M = 4.00, SD = 3.14). Finding showed mean differences on psychoticism with t (998) = 2.96, p< .01. Men exhibited higher scores on psychoticism (M = 5.75, SD = 3.69) as compared to men (M = 5. 11, SD = 3.09).

Finding showed mean differences on negative schema modes with t (998) = 4.50, p< .001. Women exhibited higher scores on negative schema modes (M = 328.78, SD = 44.76) as compared to men (M = 341. 13, SD = 40.46). Finding showed mean differences on vulnerable with t (998) = 6.08, p< .001. Women exhibited higher scores on vulnerable (M = 18.43, SD = 4.51) as compared to men (M = 16. 69, SD = 4.52). Finding showed mean differences on angry with t (998) =

6.50, $p < .001$. Women exhibited higher scores on angry ($M = 18.40$, $SD = 4.66$) as compared to men ($M = 16.50$, $SD = 4.56$). Finding showed non-significant mean differences on enraged with $t(998) = 1.60$, $p > .05$. Finding showed non-significant mean differences on exploiting with $t(998) = .99$, $p > .05$. Finding showed mean differences on undisciplined with $t(998) = 3.37$, $p < .001$. Women exhibited higher scores on undisciplined ($M = 18.79$, $SD = 3.85$) as compared to men ($M = 17.83$, $SD = 4.25$). Finding showed mean differences on happy with $t(998) = 6.98$, $p < .001$. Women exhibited higher scores on happy ($M = 19.51$, $SD = 4.60$) as compared to men ($M = 17.35$, $SD = 5.18$). Finding showed mean differences on compliant with $t(998) = 4.48$, $p < .001$. Women exhibited higher scores on compliant ($M = 22.61$, $SD = 5.27$) as compared to men ($M = 21.03$, $SD = 5.84$). Finding showed mean differences on detached with $t(998) = 2.23$, $p < .05$. Women exhibited higher scores on detached ($M = 28.06$, $SD = 5.42$) as compared to men ($M = 27.20$, $SD = 6.67$). Finding showed mean differences on self-soother with $t(998) = 7.00$, $p < .001$. Women exhibited higher scores on self-soother ($M = 13.08$, $SD = 3.16$) as compared to men ($M = 11.60$, $SD = 3.50$). Finding showed mean differences on aggrandizer with $t(998) = 3.21$, $p < .01$. Women exhibited higher scores on aggrandizer ($M = 30.36$, $SD = 3.69$) as compared to men ($M = 29.08$, $SD = 6.71$). Finding showed non-significant mean differences on exploiting with $t(998) = 1.47$, $p > .05$. Finding showed mean differences on punishing with $t(998) = 5.50$, $p < .001$. Women exhibited higher scores on punishing ($M = 31.35$, $SD = 7.79$) as compared to men ($M = 28.68$, $SD = 7.50$). Finding showed mean differences on demanding with $t(998) = 4.36$, $p < .001$. Men exhibited higher scores on demanding ($M = 35.07$, $SD = 5.33$) as compared to women ($M = 33.33$, $SD = 7.10$). Finding showed mean differences on healthy with $t(998) = 4.99$, $p < .001$. Men exhibited higher scores on healthy ($M =$

36.02, *SD* = 5.60) as compared to women (*M* = 33. 92, *SD* = 7.54). Finding showed non-significant mean differences on overall personality disorders with *t* (998) = .67, *p*> .05.

Finding showed mean differences on paranoid PD with *t* (998) = 2.26, *p*< .05. Men exhibited higher scores on paranoid PD (*M* = 3.51, *SD* = 1.39) as compared to women (*M* = 3. 27, *SD* = 1.85). Finding showed non-significant mean differences on exploiting with *t* (998) = .09, *p*> .05. Finding showed non-significant mean differences on exploiting with *t* (998) = 1.76, *p*> .05. Finding showed non-significant mean differences on exploiting with *t* (998) = 1.76, *p*> .05. Finding showed mean differences on borderline PD with *t* (998) = 2.11, *p*< .05. Men exhibited higher scores on borderline PD (*M* = 6.77, *SD* = 2.43) as compared to women (*M* = 6. 40, *SD* = 2.11). Finding showed mean differences on Narcissistic PD with *t* (998) = 3.55, *p*< .001. Men exhibited higher scores on Narcissistic PD (*M* = 4.08, *SD* = 1.82) as compared to women (*M* = 3. 62, *SD* = 2.24). Finding showed non-significant mean differences on histrionic with *t* (998) = .49, *p*> .05. Finding showed mean differences on avoidant PD with *t* (998) = 2.29, *p*< .05. Women exhibited higher scores on avoidant PD (*M* = 2.47, *SD* = 1.71) as compared to men (*M* = 2. 24, *SD* = 1.42). Finding showed non-significant mean differences on dependent with *t* (998) = .12, *p*> .05. Finding showed non-significant mean differences on obsessive with *t* (998) = 1.54, *p*> .05. Finding showed mean differences on passive aggressive PD with *t* (998) = 2.17, *p*< .05. Women exhibited higher scores on passive aggressive PD (*M* = 3.87, *SD* = 1.71) as compared to men (*M* = 3. 61, *SD* = 1.91). Finding showed non-significant mean differences on depressive with *t* (998) = 1.15, *p*> .05. The values of Cohen's *d* for all variables were less than .50 which indicated small effect size.

Summery

The present study was based on Schema Theory (Young, 2003) positing that due to early maltreatment by parents and caregivers, early maladaptive schemas are formed out of which some remain active and becomes schema modes which at later stages manifest themselves in the form of personality disorders among adults. The present research comprised of two studies including pilot study and main study. The pilot testing addressed two objectives including the confirmation of the psychometric properties of the scales and the pre-testing on the association among constructs of the present study. The values of alpha coefficient showed satisfactory internal consistency and reliability of the scales used in the present study. The values of skewness and kurtosis confirmed that univariate normality was not problematic and data was normally distributed. In the main study the mediational model of personality disorders was tested through path analysis. The results of the main study confirmed the mediation of schemas modes and maladaptive personality traits between child emotional maltreatment and personality disorders. As a whole, both direct and indirect effect of emotional maltreatment on the personality disorders of adults was confirmed in the present study.

DISCUSSION

Chapter-III

Discussion

"Society attacks early, when the individual is helpless" is a famous quote of B. F. Skinner. Likewise, in the early childhood negative experiences in general and emotional maltreatment in particular results in the formation of maladaptive schemas (McCarthy & Lumley, 2012; Young, Klosko, & Weishaar, 2003). Among these cognitive schemas formed in the childhood, some even remain active in the adulthood and convert into schema modes (Lobbestael, Vreeswijk, & Arntz, 2007). Schema modes are actually active schemas during the adult age (Young, 2003). It is highly important to note that the adverse effects of emotional maltreatment do not come to an end here (Young & Widom, 2014). The climax of these schemas manifests itself in the form of different disorders in general (Farazmand, Mohammdkhani, Pourshahbaz, & Dolatshahi, 2015; Mahdi, Narges & Maryam, 2017) and personality disorders in particular (Bach & Farrell, 2018). The formation of schema modes is not just the sole outcome of emotional maltreatment—leading towards personality disorders. Emotional maltreatment also contributes in the development of maladaptive personality traits (Franz, 2015). These personality traits finally result in the form of personality disorders because these traits form the pathological building blocks of personality (Spinhoven, Elzinga, Hemert, Rooij, & Penninx, 2016). Thus besides developing schema modes, the emotional maltreatment also induces higher risk of personality disorders (Barazandeh, Kissane, Saeedi, & Gordon, 2018; Lobbestael, Arntz, & Sieswerda, 2005).

The present study has investigated the same research problem and tested hypotheses. The present study aimed to examine the mediation of schema modes and maladaptive personality traits between emotional maltreatment and personality

disorders. Thus, in this way, the indirect effect (through schema modes and maladaptive personality traits) of emotional maltreatment on personality disorders is investigated. Moreover, the direct effect of emotional maltreatment on personality disorders is also investigated. As a whole, both of the direct and indirect effect of emotional maltreatment on the personality disorders of adults in under investigation in the present of study. Personality disorders are age specific and cannot be diagnosed before the age of eighteen years (APA, 2013). Therefore, the adults above the age of 18 participated in this study. The data was collected by administering four standardized instruments including Questionnaire on Dimensions of Emotional Maltreatment at Home (Gesinde, 2010), Personality Inventory for DSM-5 (Lobbestael et al., 2010), Schema Mode Inventory (Krueger et al., 2012) and Personality Diagnostic Questionnaire (Hyler et al., 1992) measuring emotional maltreatment, schema modes, maladaptive personality traits and personality disorders respectively.

Ensuing the psychometric properties of the scale was the prime concern before drawing inferences through these scales, more specifically reliability and validity. The internal consistency shows the extent to which items within an instrument measure the same concept and item-total correlation and the contribution of each item to instrument consistency is measured with item total correlation (Batt, Recht, Cooper, Iyer, & Kempton, 2017; Kempton et al., 2017). Thus, the item total correlation was studied for all domains of four scales. Firstly, the item total correlations for the subscales of Questionnaire on Dimensions of Emotional Maltreatment at Home, was computed. The findings depicted that the items of three subscales including degrading, isolating and rejecting showed desired magnitude (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs. However, 1 items form exploiting,

2 items from ignoring and 1 item from terrorizing subscale was discarded due to low magnitudes (< .30) which show poor homogeneity of these items with their underlying constructs. Secondly, item total correlations for the subscales of Personality Inventory for DSM-5 were computed. Findings revealed that items in the all of the subscales including negative affect, detachment, antagonism, dysinhibition and psychoticism exhibited desired magnitudes (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs. Thirdly, item total correlations for the subscales of Schema Mode Inventory were computed. The findings portrayed that all the items of four subscales including undisciplined child, happy child, compliant child and self-soother child exhibited desired magnitude (= / > .30) and consequently all the items of these subscales were retained—as the items confirmed the homogeneity with their underlying constructs. However, 1 items form vulnerable child, 1 item from angry child, 2 items from enraged child, 2 items from impulsive child, 1 item from detached child, 2 items from aggrandizer child, 2 items from attack-bully child, 3 items from punishing child, 3 items from demanding child and 1 items from healthy child subscale was discarded due to low magnitudes (< .30) which showed poor homogeneity of these items with their underlying constructs. Fourthly, item total correlations for the subscales of Personality Diagnostic Questionnaire were computed. Findings indicated that all the items of twelve subscales including paranoid subscale, schizoid subscale, schizotypal subscale, antisocial subscale, borderline subscale, narcissistic subscale, histrionic subscale, avoidant subscale, dependent subscale, obsessive compulsive subscale, passive aggressive subscale and depressive subscale exhibited desired magnitude (= / > .30) and consequently all the items of these

subscales were retained—as the items confirmed the homogeneity with their underlying constructs (Everitt, 2002; Field, 2005).

The alpha reliability analysis was carried out—which is based upon the covariance among the unstandardized items (Coakes & Steed, 2003). The alpha coefficients were greater than .70 for all constructs being considered for hypotheses testing. The scales measuring study constructs exhibited desired level (= / > .70) of inter consistency (Kline, 2005). After ensuring the reliability, validity was ensured. For this purpose, construct validity was ensured because it was the most relevant validity for the present study and besides this it is known as "mother of all validities" due to its utmost importance. Zero-order correlations among variables were computed. The correlation coefficients among the six domains of Questionnaire on Dimensions of Emotional Maltreatment at Home were positively correlation with each other and with the overall scale total scores. These theoretically consistent associations among the subscales of QDEMH and the association of all domains with the overall scale confirmed the convergent validity of this scale. The five domains of Personality Inventory for DSM-5 measuring specific maladaptive personality traits were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the subscales of PID and the association of all domains with the overall scale confirmed the convergent validity of this scale. The fourteen domains of Schema Mode Inventory (SMI) measuring specific schema modes split into two different set of modes out of which twelve are negative modes and two are positive modes. The positive schema modes were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the positive subscales of SMI and the association of both positive domains with the overall scale confirmed the convergent

validity of this scale. The negative schema modes were also positively associated with each other and with the overall scale total scores. These theoretically consistent associations among the positive subscales of SMI and the association of all negative domains with the overall scale confirmed the convergent validity of this scale. However, the negative association of negative schema modes with the positive schema modes provided an evidence of divergent validity for the SMI.

The inferential statistics is based on the normal curve. Therefore, for drawing inferences through the statistical analyses, normality of the data was ensured. Normality of the curve is either affected by the symmetry or through pointiness. The right-left and top-down dimensions of the curve are statistically evaluated through skewness and kurtosis respectively. The skewness is a measure of symmetry whereas the kurtosis measures pointiness. The skewness values were in the desired range (< +2 / -2) which confirmed that the data was not skewed. Similarly, the kurtosis values were in the desired range (< +1 / -1) which confirmed that the data was not kurtic. Thus, in the present study the data was normally distributed. The normality analysis ensured that the data of the present study was normality distributed (with a symmetrical, mesokurtic curve), neither skewed (positive or negative) nor kurtic (platy kurtic and lepto kurtic) (Cisar & Cisar, 2010; Field, 2005; Miles & Shevlin, 2001).

The hypotheses were tested through PROCESS 3.0 by computing medication analysis. Correlation among the constructs is the major underlying assumption in the mediation analysis (Hayas, 2018). Thus, the independent variable (emotional maltreatment) and the mediator variables (schema modes and maladaptive personality traits) were correlated with the personality disorders. The emotional maltreatment was positively associated with the personality disorders. Moreover, the schema modes and

maladaptive personality traits were also correlated with the personality traits of adults. Although the main constructs showed correlations in the desired directions, but the subscales of these variables were exhibited significant correlations. Consequently, the mediation models were restricted to main constructs only; their sub-domains were not used in the mediation model testing through PROCESS-3.0. Most of hypotheses were (except two) supported from findings.

It is theoretically guided investigation. The Schema Theory of Yung (2003) is a major inspiration of this study. Different theorists and researchers have worked for decades to uncover the possible consequences (Hengartner, 2015; Skodol et al., 2005) and antecedents (Clercq & Fruyt, 2009; Widiger, De Clercq, & De Fruyt, 2009), or both, of personality disorders. The scientific literature on personality disorders confirms that the personality disorders can be only managed, not treated or cured (Biskin & Paris, 2012)—suggesting that their consequences cannot be controlled. Research with the same zeal has been conducted on the all possible antecedents of the personality disorders. Some recent researches have focused on the both of the aspects of personality disorders i.e. antecedents as well as outcomes. Young's (2013) view of personality disorders was different from the previous researchers and theorists. Thus, Young's Schema Theory focused on the process of the development of personality disorders instead of antecedent / consequence dichotomy. The Schema Theory shed light on the intricate nature of the development of personality disorders. The theory explains the process that, during the early years of life, different sorts of maltreatments is experienced by the children (Gesinde, 2010). The worst form of these maltreatments is the emotional maltreatment at home. In any form—degrading, isolating, terrorizing, rejecting, exploiting and ignoring—the emotional maltreatment

is not suitable for mental health (Kaiser & Malik, 2015; Rizvi & Najam, 2014; Taillieu, Brownridge, Sareen, & Afifi, 2016).

The emotional maltreatment plays an important role in the development of schema modes (negative cognitive active schemas) which once developed, remain active in the adult age and becomes a leading cause of personality disorders (Munroe, 2014; Valvete, 2013). The findings supported the hypotheses related to direct and indirect effect of emotional maltreatment. In all three clusters (Cluster A, B, and C), schema modes mediated between emotional maltreatment and personality disorders. The hypotheses regarding the mediation of schema modes between emotional maltreatment and personality disorders stem from the Schema Theory. Therefore, the findings not only provide support to the hypotheses but also provides support to the Schema Theory—increasing the validity of this theory in a new context (different from the theory of origin i.e. USD).

Until the process of the development of personality disorders is not understood, preventive measures cannot be taken to eradicate this problem. It is highly important to note that the development of personality disorders is not episodic in nature, instead the development of personality disorders has a long course (Shiner, 2009)—because the diagnosis of the personality disorders is not made before the age of 18 years (APA, 2013). From the negative experiences to the development of early maladaptive schemas and from the activation of these schemas (schema modes) to the onset of personality disorders, there are years to intervene. But due to the lack of understanding regarding the process perspective of personality disorders given by Schema Theory, when the diagnosis of personality disorder is made, it is too late. The only thing mental health practitioners can do at this stage is to help the clients of personality disorders "how to live with these disorders"—which is not an effective

solution. On the contrary, the mediation hypotheses support suggests workable solutions to address the problem of personality disorders during its course of development (when prevention and treatment is possible) (Chanen & Thompson, 2014; Chanen, McCutcheon, Jovev, Jackson, & McGorry, 2017), instead of after development (when only management is possible). Thus, in the light of these empirical insights, the development of personality disorders can be intervened at different stages instead of the only post development intervention. Thus, the preventive measures can be taken to save children from emotional maltreatment at home (Hapori, 2008). After experiences of emotional maltreatment, the children can be intervened to prevent them from the development of maladaptive schemas. In case if the schemas are developed, efforts can be made to prevent their activation and manifestation in the form of schema modes (Thiel et al., 2014). Even after the formation of schema modes, their manifestation in the form of personality disorders can be prevented. The Schema Theory provides so comprehensive solution to the personality disorders that even after the development of personality disorders, they can be treated with the help of Schema Therapy (Sij, Manshaee, Hasanabdi, & Nadi, 2018)—which comprises of the specialized techniques to change or eradicate the maladaptive schema modes of the patients of personality disorders. In this way, the root causes (schema modes) of the personality disorders are addressed which is workable solution (Fassbinder, Schweiger, Jacob, & Arntz, 2014).

The development of the personality disorders is not limited to this single path only, instead it takes another important formation (Oldham, 2015; Porter & Risler, 2015). Thus, the emotional maltreatment during childhood leads towards the development of maladaptive personality traits (Spinhoven, Elzinga, Van Hemert, de Rooij, & Penninx, 2015) which appear in the form of personality disorders at later

stages of life. One of the many reasons personality disorders cannot be easily treated is that they become the part of personality structure. During childhood and adolescence when personality traits are being developed, the emotional maltreatment causes dysfunctions in development of health personality traits and leads towards the development of maladaptive personality traits. Thus, during the years long cause of aging (from childhood to adulthood), these disorders become the part of human nature and personality structure—means reversing the personality disorders is actually reversing the human nature which is not possible (Shiner, 2009). Thus, in any case, the maladaptive personality traits—negative affect, detachment, antagonism, disinhibition and psychoticism (Lobbestael et al., 2010)—are contributory factors in the development of personality disorders. The present study found the empirical support for the hypotheses anticipating that maladaptive personality traits mediate between emotional maltreatment and personality disorders of adults. Existing scientific literature has also established this path of personality disorders which requires rigorous attention of mental health probationers to work with these persons before the development of personality disorders (APA, 2013).

Thus, the study proved two paths which explain the developmental course of personality disorders which is spread across years. Considering the either side—personality disorders through schema modes by emotional maltreatment or personality disorders through maladaptive personality traits—it is worth considering that the mental health practitioners have years to work with people to help them prevent from personality disorders. The study seeks the attention of mental health practitioners to shift their focus from personality disorders (for intervention) to the developmental course of personality disorders (for prevention). Helping patients of personality disorders in learning of "how to live with the personality disorder" is an

intervention failure which motivates researchers and / or practitioners to change their focus from intervention to prevention. Moreover, the present study was a theory-based initiative which is proved from the collectivist context of Pakistan.

CONCLUSION, IMPLICATIONS AND LIMITATIONS

Limitations and Suggestions

The first limitation of the study is related to the use of self-reported data collected with self-report measures which increases the risk of social desirability. Due to the high number of items in the scales, an additional Social Desirability Scale was not administered along with the study scales, which can be done in the future research. The high indicators on the social desirability can be used to screen out the socially desirable cases because the possibility of the cross-rating of the scales from other sources was not possible due to experiential nature of scales instead of opinion statements. All the constructs (measured with scale total scores) in the present study had sub-domains (measured with distinct subscales) but only scale total scores were used except personality disorders which were based on subscales. Due to the scarcity of literature pertaining the relationship among subscales and due to the non-significant correlation coefficients among these domains, the mediation hypotheses were not tested, which can be done in the future research on the basis of the empirically generated data from the present study. The nature of emotional maltreatment differs across-cultures. The scale used to investigate the emotional maltreatment at homes in Pakistan is not indigenously constructed. Thus, in the future research, the operationalization of the construct of "emotional maltreatment" from the indigenous perspective—based on the actual experiences of children at homes in Pakistan—should be carried out by constructing a scale. Replication of the same research questions through longitudinal research design can enhance the validity of these findings and can reduce the limitations of the cross-sectional design.

Implications

The importance of the study is vested into two aspects. The treatment of personality disorders has long been the interest of mental health practitioners. The study has explained the process of development of personality disorders which provided multiple-stages to intervene for the prevention of personality disorders well before their complete onset—because from the experiences of emotional maltreatment to the activation of schema modes and from the conversion of schema modes into personality disorders have a long course to intervene. Thus, the study has applied significance. This research stems from the postulates of Schema Theory and the findings provided sufficient support to extend the validity of this theory in the indigenous context. This confirmed the theoretical significance of this study. Moreover, another important insight gained from this study is the role of "emotional maltreatment induced maladaptive traits" which contribute in the formation of personality disorders. The trait perspective explains that they are building blocks and personality and therefore irreversible. Thus, when emotional maltreatment develops maladaptive traits, they appear in the form of personality disorders at the age of 18. Because the maladaptive personality traits are irreversible, the personality disorders are irreversible too—the only thing which can be done is their management at that stage. Thus, during the course of aging, the prevention should be made.

Conclusion

The study examined direct and indirect effect of emotional maltreatment on personality disorders. In line with the Schema Theory, schema modes mediated between emotional maltreatment and personality disorders of adults. Thus, the process of the development of personality disorders is confirmed. The second important path

regarding the maladaptive personality traits mediated between childhood emotional maltreatment at home and personality disorders of adults. Thus, the schema theory has found support in this scientific study. The study has explained that developmental nature of personality disorders through a process perspective in which emotional maltreatment forms schemas out of which some remains active at the adult age and manifest in the form of personality disorders. Similarly, the emotional maltreatment develops maladaptive personality traits which lead towards the development of personality disorders of adults. Both paths are important to understand the development of personality disorders from a process perspective.

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APPENDIXES

Appendix-A

INSTRUCTIONS AND INFORMED CONSENT

میں انٹر نیشنل اسلامک یونیورسٹی کے شعبہ نفسیات میں پی ایچ ڈی کی طالبہ ہوں۔ یہ ایک تعلیمی اور تحقیقی ادارہ ہے جہاں مختلف نفسیاتی، سماجی، اور تعلیمی مسائل پر تحقیق کی جاتی ہے۔ موجودہ تحقیق بھی اسی سلسلے کی ایک کڑی ہے۔ اس تحقیق کا مقصد آپ کے بچپن کے واقعات کا آپ کی شخصیت پر رونما ہونے والے اثرات کا جائزہ لینا ہے۔ آپ سے حاصل کردہ معلومات کو صرف تحقیقی مقاصد کے لیے استعمال کیا جائے گا۔ اس تحقیق میں آپ کا تعاون معالجاتی نفسیات کے علم میں گراں قدر اضافے کا باعث ہو گا۔ اگر آپ اس تحقیق سے متفق ہیں اور اس میں اپنی مرضی سے شامل ہو کر تحقیقی مقاصد کے لیے معلومات فراہم کرنا چاہتے ہیں تو نیچے دی گئی جگہ پر دستخط کریں اور مطلوبہ معلومات فراہم کریں۔ اس تحقیق میں شمولیت کے لیے میں آپ کی مشکور ہوں۔

نائلہ بتول

میں اس تحقیق سے متعلق مکمل معلومات رکھتا/ رکھتی ہوں اور اس میں اپنی مرضی سے شامل ہو کر تحقیقی مقاصد کے لیے معلومات فراہم کر رہا/ رہی ہوں۔

دستخط: ----------

Appendix-B

DEMOGRAPHIC INFORMATION SHEET

جنس: مرد/عورت

عمر: _____

تعلیم: _____

خاندانی نظام: انفرادی/ مشترکہ

رہائشی علاقہ: دیہی/ شہری

بہن بھائیوں میں آپ کا نمبر: پہلا/دوسرا/آخری/ اکلوتا/اکلوتی/ کوئی اور

Appendix-C

DIMENSIONS OF EMOTIONAL MALTREATMENT AT HOME

QUESTIONNAIRE

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
.1	میرے والدین / سرپرست نے مجھے برا بھلا کہنے کے لیے میرے جسم کے مختلف حصوں کے نام لے کر بلایا جیسے کہ بڑے سر، آنکھوں، ناک یا ٹیڑھی ٹانگوں والا۔				
.2	میرے والدین/ سرپرست نے دوسروں لوگوں کی موجودگی میں میرے خلاف جھوٹ بولا۔				
.3	میرے والدین/ سرپرست نے میرے برے کاموں کو بڑھا چڑھا کر بیان کیا۔				
.4	میرے والدین/ سرپرست نے میری خامیوں اور کمزوریوں کو بہت سے لوگوں کے سامنے ظاہر کیا۔				
.5	میرے والدین/ سرپرست نے مشکل کام کے لیے کی جانے والی میری کوششوں کا مذاق اڑایا۔				
.6	میرے والدین/ سرپرست نے مجھے احمق/ بکری/بکرا ناکارہ/ کم عقل کہا۔				
.7	میں نے جو بھی کام کیا میرے والدین/ سرپرست نے اس میں غلطیاں نکالیں۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
1	میرے والدین / سرپرست نے اپنی غلطیوں کے لیے مجھے مورد الزام ٹھہرایا۔				
2	میرے والدین/ سرپرست نے مجھ سے غیر منطقی/ غیر حقیقی مطالبات کیے۔				
3	میرے والدین/ سرپرست نے اصرار کیا کہ مجھے اپنے چھوٹے بہن بھائیوں کی ضروریات پوری کرنی چاہیں۔				

Appendix-C

DIMENSIONS OF EMOTIONAL MALTREATMENT AT HOME

QUESTIONNAIRE

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
.1	میرے والدین / سرپرست نے مجھے برا بھلا کہنے کے لیے میرے جسم کے مختلف حصوں کے نام لے کر بلایا جیسے کہ بڑے سر، آنکھوں، ناک یا ٹیڑھی ٹانگوں والا۔				
.2	میرے والدین/ سرپرست نے دوسروں لوگوں کی موجودگی میں میرے خلاف جھوٹ بولا۔				
.3	میرے والدین/ سرپرست نے میرے برے کاموں کو بڑھا چڑھا کر بیان کیا۔				
.4	میرے والدین/ سرپرست نے میری خامیوں اور کمزوریوں کو بہت سے لوگوں کے سامنے ظاہر کیا۔				
.5	میرے والدین/ سرپرست نے مشکل کام کے لیے کی جانے والی میری کوششوں کا مذاق اڑایا۔				
.6	میرے والدین/ سرپرست نے مجھے احمق/ بکری/بکرا ناکارہ/ کم عقل کہا۔				
.7	میں نے جو بھی کام کیا میرے والدین/ سرپرست نے اس میں غلطیاں نکالیں۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
1	میرے والدین / سرپرست نے اپنی غلطیوں کے لیے مجھے مورد الزام ٹھہرایا۔				
2	میرے والدین/ سرپرست نے مجھ سے غیر منطقی/ غیر حقیقی مطالبات کیے۔				
3	میرے والدین/ سرپرست نے اصرار کیا کہ مجھے اپنے چھوٹے بہن بھائیوں کی ضروریات پوری کرنی چاہیں۔				

4	میرے والدین/ سرپرست میری ضروریات صرف اس وقت پوری کرتے تھے۔ جب اپنی ضروریات سے مطمئن ہو جاتے تھے۔				
5	میرے والدین/ سرپرست نے میری بجائے غیروں پر خرچ کرنے کو ترجیح دی۔				
6	میں اپنے ذاتی کام اس وقت تک نہیں کر سکتا ہوں جب تک میرے والدین/ سرپرست کے کام مکمل نہ ہو جائیں۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
1	میرے والدین/ سرپرست نے مجھے دوستی کرنے بالخصوص مخالف جنس کے دوست رکھنے سے منع کیا۔				
2	میرے والدین/ سرپرست نے مجھے کئی گھنٹوں دنوں تک اندھیرے کمرے میں بند رکھا۔				
3	میرے والدین/ سرپرست نے مجھے اپنے ساتھ باہر کی تقاریب میں شرکت کرنے سے روکا۔				
4	میرے والدین/ سرپرست نے مجھے گاڑی چلانا سیکھنے یا انکی گاڑی چلانے سے روکا۔				
5	میں اپنے والدین/ سرپرست کے ذاتی کمرے میں آزادانہ داخل نہیں ہو سکتا۔				
6	میرے والدین/ سرپرست میرے بہن بھائیوں کے تحائف خریدتے تھے لیکن میرے لیے نہیں۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
.1	جب میں نے اپنے والدین/ سرپرست سے نیک تمناؤں کا اظہار کیا تو مجھے کوئی جواب نہ ملا۔				
.2	جب میں بھٹکا یا درد/ تکلیف میں ہوا تو میرے والدین/ سرپرست نے بہانہ کیا کہ انہوں نے مجھے دیکھا ہی نہیں۔				

3.	میرے والدین/ سرپرست نے مجھے برے ناموں سے پکارنے سے گریز کیا۔				
4.	میرے والدین/ سرپرست نے مجھ سے متعلقہ معاملات میں میری رائے جاننے کی کوشش نہیں کی۔				
5.	میرے والدین/ سرپرست نے میرے سوالات یا آرا کا کبھی جواب نہیں دیا۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
1	میرے والدین/ سرپرست نے مجھے خاندانی معاملات میں حصہ لینے سے روکا۔				
2	میرے غلط رویوں کی وجہ سے مجھے کئی دنوں/ مہینوں کے لیے گھر سے باہر بھیجا/ نکالا گیا۔				
3	میرے والدین/ سرپرست اہم معاملات میں میری رائے کو رد کر دیتے تھے۔				
4	میرے والدین/ سرپرست میرے دوسرے بہن بھائیوں کے ساتھ قریب ہونے کو ترجیح دیتے تھے لیکن میرے ساتھ نہیں۔				
5	میرے والدین/ سرپرست نے دوسروں کے سامنے مجھے اپنا بچہ بتاتے ہوئے شرم محسوس کی۔				

نمبر شمار	بیانات	اکثر اوقات	اکثر	کبھی کبھار	کبھی نہیں
1	میرے والدین/ سرپرست دھمکی دیا کرتے تھے کہ میرے لیے لائی گئی چیز کو توڑ دیں گے یا واپس لے لیں گے۔				
2	میرے والدین / سرپرست نے یہ کہا کہ اگر میں نے کچھ خاص کام نہ کیے تو مجھے ماریں گے۔				
3	میرے والدین/ سرپرست مجھے بندوق یا خطرناک چیزوں سے دھمکاتے تھے۔				
4	میں اپنے والدین/ سرپرست کے غیر دوستانہ رویے کی وجہ سے ان سے تبادلہ خیال/ گفتگو کرتے ہوئے ڈرتا تھا/ ڈرتی تھی۔				

5	میرے والدین / سرپرست نے دھمکی دی کہ اگر میں نے خاندان کی بہتری کے لیے کام نہ کیے تو وہ میرا خیال رکھنا چھوڑ دیں گے۔				
6	میرے والدین/ سرپرست میری موجودگی میں لڑتے رہتے تھے۔				

Appendix-D

SCHEMA MODE INVENTORY

ہدایات: درج ذیل بیانات کی مدد سے لوگ اپنے بارے میں بیان کرتے ہیں۔ براہ کرم ہر بیان کو پڑھیں اور درج ذیل پیمانے کے مطابق بتائیں کہ آپ کتنی کثرت سے یہ محسوس کرتے/کرتی ہیں۔

1 کبھی نہیں / تقریباً کبھی نہیں (Never/Almost Never) 2 شاذ و نادر (Rarely) 3 کبھی کبھی (Occasionally)

4 اکثر (Frequently) 5 زیادہ تر وقت (Most of the Time) 6 ہمیشہ (All of the Time)

ہمیشہ	زیادہ تر وقت	اکثر	کبھی کبھی	شاذ و نادر	کبھی نہیں	عمومی عنوان	نمبر
6	5	4	3	2	1	میں جو چاہتا ہوں اگر دوسرے لوگ مجھے مہیا نہیں کرتے تو میں ان کی عزت نہیں کرتا۔	1
6	5	4	3	2	1	میں محسوس کرتی / کرتا ہوں کہ لوگ مجھ سے پیار کرتے ہیں۔	2
6	5	4	3	2	1	میں خوشیوں سے محرومی کو اس طرح محسوس کرتی / کرتا ہوں کہ جیسے میں ان کے قابل نہیں۔	3
6	5	4	3	2	1	میں اپنے آپ کو بنیادی طور پر نا اہل سمجھتا / سمجھتی ہوں۔	4
6	5	4	3	2	1	اپنے آپ کو مار پیٹ کے بعد میں سوچتا ہوں کہ مجھے خود کشی کر لینی چاہیے، میں ہوتی / ہوتا ہوں۔	5
6	5	4	3	2	1	میں اپنے آپ کو بے بس محسوس کرتی / کرتا ہوں۔	6
6	5	4	3	2	1	اپنے بارے میں میرا رویہ سخت ہوتا ہے۔	7
6	5	4	3	2	1	کسی قسم کے جھگڑے سے بچنے کے لیے میں ہمیشہ کوشش کرتی / کرتا ہوں کہ دوسروں کو خوش رکھوں۔	8
6	5	4	3	2	1	میں خود کو معاف نہیں کر سکتی / سکتا ہوں۔	9
6	5	4	3	2	1	میں اپنے آپ کو ایسا ظاہر کرتا ہوں جس سے میں توجہ کا مرکز بن جاؤں۔	10
6	5	4	3	2	1	جب لوگ میری بات پر عمل نہیں کرتے تو مجھے غصہ آتا ہے۔	11
6	5	4	3	2	1	اپنے جذبات کو قابو میں رکھنا میرے لیے مشکل ہوتا ہے۔	12
6	5	4	3	2	1	اگر میں اپنا مقصد حاصل نہ کر سکوں تو میں بہت آسانی سے مایوس ہو جاتی / جاتا ہوں۔	13
6	5	4	3	2	1	میں غصے سے آگ بگولہ ہو جاتی / جاتا ہوں۔	14
6	5	4	3	2	1	جلد بازی میں شدت جذبات کے ساتھ مجھے مصیبت میں ڈال دیتی ہے یا دوسروں کو تکلیف پہنچتی ہے۔	15
6	5	4	3	2	1	جب دل کام کو چاہتا ہے تو اس کی میری خواہش ہوتی ہے۔	16
6	5	4	3	2	1	میں خود کو مطمئن اور پر سکون محسوس کرتی / کرتا ہوں۔	17
6	5	4	3	2	1	میں اپنے آپ کو اپنے ساتھیوں کے مطابق ڈھالتی / ڈھالتا ہوں تاکہ وہ مجھے پسند کریں۔	18
6	5	4	3	2	1	میں اپنے آپ کو دوسرے لوگوں کے ساتھ ہم آہنگ (جڑا ہوا) محسوس کرتی / کرتا ہوں۔	19

6	5	4	3	2	1	میں پوری کوشش کیا کرتا ہوں کہ اپنے مسائل کو خود ہی حل کروں۔	20
6	5	4	3	2	1	میں خود کو [illegible] کے لیے [illegible] نہیں کیا کرتا ہوں۔	21
6	5	4	3	2	1	اگر میں مقابلہ کروں تو مجھے [illegible] ہو جائے گا۔	22
6	5	4	3	2	1	[illegible] اپنے ارد گرد کے لوگوں کی [illegible] ہوتی ہے۔	23
6	5	4	3	2	1	دوسرے لوگوں کی رفاقت [illegible] ہے۔	24
6	5	4	3	2	1	مجھے جب دوسروں پر غصہ آتا ہے تو میں [illegible] کرتا ہوں۔	25
6	5	4	3	2	1	کوئی مجھے غصہ [illegible] ہوں۔	26
6	5	4	3	2	1	[illegible]	27
6	5	4	3	2	1	میں اکثر اوقات اپنے آپ کو تنہا محسوس کیا کرتا ہوں۔	28
6	5	4	3	2	1	میں اپنے جذبات [illegible] مسائل [illegible] کرتا ہوں۔	29
6	5	4	3	2	1	حالات سے نمٹنے کی منصوبہ بندی کرنا مشکل ہے۔	30
6	5	4	3	2	1	میں [illegible] نہیں کر سکتا۔	31
6	5	4	3	2	1	غصہ کرنا بہت برا ہوتا ہے۔	32
6	5	4	3	2	1	میں دوسرے لوگوں کے بارے میں [illegible] اور فکر [illegible] ہوں۔	33
6	5	4	3	2	1	میں اپنے آپ کو [illegible]	34
6	5	4	3	2	1	میں اپنے [illegible] کیا کرتا ہوں۔	35
6	5	4	3	2	1	میں خود [illegible] محسوس کیا کرتا ہوں۔	36
6	5	4	3	2	1	میں دوسرے لوگوں [illegible]	37
6	5	4	3	2	1	حقیقت میں دوسرے [illegible] کیا کرتا ہوں۔	38
6	5	4	3	2	1	میں اپنے آپ کو دوسرے لوگوں سے الگ تھلگ محسوس کیا کرتا ہوں۔	39
6	5	4	3	2	1	میرے سب [illegible]	40
6	5	4	3	2	1	[illegible]	41
6	5	4	3	2	1	میں غصہ [illegible]	42
6	5	4	3	2	1	میں خود کو محسوس نہیں کیا کرتا ہوں۔	43
6	5	4	3	2	1	دوسرے لوگوں کی ضروریات اور احساسات [illegible]	44
6	5	4	3	2	1	میں اس وقت تک آرام [illegible]	45
6	5	4	3	2	1	میں غصہ میں [illegible] چیختا ہوں۔	46
6	5	4	3	2	1	مجھے دوسرے لوگوں پر غصہ آتا ہے۔	47
6	5	4	3	2	1	میں محسوس کیا کرتا ہوں کہ [illegible] دوسرے لوگوں [illegible] ہوں۔	48
6	5	4	3	2	1	[illegible]	49

۵۰	[illegible]	۱	۲	۳	۴	۵	۶
۵۱	[illegible]	۱	۲	۳	۴	۵	۶
۵۲	[illegible]	۱	۲	۳	۴	۵	۶
۵۳	[illegible]	۱	۲	۳	۴	۵	۶
۵۴	[illegible]	۱	۲	۳	۴	۵	۶
۵۵	[illegible]	۱	۲	۳	۴	۵	۶
۵۶	[illegible]	۱	۲	۳	۴	۵	۶
۵۷	[illegible]	۱	۲	۳	۴	۵	۶
۵۸	[illegible]	۱	۲	۳	۴	۵	۶
۵۹	[illegible]	۱	۲	۳	۴	۵	۶
۶۰	[illegible]	۱	۲	۳	۴	۵	۶
۶۱	[illegible]	۱	۲	۳	۴	۵	۶
۶۲	[illegible]	۱	۲	۳	۴	۵	۶
۶۳	[illegible]	۱	۲	۳	۴	۵	۶
۶۴	[illegible]	۱	۲	۳	۴	۵	۶
۶۵	[illegible]	۱	۲	۳	۴	۵	۶
۶۶	[illegible]	۱	۲	۳	۴	۵	۶
۶۷	[illegible]	۱	۲	۳	۴	۵	۶
۶۸	[illegible]	۱	۲	۳	۴	۵	۶
۶۹	[illegible]	۱	۲	۳	۴	۵	۶
۷۰	[illegible]	۱	۲	۳	۴	۵	۶
۷۱	[illegible]	۱	۲	۳	۴	۵	۶
۷۲	[illegible]	۱	۲	۳	۴	۵	۶
۷۳	[illegible]	۱	۲	۳	۴	۵	۶
۷۴	[illegible]	۱	۲	۳	۴	۵	۶
۷۵	[illegible]	۱	۲	۳	۴	۵	۶
۷۶	[illegible]	۱	۲	۳	۴	۵	۶

۶	۵	۴	۳	۲	۱	[illegible]	۷۸
۶	۵	۴	۳	۲	۱	[illegible]	۷۹
۶	۵	۴	۳	۲	۱	[illegible]	۸۰
۶	۵	۴	۳	۲	۱	[illegible]	۸۱
۶	۵	۴	۳	۲	۱	[illegible]	۸۲
۶	۵	۴	۳	۲	۱	[illegible]	۸۳
۶	۵	۴	۳	۲	۱	[illegible]	۸۴
۶	۵	۴	۳	۲	۱	[illegible]	۸۵
۶	۵	۴	۳	۲	۱	[illegible]	۸۶
۶	۵	۴	۳	۲	۱	[illegible]	۸۷
۶	۵	۴	۳	۲	۱	[illegible]	۸۸
۶	۵	۴	۳	۲	۱	[illegible]	۸۹
۶	۵	۴	۳	۲	۱	[illegible]	۹۰
۶	۵	۴	۳	۲	۱	[illegible]	۹۱
۶	۵	۴	۳	۲	۱	[illegible]	۹۲
۶	۵	۴	۳	۲	۱	[illegible]	۹۳
۶	۵	۴	۳	۲	۱	[illegible]	۹۴
۶	۵	۴	۳	۲	۱	[illegible]	۹۵
۶	۵	۴	۳	۲	۱	[illegible]	۹۶
۶	۵	۴	۳	۲	۱	[illegible]	۹۷
۶	۵	۴	۳	۲	۱	[illegible]	۹۸
۶	۵	۴	۳	۲	۱	[illegible]	۹۹
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۰
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۱
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۲
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۳
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۴
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۵
۶	۵	۴	۳	۲	۱	[illegible]	۱۰۶

107	[illegible]	1	2	3	4	5	6
108	[illegible]	1	2	3	4	5	6
109	[illegible]	1	2	3	4	5	6
110	[illegible]	1	2	3	4	5	6
111	[illegible]	1	2	3	4	5	6
112	[illegible]	1	2	3	4	5	6
113	میں پرامید ہوں۔	1	2	3	4	5	6
114	[illegible]	1	2	3	4	5	6
115	[illegible]	1	2	3	4	5	6
116	[illegible]	1	2	3	4	5	6
117	[illegible]	1	2	3	4	5	6
118	[illegible]	1	2	3	4	5	6
119	[illegible]	1	2	3	4	5	6
120	[illegible]	1	2	3	4	5	6
121	[illegible]	1	2	3	4	5	6
122	[illegible]	1	2	3	4	5	6
123	[illegible]	1	2	3	4	5	6
124	[illegible]	1	2	3	4	5	6

Appendix-E

English Version of Personality Inventory for DSM-5

Statements	Very false or Often false	Sometime or Somewhat false	Sometime or Somewhat true	Very true or Often true
1. People would describe me as reckless.	0	1	2	3
2. I feel like I act totally on impulse.	0	1	2	3
3. Even though I know better, I can't stop making rash decisions.	0	1	2	3
4. I often feel like nothing I do really matters.	0	1	2	3
5. Others see me as irresponsible.	0	1	2	3
6. I'm not good at planning ahead.	0	1	2	3
7. My thoughts often don't make sense to others.	0	1	2	3
8. I worry about almost everything.	0	1	2	3
9. I get emotional easily, often for very little reason.	0	1	2	3
10. I fear being alone in life more than anything else.	0	1	2	3

Statements	Very false or Often false	Sometime or Somewhat false	Sometime or Somewhat true	Very true or Often true
11. I get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3
12. I have seen things that weren't really there.	0	1	2	3
13. I steer clear of romantic relationships.	0	1	2	3
14. I'm not interested in making friends.	0	1	2	3
15. I get irritated easily by all sorts of things.	0	1	2	3
16. I don't like to get too close to people.	0	1	2	3
17. It's no big deal if I hurt other peoples' feelings.	0	1	2	3
18. I rarely get enthusiastic about anything.	0	1	2	3
19. I crave attention.	0	1	2	3
20. I often have to deal with people who are less important than me.	0	1	2	3
21. I often have thoughts that make sense to me but that other people say are strange.	0	1	2	3
22. I use people to get what I want.	0	1	2	3

Statements	Very false or Often false	Sometime or Somewhat false	Sometime or Somewhat true	Very true or Often true
23. I often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3
24. Things around me often feel unreal, or more real than usual.	0	1	2	3
25. It is easy for me to take advantage of others.	0	1	2	3

Appendix-F

Urdu Version of Personality Inventory for DSM-5

نمبر شمار	بیانات	بالکل غلط	کسی حد تک غلط	کسی حد تک صحیح	بالکل صحیح
1	لوگ مجھے بے پرواہ کہتے ہیں۔				
-2	مجھے محسوس ہوتا ہے کہ میں مکمل طور پر اندرونی تحریک پر عمل کرتا ہوں (بغیر سوچے سمجھے)				
-3	اگرچہ میں بہتر جانتا ہوں لیکن میں (فوری) جلد بازی کے فیصلے کرنے سے رک نہیں پاتا۔				
-4	مجھے محسوس ہوتا ہے کہ میں ایسا کچھ نہیں کرتا جو حقیقتاً اہم ہو۔				
5	دوسرے لوگ مجھے غیر ذمہ دار سمجھتے ہیں				
-6	میں مستقبل کی منصوبہ بندی کرنے میں اچھا نہیں ہوں۔				
-7	میرے خیالات اکثر دوسرے لوگوں کی سمجھ میں نہیں آتے۔				
-8	میں تقریباً ہر چیز کے بارے میں پریشان ہوتا ہوں۔				
-9	اکثر میں آسانی سے معمولی بات پر جذباتی ہو جاتا ہوں۔				
10	مجھے کسی بھی چیز سے زیادہ زندگی میں تنہا رہ جانے کا خوف ہے				
-11	میں کاموں کے کرنے میں اکثر ایک ہی طریقے پر قائم رہتا ہوں جب کہ یہ واضح ہوتا ہے کہ یہ موثر نہیں ہے۔				
-12	میں نے وہ چیزیں بھی دیکھی ہیں جو حقیقتاً وہاں نہیں تھیں۔				
-13	میں رومانوی تعلقات سے اجتناب کرتا ہوں۔				
-14	میں دوست بنانے میں دلچسپی نہیں رکھتا۔				
-15	میں بہت جلد (آسانی سے) ہر طرح کی چیزوں سے اکتا جاتا ہوں				
-16	میں لوگوں کے زیادہ قریب جانا پسند نہیں کرتا۔				
-17	میرے لیے لوگوں کے احساسات مجروح کرنا کوئی بڑی بات نہیں ہے۔				
-18	میں شاذ و نادر ہی کسی چیز کے بارے میں پرجوش ہوتا ہوں۔				
-19	میں توجہ حاصل کرنا چاہتا ہوں۔				
-20	مجھے اکثر ان لوگوں سے معاملات طے کرنے پڑتے ہیں جو مجھ سے کم اہم ہیں۔				
-21	مجھے اکثر ایسے خیالات آتے ہیں جو میری سمجھ میں تو آتے ہیں مگر دوسرے لوگ انہیں عجیب کہتے ہیں۔				
-22	میں اپنی خواہشات کی تکمیل کے لیے لوگوں کا استحصال کرتا ہوں۔				
-23	میں اکثر بے ہوشی والی کیفیت میں رہتا ہوں اور پھر اچانک واپس آجاتا ہوں اور مجھے احساس ہوتا ہے کہ بہت زیادہ وقت گزر چکا ہے۔				
24	میرے ارد گرد کی چیزیں اکثر غیر حقیقی یا معمول سے زیادہ حقیقی محسوس ہوتی ہیں۔				
-25	میرے لیے دوسروں کا فائدہ اٹھانا آسان ہے۔				

Appendix-G

PERSONALITY DIAGNOSTIC QUESTIONNAIRE

نمبر شمار	بیانات	صحیح	غلط
1	میں ان لوگوں کے ساتھ کام کرنے سے گریز کرتا ہوں جو مجھے تنقید کا نشانہ بناتے ہیں۔		
2	میں دوسروں کی نصیحت اور یقین دہانی کے بغیر فیصلے نہیں کر سکتا/سکتی۔		
3	میں اکثر چیزوں کی تفصیلات میں کھو کر اصل مقصد کو نظر انداز کر دیتا/دیتی ہوں۔		
4	میں توجہ کا مرکز بننا چاہتا/چاہتی ہوں۔		
5	جتنی لوگ میری خوشامد/تعریف کرتے ہیں میں اس سے کہیں زیادہ کا حقدار ہوں۔		
6	جن سے میں محبت کرتا/کرتی ہوں ان کے اکیلا چھوڑے جانے سے بچنے کے لیے میں کچھ بھی کر جاؤں گا/گی۔		
7	دوسرے لوگ شکایت کرتے ہیں کہ میں اپنے قول و فعل پر قائم نہیں رہتا/رہتی۔		
8	میں لوگوں کو جیسے کہ بالکل معصوم سمجھتا/سمجھتی ہوں یا پھر ان کا مخالف ہو جاتا/جاتی ہوں۔		
9	مجھے خاندان اور دوستوں کے ساتھ وقت گزارنے میں کوئی دلچسپی نہیں۔		
10	میرے ارد گرد ہونے والے واقعات سے مجھے خاص پیغامات ملتے ہیں۔		
11	میں جانتا/جانتی ہوں کہ اگر میں لوگوں کو موقع دوں تو وہ مجھ سے فائدہ اٹھانے یا مجھے دھوکا دینے کی کوشش کریں گے۔		
12	بعض اوقات میں پریشان ہو جاتا/جاتی ہوں۔		
13	میں لوگوں سے تب تک دوستی نہیں کرتا/کرتی جب تک مجھے یقین نہ ہو کہ وہ مجھے پسند کرتے ہیں۔		
14	میں اکثر افسردہ رہتا/رہتی ہوں۔		
15	میں ترجیح دیتا ہوں کہ دوسرے لوگ میرے لیے ذمہ داری کا مظاہرہ کریں۔		
16	میں چیزوں کو ضرورت سے زیادہ مکمل کرنے کی کوشش میں وقت ضائع کرتا/کرتی ہوں۔		
17	میں بہت سے دوسرے لوگوں کی نسبت زیادہ جنسی کشش رکھتا/رکھتی ہوں۔		
18	میں اکثر خود کو یہ سوچتا ہوا پاتا ہوں کہ میں کتنا عظیم شخص ہوں یا بن سکوں گا۔		
19	میں کسی سے محبت کرتا/کرتی ہوں یا پھر نفرت۔		
20	میں بہت سی جسمانی لڑائیوں میں حصہ لیتا/لیتی ہوں۔		
21	میں محسوس کرتا/کرتی ہوں کہ دوسرے لوگ مجھے سمجھتے نہیں۔		
22	میں دوسروں سے مدد لینے کی بجائے خود کام کرنے کو ترجیح دوں گا/گی۔		
23	میں کسی چیز کے وقوع پذیر ہونے سے پہلے اسے جان لینے کی صلاحیت رکھتا/رکھتی ہوں۔		
24	میں اکثر پریشان ہوتا/ہوتی ہوں کہ آیا جن لوگوں کو میں جانتا/جانتی ہوں وہ واقعی قابل اعتماد ہو سکتے ہیں۔		
25	کبھی کبھار لوگوں کی پیٹھ پیچھے بات کیا کرتا/کرتی ہوں۔		
26	میں مذاق اڑائے جانے کے خوف سے قریبی تعلقات قائم کرنے سے دور رہتا ہوں۔		
27	اگر میں دوسروں سے اختلاف کروں تو مجھے ان کی مدد کھو دینے کا ڈر ہے۔		
28	مجھ میں بہت سی خامیاں ہیں۔		
29	میں اپنے خاندان، دوستوں اور تفریح سے پہلے کام کو ترجیح دیتا/دیتی ہوں۔		
30	میں اپنے جذبات کا اظہار آسانی سے کرتا/کرتی ہوں۔		

نمبر شمار	بیانات	صحیح	غلط
31	چند اہم لوگ ہی مجھے حقیقی سمجھتے ہیں اور میری تعریف کرتے ہیں۔		
32	میں کبھی یہ نہیں جان سکی ہوں کہ میں درحقیقت کون ہوں؟		
33	مجھے کالج/اسکول میں شوق نہیں آتی ہے کیونکہ میں [illegible] نہیں سمجھ سکتا/سکتی۔		
34	مجھے جنسیت (sex) میں کوئی دلچسپی نہیں ہے۔		
35	دوسرے لوگ مجھے بڑا خود غرض سمجھتے ہیں۔		
36	میں کسی بھی چیز کو سمجھ سکتا/سکتی ہوں وہ چیزیں بھی سمجھ سکتا/سکتی ہوں جو دوسرے نہیں سمجھ سکتے۔		
37	اگر میں دوسروں کو کوئی فائدہ دوں تو وہ میرا غلط استعمال کرتے ہیں۔		
38	کچھ لوگوں میں جنسی میں پسند نہیں کرتا/کرتی۔		
39	میں تنقید اور غصہ کیے جانے کے بعد دوسروں سے زیادہ حساس ہوں۔		
40	اگر کوئی مجھے فوری کام پر لگا دے تو مجھے شروع کرنے میں دشواری پیش آتی ہے۔		
41	دوسرے لوگوں کی نسبت مجھے فوقیت کا زیادہ احساس ہے۔		
42	میں خود پسند ترین نقاد (تنقید کرنے والا) ہوں۔		
43	جب بھی مجھے ضرورت ہوتی ہے اپنی خود نمائی کر سکتا/سکتی ہوں۔		
44	مجھے بہت زیادہ ضرورت ہے کہ دوسرے لوگ میری موجودگی کا اعتراف کریں اور میرے لیے تعریفی کلمات کہیں۔		
45	میں نے خود کو تکلیف دینے یا جان سے مارنے کی کوشش کی۔		
46	میں بہت سارے کام دن کی پرواہ کیے بغیر کرتا ہوں/کرتی ہوں۔		
47	بہت کم گروہ ہیں جن میں مجھے دلچسپی ہے۔		
48	لوگوں کو میری بات سمجھنے میں مشکل ہوتی ہے۔		
49	میں اپنے نگران (supervisor) سے اختلاف کرتا/کرتی ہوں جب وہ کہتے ہیں کہ مجھے کام (job) کیسے کرنا چاہیے۔		
50	لوگ جو کہتے ہیں اس کا صحیح مطلب جاننے کے لیے میں چوکس رہتا/رہتی ہوں۔		
51	میں نے کبھی جھوٹ نہیں بولا۔		
52	میں کسی دوسرے سے قریب رہتا ہوں کیونکہ میں خود کو محفوظ محسوس کرتا/کرتی ہوں۔		
53	میں چاہتا/چاہتی ہوں کہ لوگ مجھے اتنی ہی دلچسپی دیں جتنی وہ دوسروں میں لیتے ہیں۔		
54	میں نے بہت سی چیزیں یا شخص کی ہوتی ہیں جن کی مجھے ضرورت نہیں تھی، میں برداشت کرتا/کرتی ہوں۔		
55	اگرچہ میں بہت زیادہ ذہین ہوں لیکن لوگ کہتے ہیں مجھے بات سمجھنے میں مشکل ہوتی ہے۔		
56	میں بہت زیادہ پریشان رہتا/رہتی ہوں۔		
57	میں تسلیم کرتا/کرتی ہوں کہ دوسرے لوگ میری طرف داری کریں اگرچہ میں عام طور پر کسی کی طرف داری نہیں کرتا/کرتی۔		
58	میں بہت جذباتی شخص ہوں۔		
59	جھوٹ بولنا میرے لیے ایک ہی کام ہے جو میں اچھا کرتا/کرتی ہوں۔		
60	میں کبھی دوست بنانے میں دلچسپی نہیں رکھتا/رکھتی۔		

غلط	صحیح	بیانات	نمبر شمار
		میں اکثر خود کو اس سے بچاتا/بچاتی ہوں کہ مجھ سے فائدہ اٹھایا جائے۔	61
		جو لوگ میرے ساتھ برا کرتے ہیں تو میں انہیں کبھی بھی/آسانی سے معاف نہیں کرتا/کرتی ہوں۔	62
		جو مجھ سے زیادہ خوش قسمت ہیں میں ان سے بغض رکھتا/رکھتی ہوں۔	63
		میری جگہ کوئی پیدا نہیں ہوئی ہے۔	64
		جب میں کسی کام کا انچارج ہوتا/ہوتی ہوں تو میں خود کو سب سے بڑا اور طاقتور محسوس کرتا/کرتی ہوں۔	65
		اگر دوسرے ٹھیک سے کام نہ کریں تو میں خود کام کرنے کو ترجیح دیتا/دیتی ہوں۔	66
		میں فطرتی طور پر لیڈر پیدا ہوا ہوں۔	67
		کچھ لوگ سوچتے ہیں کہ میں دوسروں سے فائدہ اٹھاتا ہوں۔	68
		میں سمجھتا/سمجھتی ہوں کہ میری زندگی بے رنگ و بے معنی ہے۔	69
		میں تنہائی پسند ہوں/دوسروں سے دور رہتا ہوں۔	70
		میں پرواہ نہیں کرتا کہ دوسرے میرے بارے میں کیا سوچتے ہیں۔	71
		مجھے دوسروں کی مدد کرنے میں مشکل پیش آتی ہے۔	72
		لوگ اکثر شکایت کرتے ہیں کہ میں سمجھتا/سمجھتی نہیں کہ وہ پریشان ہیں۔	73
		مجھے دیکھ کر بعض لوگ سوچتے ہیں کہ میں بہت عجیب یا انوکھا/انوکھی ہوں۔	74
		مجھے غلط بات کا غصہ جلد آتا ہے۔	75
		میں نے اپنی زندگی میں بہت جھوٹ بولے ہیں۔	76
		میں اپنی مشکلات کے بارے میں بہت زیادہ شکایت کرتا/کرتی ہوں۔	77
		مجھے اپنے غصے پر قابو کرنے میں مشکل پیش آتی ہے۔	78
		کچھ لوگ مجھ سے حسد کرتے ہیں۔	79
		میں دوسروں کو دل سے معاف کر دیتا/دیتی ہوں۔	80
		میں خود کو کائنات کا مرکز سمجھتا/سمجھتی ہوں جبکہ دوسرے مجھے مغرور/گھمنڈی سمجھتے ہیں۔	81
		جب کسی چیز کی فوری ضرورت ہو تو مجھے کسی نہ کسی طرح اسے حاصل کرنے کی ضرورت ہوتی ہے۔	82
		میری خود اعتمادی (self-esteem) میں کمی ہے/کم ہوں۔	83
		میں منفی خیالات کا شکار ہوں۔	84
		جو لوگ میری بے عزتی کرتے ہیں میں کوئی وقت ضائع کیے بغیر انہیں جواب دیتا/دیتی ہوں۔	85
		دوسرے لوگوں کا موڈ مجھے متاثر کرتا ہے (nervous) اور اعصابی دباؤ پیدا کرتا ہے۔	86
		میں کئی صورتوں میں خود کو شرمندہ ہونے سے بچاتا/بچاتی ہوں۔	87
		میں خواہش رکھتا/رکھتی ہوں کہ مجھے نظر میں رکھے بغیر اکیلا چھوڑ دیا جائے۔	88
		لوگ شکایت کرتے ہیں کہ میں بہت زیادہ شکی/غصیلی ہوں۔	89
		جن لوگوں کے ساتھ میرا تعلق ہے میں ان کے بہت قریبی تعلقات کی وجہ سے پریشان ہوتا/ہوتی ہوں۔	90

نمبر شمار	بیانات	صحیح	غلط
91	ایسے لوگوں سے جو مجھے تکلیف دیتے ہیں ملنے سے میں خوف محسوس کرتی ہوں۔		
92	دوسروں کو قبول کرنے میں مجھے مشکل پیش آتی ہے۔		
93	جب میں دباؤ میں ہوتا/ہوتی ہوں تو میں بہت غصے ہو جاتا/جاتی ہوں۔		
94	مجھے دوسروں کی تکلیف کی کوئی پرواہ نہیں ہوتی۔		
95	میں دوسروں سے فاصلہ رکھتی ہوں۔		
96	میں اکثر سوچتا/سوچتی ہوں کہ میرے (محبوب boy friend یا محبوبہ girl friend) کو مجھ سے پیار نہیں۔		
97	میں اکثر ندامت محسوس کرتا/کرتی ہوں۔		
98	میں ذیل بیان میں سے ایسے کام کیے ہیں جو مجھے مصیبت میں ڈال سکتے تھے جیسے کہ		
	ضرورت سے زیادہ پیسے خرچ کرنا۔		
	ان لوگوں سے جنسی تعلقات رکھنا جن کو میں بہت کم جانتا/جانتی ہوں۔		
	بہت زیادہ شراب پینا۔		
	منشیات کا استعمال۔		
	ضرورت سے زیادہ کھانا۔		
	لاپرواہی سے گاڑی چلانا۔		
99	جب میں ایک بچہ (پندرہ سال سے کم عمر) تھی تو کس حد تک یہ درست تھا جیسے کہ		
	میں ایک زمانے دھمکانے والا سمجھا جاتا/سمجھی جاتی تھی۔		
	میں دوسرے بچوں کے ساتھ جھگڑا شروع کر دیا کرتا/کرتی تھی۔		
	میں نے لڑائی میں ایک ہتھیار استعمال کیا جو دوسروں کو نقصان پہنچا سکتا تھا۔		
	میں لوگوں کو دھوکہ دیتا تھا اور حملہ کرتا/کرتی تھی۔		
	میں دوسروں پر جسمانی تشدد کیا کرتا/کرتی تھی۔		
	میں جانوروں پر جسمانی تشدد کیا کرتا/کرتی تھی۔		
	میں جھوٹ بولتا تھا/بولتی تھی۔		
	میں اپنے والدین کی اجازت کے بغیر رات گھر سے باہر گزارتا/گزارتی تھی۔		
	میں دوسروں سے چیزیں چرا لیتا تھا/لیتی تھی۔		
	میں آگ لگا دیتا تھا/دیتی تھی۔		
	میں کھڑکیاں توڑ دیتا تھا/دیتی تھی یا چیزیں تباہ کر دیتا تھا/دیتی تھی۔		
	میں رات کو گھر سے بھاگ گیا تھا/گئی تھی۔		
	میں (13) تیرہ سال کی عمر سے سکول چھوڑنا شروع کر دیا تھا۔		
	میں کسی کا گھر، عمارت یا گاڑی توڑ دیتا تھا/دیتی تھی۔		

Appendix-H

Introduction of Study Variables

Schema Modes

Early childhood experiences develop early maladaptive schemas in children (Young, 2003) out of which some remain present are not resolved and finally appear in the form of schema modes. Lobbestael, van Vreeswijk and Arntz (2007) have stated schema modes.

1. **Angry Child.** These children feel intolerant, impulsive and aggressive. They adopt inappropriate ways of expressing their suppressed aggressive impulses. This mode is developed due the deprivation from the need fulfilment in childhood, more specially physical and emotional needs. Such children engage in activities which may cause extreme harm for others and consequently people are annoyed of such individuals.

2. **Enraged Child.** These children have hostile aggression which aimed at hurting others. They ruin others who come in conflict with them. Have greater impulsivity and do not bother to consider the rights of others. They are out of control aggressors.

3. **Impulsive Child.** These children only take care of their own interests which they want to protect and they act upon their impulses hastily. They make impulsive choices without considering their personal consequences or their consequences for other people. They prefer short-term goals and avoid strategic thinking.

4. **Undisciplined Child:** These children have no order or discipline in their life. Spend a purposeless time and do not take care of balance in their activities.

5. **Detached.** Such individuals live life like robots and all times engage in some activities which make them workaholic. They do not like interactions with others and refuse their assistance when offered. Such individuals avoid developing ties with others as they want to live in solitary.

6. **Self-soother.** In order get rid of negative emotions, such children keep themselves extremely busy in some activities which are addictive in nature. They usually engage in activities which are self-soothing and self-satisfying. Usually involve in fantasies and do not want to face the real life because it hurts their emotions.

7. **Self-aggrandiser.** These are self-centred and have no sense of emotional empathy for others. They have personal rules which they expect must be followed by others as well. They suffer from superiority complex and delusion of grandiosity. They are narcissistic, have enraged sense of self-importance and have excessive self-love.

8. **Bully and Attack.** They make use of all means to inflict any type of harm on others including verbal, emotional, physically or sexual. They engage in delinquent behaviours, crimes and often regarded as anti-social. They are sadistic and feel pleasure by creating troubles for others.

9. **Happy Child.** They are contended, satisfied, safe and have fulfilment of all necessary needs. They are positive, active, optimistic and energetic. Have high self-esteem and self-efficacy to perform duties effectively. They are

independent minded, competent and have greater self-confidence. They have better self-control and regulate their emotions effectively.

10. **Healthy Mode.** They are better at solving problems and making decisions with a sense of responsibility. They are committed and socially competent in maintain interpersonal relationships. Have good family life and healthy relationships with their colleagues at work.

11. **Vulnerable Child.** They feel inferior, loneliness and have inferiorities. They are pessimistic, hopeless and negative. They are worthless, have low self-esteem and feel personal incompetence. They are unable to take initiative and depend upon others. They are not self-sufficient and cannot do anything without others 'assistance.

12. **Demanding Mode.** It is marked by overwhelmed expectations, superficial rules and unrealistic high standards. They have rigid preferences to keep things in line and maintain order in all matters. They set very high goals which are often unachievable.

13. **Punishing Mode.** Such individuals deal all matters with an iron hand and they believe in might is right. They are rude, strict, inflexible, intolerant and impatient. They are found criticizing others for their little mistakes.

14. **Compliant Mode.** Such individuals are submissive, passive and humble. They show no resistance over others misdeeds due to the fear of rejection. They lacks in personal initiatives for moving ahead. They do not interface in the matters and spend a very down to earth life.

Maladaptive Personality Traits

Krueger, Derringer, Markon, Watson, and Skodol (2012) compiled a list of 25 maladaptive personality traits which were further clustered on five domains each measured comprised of a set of five pathological traits. Negative affectivity comprised of traits like emotional lability, anxiousness and separation insecurity. Detachment consisted of traits like withdrawal, anhedonia, and Intimacy avoidance. Psychoticism is a combination of unusual beliefs and experiences, Eccentricity, and perceptual dysregulation. Antagonism is a combination of manipulatives, deceitfulness and grandiosity. Disinhibition comprised of Irresponsibility, Impulsivity and distractibility (APA, 2013). These maladaptive personality traits are directly related to personality disorders. The existing big five model was deficient in a manner that it did not fulfill the clinical explanation of personality pathology which contributes towards in the development of personality disorders, although they are associated.

The five factor model of maladaptive personality traits has direct relevance with the big five personality factors (Anderson et al., 2013). However, this model fit into the context of clinical practice. Krueger, Markon, Borroni, and Maffei (2013) found association between PID-5 and PDQ-4 which measures personality disorders on three axes. The link between maladaptive personality traits and personality disorders was also confirmed by further evidence (Miller, Few, Lynam, & MacKillop, 2014). Thus it is important to note that these maladaptive personality traits developed through early emotional maltreatments are connected to personality disorders, because these traits describe the personality pathology in the personality structure of the individuals. Thus these traits have a more severe manifestation in the form of personality disorders.

The Big Five Model has long been studied with diverse constructs of mental health. The explanation of personality pathology by the creation of the model on Maladaptive Personality Traits has explained how pathological traits of personality are sum up to form personality disorders. This instead of Clusters linked classification of personality disorders; the alternate trait-linked classification suggests news pathways to explain the personality disorders (Krueger et al., 2012).

Personality Disorders

The DSM-5 has classified personality disorders into three further sub-classifications (clusters) which is Cluster-A, B and C. Each cluster is comprised of distinct set of personality disorders.

Cluster-A. Cluster-A consisted of three personality disorders including schizotypal, paranoid and schizoid.

Schizotypal personality disorder

- Schizotypal is first important personality disorders in Cluster-A. Individuals with this disorder have typical appearance in terms of their speech, beliefs and behaviors. They face trouble in developing relationship with other people. Such individuals are at high risk of developing schizophrenia. Their thinking patterns are quite similar with schizophrenic patients. They are uncomfortable in social interactions and usually like to avoid others because they do not find it at ease to stay comfortable in social interactions.

Paranoid personality disorder

- The second important personality disorder listed in cluster-A is Paranoid which is marked by heighten doubt regarding others. Such individuals remain suspicious and never trust other because they believe others are planning conspiracies against them. These individuals frequently get jealous of others and have distrust for others. Even in their close relationships including family relationships, such individuals are not willing to show trust as they believe others can cause trouble for them as others are not reliable in their lenses. Paranoid individuals remain in search of digging out others' negativities to validate their own beliefs. They are personally not clear about others but they make projections as if others are against them. Such individuals have siege mentality and they believe as all others dislike them.

Schizoid personality disorder

- The third important disorder of Cluster-A is Schizoid PD. Individuals with this disorder remain socially isolated. Such individuals are cold and less likely to prefer close ties with others. Instead, they live in fantasies and imaginations. Such individuals have absence of desire for social or sexual relationships because they are not comfortable in developing and maintaining social relationships. They like to live in solitude instead of enjoying the company of others and live in fantasies more often instead of facing realities.

Cluster-B. The second important group of disorders in DSM-5 is Cluster-B which comprised of four personality disorders.

Borderline personality disorder

- The first personality disorder listed in Cluster-B is Borderline PD. Individuals with this disorder never like to have middle ground position in daily life. They are always found to be pole oriented who remain on extremes. Due to their impulsive nature, such individuals switch from one extreme to the other and do not adopt a moderate standing over issues. Such individuals are emotionally instable and have less inclination towards positive and consistent interpersonal relationships. In social situations, such individuals have skewed opinions which in most of the scenarios are not liked by people. Their live and hate has no boundaries as they are unable to maintain an equilibrium in their likes and dislikes.

Histrionic personality disorder

- The second personality disorder in Cluster-B is histrionic PD which is marked by rapid mode swings and the intense need to be the "center of attention" for which even some odd, socially inappropriate and rebellion activities are performed. Such individuals are attention seekers. Such individuals have high risk taking tendencies and they take sometimes dangerous risks to catch the attention of others. They like to live an anti-thesis life which, according to them, can make them unique and distinguished among the rest of people. Their moods are highly unpredictable and they switch from one mode state to the other without any solid reason.

Antisocial personality disorder

- The third important personality disorder in Cluster-B is antisocial PD. Its nomenclature indicates its nature as individuals with this disorder disobey rules, norms, and social standards of a society in which they live. Due to the lack of emotional empathy, such individuals create troubles for others. They insensitive towards the feelings and emotions of others. Unlike other disorders, traces of traces of this disorder are obvious in childhood. Such individuals have hostility and revenge intentions. They are sadist and their sole pleasure is to create disturbance for others and enjoying the situations. They do not take care of what they are doing with others and enjoying others' miseries is their favorite hobby. They are free from guilt complex and do not bother to re-evaluate their negative decisions.

Narcissistic personality disorder

- The fourth important personality disorder in Cluster-B is narcissistic PD. Individuals with this disorders have greater self-love and exaggerated sense of self-importance. Such individuals are self-centered and demanding due to which they have poor interpersonal relationships. Lack of empathy is also an important feature of this disorder. Such individuals like to remain the center of attention in all social scenarios. Mostly individuals are unable to meet the expectations of such individuals because their demands keep on increasing. They believe as if the world more around them and they are special people who should be given special treatment. They expect more and do less for others as they believe they deserve it what others do for them.

Cluster-C. The third important group of disorders in DSM-5 is Cluster-C which comprised of four personality disorders.

Avoidant personality disorder

- The first personality disorders listed in Cluster-C is avoidant personality disorder which is marked by excessive avoidance in daily life. Such individuals postpone their responsibilities. Such individuals are indecisive and decision delay is their salient personality characteristic. These individuals are unable to take professional responsibilities and often postpone their duties. They are reluctant to do anything because they want to avoid criticism and rejection from others. Such individuals have heightened feeling of inferiority and like to remain socially isolated.

Dependent personality disorder

- The second important personality disorder in Cluster-C is dependent personality disorder. In this disorder, individuals are unable to take initiative at their own. They excessive depend upon others for their miner decisions. The dependence is often non-functional but due their personality structure, such individuals do not change their habit of depending upon others. Such individuals are submissive and lack confidence. Such individuals believe as if others are more reliable, credible and authentic, therefore they feel an obligation to follow others. Such individuals lack in personal growth initiative and do not have courage to take bold steps in life.

Obsessive-compulsive personality disorder

- The third important personality disorder in Cluster-C is obsessive compulsive personality disorder. This disorder is marked by repetitive behaviors with a pre-disposed compulsion to do them again and again. Due to thought malformations, they are unable to get rid of such behaviors. Such individuals are inflexible and have rigid patterns of behaviors. Such individual just label things as good or bad and just stick to their decisions instead of evaluating thing independently. Their rigid demands from their relationships make them isolated and their relationships are often disturbed. Such individuals have rigid rules and standards to live life.