The Young Schema Questionnaire Short Form 3 (YSQ-S3): does the new four-domains model show the best fit?

Matteo Aloisi1,3, Marianna Rania1,3, Raffaella Sacco1, Barbara Basile4, and Cristina Segura-Garcia1,3

1 Department of Health Sciences, University Magna Graecia, Catanzaro (Italy).
2 Department of Medical and Surgical Sciences, University Magna Graecia, Catanzaro (Italy).
3 Center for Clinical Research and Treatment of Eating Disorders, University Hospital Mater Domini, Catanzaro (Italy).
4 Association of Cognitive Psychology, School of Cognitive Psychotherapy, Rome (Italy).

Abstract: The existence of early maladaptive schemas (EMS) is the core concept of Schema Therapy (ST). Several studies have demonstrated that EMSs are involved in many psychiatric disorders. The Young Schema Questionnaire is a self-report measure developed to assess the 18 EMSs and has long form (YSQ-L) and short form (YSQ-S) versions. It is currently in its third version (YSQ-S3). To the best of our knowledge, this is the first study that aims to validate the Italian version of YSQ-S3 according to the new proposed organization of EMSs into four domains. A non clinical sample of 1372 Italian population was involved in this research. Confirmatory Factor Analysis (CFA) was conducted to examine the latent structure of the YSQ-S3, including both first- and second-order structures. McDonald’s omega and intra-class correlation coefficients were calculated to evaluate internal consistency and test-retest reliability. Correlations between the YSQ-S3 and anxiety and mood symptoms were calculated to measure construct validity.

McDonald’s omega of almost all EMSs were higher than 0.7, which indicated good internal reliability, and test-retest reliability was excellent. CFA supports the new proposed organization of EMSs into four domains. Regarding concurrent validity, each schema in the YSQ-S3 was highly correlated with anxiety and mood symptoms. The new four-domains model of the YSQ-S3 has demonstrated that it can be a useful and valid tool for clinicians and researchers in the self-report measurement of EMSs.

Keywords: Schema Therapy; early maladaptive schema; Young Schema Questionnaire; Italian validation; psychometric properties.

Introduction

Schema Therapy (ST) is a recent integrative approach sharing different elements with Cognitive Behavioral Therapy, Gestalt Therapy, Object Relations Theory, Attachment Theory and Transactional Analysis (Young, Klosko, & Weishaar, 2003).

The concept of early maladaptive schemas (EMS) is the core of ST. Young and colleagues defined EMSs as “extremely stable and enduring themes, comprised of memories, emotions, cognitions, and bodily sensations regarding oneself and one’s relationship with others that develop during childhood and are elaborated on throughout the individual’s lifetime, and that are dysfunctional to a significant degree” (Young et al. 2003). According to the ST model, psychiatric disorders result from the development, in childhood, of EMSs in response to unmet emotional needs. In recent years, many studies have shown that EMSs are involved in many psychiatric diseases such as personality disorders (Sempéretgui, Karreman, Arntz, & Bekker, 2013), affective disorders (Davoodi et al., 2018; Hawke, Provencher, & Arntz, 2011), obsessive-compulsive disorder (Basile, Tenore, Luppino, Mancini, & Basile, 2017; Voderholzer et al., 2014), social phobia (Calvete et al. 2013; Pinto-Gouveia et al. 2006), eating disorders (Pugh, 2015), substance abuse (Shorey, Anderson, & Stuart, 2013), and psychosis (Stowkowy et al., 2016).

The Young Schema Questionnaire (YSQ; Young & Brown, 1990) is a self-report measure developed to assess EMSs and consists of a long form (YSQ-L) and a short form (YSQ-S). The YSQ-S is made up of 90 items, representing the 18 EMSs defined by the authors, and it was created for...
research aims due to its faster administration than the long version (Young et al. 2003). In Young’s (2003) theory, EMSs are organized into five domains: disconnection/rejection, impaired limits, overvigilance/inhibition, impaired autonomy/performance and other-directedness, but more recently Bach and colleagues (2018) have found a better fit in a model with four domains: disconnection & rejection, impaired autonomy & performance, excessive responsibility & standards, and impaired limits.

Currently, the YSQ is in its third version (YSQ-S3) (Young, 2005), but to the best of our knowledge, this is the first study that aims to validate the Italian version of YSQ-S3 according to the new proposed organization of EMSs into four domains (Bach, Lockwood, & Young, 2018).

Therefore, the purpose of this study is to examine the factor structure of the YSQ-S3 in a non-clinical Italian population by means of confirmatory factor analysis (CFA), and also to explore the internal consistency, test-retest reliability and concurrent validity of the YSQ-S3, using measures of depression and anxiety for concurrent validity assessment.

Methods

Participants and procedure

Students at the School of Medicine, Nursing Sciences and Sociology from the University “Magna Graecia” of Catanza (Italy), and seniors from 14 high schools from 6 different cities in Calabria (Southern Italy) were given the opportunity to participate to the study. The aim of the research was described on the Facebook page of the Ambulatory for Clinical Research and Treatment of Eating Disorders of Catanza (Italy). Through an anonymous online survey, the participants completed an informed consent form and the questionnaires. Anonymity was guaranteed using a nickname (formed by at least 8 alphanumeric and symbols characters) that participants used both in the first (test) and in the second administration (retest) of the tests.

The final sample consisted of 1372 participants (N=846; 61.7% women) with mean age 19.45 ± 2.7 years old; 929 (67.7%) participants had middle school diploma while 443 (32.3%) had high school diploma. No differences were evident between males and females (respectively 19.3 ± 2.8 and 19.5 ± 2.5; τ= 1.592; p= .112). All participants were Caucasian.

The retest was made available to participants three weeks later for a week; overall, 892 (65%) participants completed a retest after 24.4±3.5 days.

The research was conducted from March 2017 to May 2018.

Instruments

Young Schema Questionnaire S3 (YSQ-S3)

The authors made a double Italian/English forward/backward translation of the YSQ-S3 as follows: once an initial agreement was reached among translators from English to Italian, another researcher, blind to this original version, made the translation back into English. After verifying the similarity with the original test, the YSQ-S3 was given to a small group of 20 volunteers who evaluated the comprehensibility of the items. All raters considered it to be clear and easy to rate.

The YSQ-S3 is made up of 90 Likert type items ranging from 1 (completely untrue for me) to 6 (describes me perfectly) written to assess the presence of the 18 EMSs (Appendix 1).

Beck Depressive Inventory (BDI)

Depressive symptoms were measured using the Italian version of the BDI (Ghisi et al. 2006), which consists of 21 multiple-choice items, rated from 0 to 3. Scores between 0–9, 10–16, 17–29 and ≥ 30 respectively indicate minimum, mild, moderate and severe depression. Cronbach’s alpha in the present research was .886.

State-Trait Anxiety Inventory (STAI)

The Italian version is made up of 40 items and assesses state (STAI-St) and trait (STAI-Tr) anxiety (Pedrabissi and Santinello 1989). In this study, we examined only STAI-Tr and the Cronbach’s alpha was .934.

Data analyses

Different CFAs were conducted using M-plus (Muthén and Muthén 1998-2015) to examine the best latent structure of the YSQ-S3, including both first- and second-order structures. Firstly, we examined a correlated first-order 18-factor structure, corresponding to the 18 hypothetical EMSs; secondly, we tested a second-order 5-factor structure corresponding to the five domains proposed by Young et al. (2003); finally, we tested a second-order 4-factor structure corresponding to the new organization of EMSs into four domains proposed by Bach et al. (2003).

The weighted least square mean and variance adjusted (WLSMV) method was used to estimate the parameters, because it provides the best option for modelling categorical or ordered data (Brown, 2006).

The Tucker-Lewis Index (TLI), The Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), Standardized Root Mean Squared Residual (SRMR) and relative chi-square ($\chi^2$/df) were used to assess the goodness of fit of data to a proposed model. For TLI and CFI, values of 0.90 and above were considered adequate,
whereas values of 0.95 or above were considered very good; for RMSEA values of 0.08 and below was considered adequate and 0.05 or less very good; for SRMR a cut-off value close to 0.08 was considered adequate. Values of $\chi^2/df < 3.0$ are good and those $<2.0$ are very good. The levels of these indices were evaluated according to the recommendations of Hu and Bentler (1999).

The McDonald’s $\omega$ reliability coefficient was calculate using JASP open-source software (JASP, Version 0.9.2, University of Amsterdam, The Netherlands).

The intra-class correlation coefficient (ICC) along with the 95% confidence interval (CI) was run to calculate test-retest reliability. According to Cicchetti’s suggestions, we considered that ICC $<.40$, $0.40–.59$, $0.60–.74$, and $.75–1.00$ respectively indicate that the level of clinical significance was poor, fair, good and excellent (Cicchetti, 1994).

### Results

#### Confirmatory factor analysis

The fit indices of the three CFA models tested are shown in Table 2. It is evident that some of the fit indices of these models do not meet the cutoff to define a model as valid (i.e. $\chi^2/df$, CFI, TLI). However, the distributions of fit indices are affected by different conditions such as the sample size and the distribution of the data (Yuan, 2005). Therefore, cutoffs of fit indices cannot be considered the only way to evaluate a model’s validity. For this reason, low fit indices do not necessarily indicate a poor fit. McNeish et al. (2018) suggested evaluating the validity of factor models not only on goodness of fit indices, but also with factor loadings that represent the quality of measurement of latent variables. In fact, according to the reliability paradox, it can be observed that models with low factor loadings could have better fit indices than model with high factor loadings (Hancock & Mueller, 2011).

Based on these recommendations, the second-order model with four factors has the highest factor loadings when compared with the other two models (as displayed in figure 1).

#### Table 1. Descriptive statistics of the 18 EMSs of YSQ-S3 ($N=1,372$).

<table>
<thead>
<tr>
<th>Emotion</th>
<th>Mean (SD)</th>
<th>McDonald’s $\omega$</th>
<th>ICC 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional deprivation</td>
<td>1.8 (1.0)</td>
<td>.843</td>
<td>.914 (.895–.930)</td>
</tr>
<tr>
<td>Abandonment</td>
<td>2.4 (1.2)</td>
<td>.833</td>
<td>.894 (.872–.914)</td>
</tr>
<tr>
<td>Mistrust/Abused</td>
<td>2.5 (1.2)</td>
<td>.850</td>
<td>.899 (.870–.922)</td>
</tr>
<tr>
<td>Social isolation</td>
<td>2.2 (1.2)</td>
<td>.855</td>
<td>.907 (.884–.926)</td>
</tr>
<tr>
<td>Defectiveness</td>
<td>1.8 (1.0)</td>
<td>.877</td>
<td>.905 (.885–.923)</td>
</tr>
<tr>
<td>Failure</td>
<td>1.9 (1.1)</td>
<td>.893</td>
<td>.943 (.930–.953)</td>
</tr>
<tr>
<td>Dependence</td>
<td>1.7 (0.8)</td>
<td>.760</td>
<td>.814 (.774–.849)</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>1.9 (1.0)</td>
<td>.779</td>
<td>.891 (.867–.911)</td>
</tr>
<tr>
<td>Enmeshment</td>
<td>1.8 (0.8)</td>
<td>.698</td>
<td>.802 (.749–.845)</td>
</tr>
<tr>
<td>Subjugation</td>
<td>1.8 (0.9)</td>
<td>.764</td>
<td>.875 (.849–.899)</td>
</tr>
<tr>
<td>Self-sacrifice</td>
<td>3.1 (1.2)</td>
<td>.819</td>
<td>.819 (.724–.876)</td>
</tr>
<tr>
<td>Emotional inhibition</td>
<td>2.5 (1.2)</td>
<td>.815</td>
<td>.897 (.875–.917)</td>
</tr>
<tr>
<td>Unrelenting standards</td>
<td>3.1 (1.1)</td>
<td>.699</td>
<td>.799 (.762–.856)</td>
</tr>
<tr>
<td>Entitlement</td>
<td>2.7 (1.1)</td>
<td>.744</td>
<td>.755 (.665–.819)</td>
</tr>
<tr>
<td>Insufficient self-control</td>
<td>2.3 (1.0)</td>
<td>.769</td>
<td>.847 (.814–.876)</td>
</tr>
<tr>
<td>Approval-seeking</td>
<td>2.4 (1.1)</td>
<td>.819</td>
<td>.896 (.869–.918)</td>
</tr>
<tr>
<td>Negativism</td>
<td>2.4 (1.2)</td>
<td>.840</td>
<td>.890 (.860–.914)</td>
</tr>
<tr>
<td>Self-punitiveness</td>
<td>2.4 (1.0)</td>
<td>.784</td>
<td>.827 (.771–.869)</td>
</tr>
</tbody>
</table>

#### Table 2. Fit indices of the tested models.

<table>
<thead>
<tr>
<th>Type of model</th>
<th>$\chi^2/df$</th>
<th>CFI</th>
<th>TLI</th>
<th>RMSEA (90% CI)</th>
<th>SRMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threshold for good models</td>
<td>$\leq 2$</td>
<td>$\geq .95$</td>
<td>$\geq .95$</td>
<td>$\leq .05$</td>
<td>$\leq .05$</td>
</tr>
<tr>
<td>Threshold for acceptable models</td>
<td>$\leq 3$</td>
<td>$\geq .90$</td>
<td>$\geq .90$</td>
<td>$\leq .08$</td>
<td>$\leq .08$</td>
</tr>
<tr>
<td>18 correlated first-order factors</td>
<td>5.028</td>
<td>7.901</td>
<td>7.764</td>
<td>0.054 (0.033–0.055)</td>
<td>0.073</td>
</tr>
<tr>
<td>(Young’s schemas)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 correlated second-order factors</td>
<td>5.621</td>
<td>7.515</td>
<td>7.434</td>
<td>0.058 (0.057–0.059)</td>
<td>0.076</td>
</tr>
<tr>
<td>(Young’s revised theory, 2003)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 correlated second-order factors</td>
<td>5.556</td>
<td>7.754</td>
<td>7.746</td>
<td>0.058 (0.057–0.059)</td>
<td>0.080</td>
</tr>
<tr>
<td>(Bach et al., 2018)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$\chi^2/df$: relative chi-square; CFI: Comparative Fit Index; TLI: Tucker–Lewis Index; RMSEA (90% CI): Root Mean Square Error of Approximation (90% confidence interval); SRMR: Standardized Root Mean Square Residual.
Sources of validity evidence evidence of internal structure

As displayed in Table 3, all 18 EMSs were significantly correlated with the BDI (ranging from .143 for Unrelenting

| Table 3. Correlations between the 18 EMSs of the YSQ-S3 with BDI and STAI. |
|                | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| BDI             | .809**   - |
| STAI            |    -   .573** .559** - |
| Abandonment     |    -   .552** .641** .583** - |
| Mistrust/Abused |    -   .593** .622** .641** .717** - |
| Social isolation|    -   .653** .665** .691** .609** .710** - |
| Defectiveness   |    -   .656** .633** .734** .618** .646** .763** - |
| Failure         |    -   .650** .726** .602** .574** .531** .643** .715** - |
| Dependence      |    -   .589** .640** .555** .578** .494** .586** .671** .762** - |
| Vulnerability   |    -   .575** .607** .529** .595** .589** .580** .592** .616** .629** - |
| Enmishment      |    -   .434** .466** .453** .498** .474** .487** .493** .518** .626** .692** - |
| Subjugation     |    -   .635** .658** .623** .644** .590** .634** .673** .682** .719** .641** .648** - |
| Self-sacrifice  |    -   .373** .370** .362** .549** .546** .418** .332** .371** .342** .374** .415** .456** - |
| Emotional inhibition | .440** .477** .527** .485** .618** .666** .607** .507** .461** .495** .418** .542** .389** - |
| Unrelenting standards | .143** .141** .365** .457** .559** .454** .381** .320** .314** .407** .377** .388** .563** .522** - |
| Entitlement     |    -   .261** .283** .395** .462** .567** .496** .380** .348** .391** .437** .417** .446** .467** .477** .665** - |
| Insufficient self-control | .530** .610** .544** .579** .600** .609** .568** .672** .641** .584** .505** .640** .427** .543** .488** .617** - |
| Approval-seeking | .362** .468** .447** .548** .557** .471** .452** .466** .471** .532** .475** .563** .431** .435** .536** .595** .623** - |
| Negativism      |    -   .707** .768** .589** .684** .715** .611** .616** .615** .575** .751** .504** .606** .507** .548** .540** .509** .635** .605** - |
| Self-punitiveness | .351** .343** .486** .495** .530** .529** .532** .503** .481** .485** .423** .527** .439** .479** .590** .475** .522** .521** .601** - |

*p < .05, **p < .001 BDI: Beck Depression Inventory, STAI: State Trait Anxiety Inventory.
Discussion

The aim of the present research was to validate the new four-domain model of the YSQ-S3 in a large non-clinical sample. Recently, several studies have investigated the role of each EMS in the psychiatric disorders; for this reason, having a psychometrically valid assessment tool tested in a non-clinical sample is necessary and very useful.

Our results indicate that this version of the YSQ-S3 is a solid tool with good psychometric properties, in particular good reliability and excellent test-retest reliability. Furthermore, the McDonald's ω of almost all EMSs were higher than 0.7, which indicated good internal reliability. However, Unrelenting Standards and Enmeshment had slightly less than good internal consistency, although they were still within the adequate range. The low reliability coefficients of these two EMSs were similar to previous versions in other languages (Calvete, Orue, & González-Diez, 2013; Hawke & Provencher, 2012; Soygüt, Karaosmanoğlu, & Cakir, 2009), so it seems that our version of YSQ-S3 has good enough reliability to be used without serious revision.

Regarding the CFAs, previous validation studies of YSQ-S3 have tested the latent factor structure of the questionnaire and they found mixed results. In fact, some researchers have centered their interest on the first-order factors. However, Unrelenting Standards and Enmeshment had slightly less than good internal consistency, although they were still within the adequate range. The low reliability coefficients of these two EMSs were similar to previous versions in other languages (Calvete et al. 2013; Kriston et al. 2012; Sakulsripasert et al. 2016). These discrepancies in the factor structures may be for different reasons, such as translation problems, the sample used in the research or cultural differences.

In our study, although some model fit indices were not good, factor loadings appeared robust. In fact, even if the first-order factors model showed the best fit, some loadings of the 90 items did not appear to be significant for the corresponding EMS. Instead, in the second-order model, the factor loadings of all the four domains on their EMSs were significant. Therefore, this last model was chosen, as it showed more adequate measurement properties than the other two models.

Regarding concurrent validity, each schema of the YSQ-S3 was highly correlated with BDI and STAI-Tr scores, and this result is consistent with the versions of the YSQ-S3 in other languages (Lee et al. 2015; Soygut et al. 2009). This finding is not surprising; in fact, the EMSs are well known to be implicated in depressive and anxiety symptoms (Davoodi et al. 2018; Rezaei et al. 2016). For this reason, some researchers have proposed that ST should be also applied in the treatment of mood and anxiety disorders (Hawke & Provencher, 2011; Malogiannis et al., 2014).

Our results should be interpreted with caution due to certain limitations. First, in the present study, all data were obtained via online questionnaires. On one hand, this allows for recruitment of a large number of participants, but on the other hand it could lead to a selection or response bias (Mayr et al., 2012). Second, our sample is composed of a large non-clinical population, so caution is needed in generalizing our findings. There are various reasons why we feel our choice was justified. First, the validation of a test in a foreign language has the aim to demonstrate that the new version matches with the original one, whose validity has been already demonstrated by the authors of the test. In addition, many studies regarding YSQ-S3 validations in other languages have used sample with student populations (Calvete et al. 2013; Lee et al. 2015; Sakulsripasert et al. 2016). Nevertheless, we believe that further studies with a clinical sample of Italian patients are necessary to replicate and extend the present results. Finally, our study being based on self-report questionnaires could be subject to some limits as reduced introspective ability of respondents, social desirable answers, response bias or sampling bias. However, self-report scales allow a ‘cheap’ way in terms of both time and cost of obtaining data; furthermore, they can be used to measure constructs that would be difficult to obtain with behavioral or physiological measures.

Despite these limitations, the strength of our research is that this is the first study that tests the new four-domain model recently proposed by the authors (Bach et al. 2018), which has received little attention to date.

Conclusions

Summing up, the Italian version of the YSQ-S3 has demonstrated sound psychometric properties such as good internal consistency and excellent test-retest reliability. In addition, the present study supports the new proposed organization of EMSs into four domains. Thus, this study has shown that the Italian version of YSQ-S3 can be a useful and valid tool for clinicians and researchers in the self-report measurement of EMSs.

Acknowledgments.- The authors are grateful to all partakers who accepted to participate in this research.

References


Appendix 1. Italian version of YSQ–S3 - 90 item

Istruzioni

Di seguito è presentata una serie di affermazioni con cui è possibile descrivere se stessi. Per ogni singola affermazione indichi quanto accuratamente la descrive durante gli ultimi anni. Quando non si sente sicuro/a, basi la sua risposta su cosa sente a livello emotivo e non su ciò che pensa possa essere giusto o sbagliato in generale. Alcune affermazioni si riferiscono alla relazione con i suoi genitori o con un eventuale partner. Se una (o più) di queste figure è deceduta, per favore risponda considerando la vostra relazione quando erano in vita. Se attualmente non ha un partner, ma ne ha avuti in passato, per favore risponda considerando la relazione significativa più recente.

1 = Completamente falso; 2 = Quasi del tutto falso; 3 = Un po' più vero che falso; 4 = Abbastanza vero; 5 = Quasi del tutto vero per me; 6 = Mi descrive perfettamente

1. Non ho avuto qualcuno che si prendesse cura di me, che mi rendesse partecipe della propria vita o avesse veramente a cuore ciò che mi accade 1 2 3 4 5 6
2. Mi sembra che le persone che amo hanno sempre la mia vita sotto controllo 1 2 3 4 5 6
3. Sento che gli altri approfitteranno di me 1 2 3 4 5 6
4. Non mi sento socialmente adeguato 1 2 3 4 5 6
5. Nessun uomo/donna che desidero potrebbe amarmi dopo aver visto i miei difetti o le mie debolezze 1 2 3 4 5 6
6. Quasi nulla di quello che faccio al lavoro (o nello studio) va bene quanto ciò che sanno fare gli altri 1 2 3 4 5 6
7. Non mi sento in grado di cavarmela da solo/a nella vita di tutti i giorni 1 2 3 4 5 6
8. Non riesco a liberarmi dalla sensazione che qualcosa di brutto stia per accadere 1 2 3 4 5 6
9. Non sono riuscito a separarmi dai miei genitori come sembrano fare le altre persone della mia età 1 2 3 4 5 6
10. Penso che se facessi quello che voglio mi mettere in guai 1 2 3 4 5 6
11. Sono quello che solitamente finisce con il prendersi cura delle persone care 1 2 3 4 5 6
12. Sono troppo controllato per mostrare agli altri i miei sentimenti positivi verso di loro (e l'affetto che provo, il far vedere che ci tengo) 1 2 3 4 5 6
13. Devo essere il/la migliore nella maggior parte delle cose che faccio; non accetto di essere secondario/a a nessuno 1 2 3 4 5 6
14. Ho molti problemi ad accettare un “no” come risposta quando voglio qualcosa dagli altri 1 2 3 4 5 6
15. Sembra che non riesca ad impormi la disciplina necessaria per portare a termine compiti routinari e noiosi 1 2 3 4 5 6
16. Avere soldi e conoscere persone importanti mi fa sentire di valore 1 2 3 4 5 6
17. Anche quando le cose sembrano andare bene, sento che sarà solo per poco 1 2 3 4 5 6
18. Sono troppo controllato per mostrare agli altri i miei sentimenti positivi verso di loro (e l'affetto che provo, il far vedere che ci tengo) 1 2 3 4 5 6
19. Ho talmente bisogno degli altri da temere di non essere affidato/a 1 2 3 4 5 6
20. Ho talmente bisogno degli altri da temere di perderli 1 2 3 4 5 6
21. Sento di non poter abbastanza in presenza degli altri, perché altrimenti mi ferirebbero intenzionalmente 1 2 3 4 5 6
22. Sono radicalmente diverso/a dagli altri 1 2 3 4 5 6
23. Nessun uomo/donna che desidero potrebbe prendere sul serio la mia vita 1 2 3 4 5 6
24. Sono incapace nel raggiungimento degli obiettivi 1 2 3 4 5 6
25. Mi ritengo una persona dipendente dagli altri per quanto riguarda lo svolgimento delle attività quotidiane 1 2 3 4 5 6
26. Sento che, in qualunque momento potrebbe colpirmi un disastro (naturale, criminale, finanziario o medico) 1 2 3 4 5 6
27. Io e i miei genitori tendiamo ad essere troppo coinvolti nelle vite e nei problemi reciproci 1 2 3 4 5 6
28. Sento che non ho una storia di successo, non è mai andato per me 1 2 3 4 5 6
29. Sono una brava persona perché penso agli altri più che a me stesso/a 1 2 3 4 5 6
30. Trovo imbarazzante esprimere i miei sentimenti agli altri 1 2 3 4 5 6
31. Cerco sempre di fare del mio meglio, non mi accontento di fare abbastanza 1 2 3 4 5 6
32. Sono speciale e non dovrei accettare molti dei divieti o delle restrizioni imposte dagli altri 1 2 3 4 5 6
33. Se non riesco a raggiungere un obiettivo, divento facilmente frustrato/a e mi tiro indietro 1 2 3 4 5 6
34. Il raggiungimento di un risultato assume maggior valore per me se gli altri lo notano 1 2 3 4 5 6
35. Se qualcosa di bello accade, mi preoccupo perché è probabile che sia seguito da qualcosa di brutto 1 2 3 4 5 6
36. Se non faccio del mio meglio, devo aspettarmi di fallire 1 2 3 4 5 6
37. Non ho sentito di essere speciale per nessuno 1 2 3 4 5 6
38. Sento che le persone che amo possono lasciarmi o abbandonarmi 1 2 3 4 5 6
39. Sono troppo controllato per mostrare agli altri i miei sentimenti positivi verso di loro (e l'affetto che provo, il far vedere che ci tengo) 1 2 3 4 5 6
40. Non ho sentito di essere speciale per nessuno 1 2 3 4 5 6
41. Non merito l'amore, l'attenzione e il rispetto degli altri 1 2 3 4 5 6
42. Mi sento isolato/a, non appartenente a nessuna comunità sociale 1 2 3 4 5 6
43. Mi manca il buon senso 1 2 3 4 5 6
44. Mi preoccupo del fatto di poter essere aggredito/aggredita fisicamente.  
45. È molto difficile, fra me e i miei genitori, mantenere il riserbo sui dettagli intimi della nostra vita senza sentirci traditi o in colpa.
46. Nelle relazioni, solitamente permetto alle altre persone di avere la meglio.
47. Sono così impegnato ad occuparmi delle persone a cui tengo, da avere poco tempo per me stesso/a.
48. Trovo difficile essere uno spirito libero e spontaneo/a quando ho attorno altre persone.
49. Sento che quello che ho da offrire io è di maggior valore rispetto al contributo degli altri.
50. Odio essere limitato/a o bloccato nel fare ciò che voglio.
51. Faccio molta fatica a sacrificare il piacere o la gratificazione immediata per raggiungere un obiettivo a lungo termine.
52. A meno che non riceva molte attenzioni da parte degli altri, non mi sento importante.
53. Se non faccio bene qualcosa, ne devo pagare le conseguenze.
54. Mi sento sempre al di fuori dei gruppi.
55. Nessuno mi ha mai realmente ascoltato, capito, o è stato in sintonia con i miei reali bisogni ed emozioni.
56. Quando qualcuno a cui tengo si allontana o si distacca da me, mi sento disperato.
57. Sono abbastanza sospettoso/a sulle reali intenzioni degli altri.
58. Mi sento alienato/a o escluso/a dagli altri.
59. Sento di non essere amabile.
60. Non ho il talento di cui è dotata la maggior parte delle persone sul lavoro.
61. Negli incerti di incertezza, non ho avuto accanto una persona forte o di buon senso per darmi delle indicazioni o dei consigli utili.
63. Faccio molta fatica a sacrificare il piacere o la gratificazione immediata per raggiungere un obiettivo a lungo termine.
64. Sento una costante pressione a portare a termine a miei obiettivi e a non lasciare nulla in sospeso.
65. Ho paura di perdere tutti i soldi e finire in rovina.
66. Sono così impegnato ad occuparmi delle persone a cui tengo, da avere poco tempo per me stesso/a.
67. Quando qualcuno a cui tengo si allontana o si distacca da me, mi sento disperato.
68. Sento che quello che ho da offrire io è di maggior valore rispetto al contributo degli altri.
69. Mi preoccupo del fatto di poter essere aggredito fisicamente.
70. Non riesco ad costringermi a fare ciò che non mi piace, anche quando so che è per il mio stesso bene.
71. Indipendentemente dalla ragione per cui ho sbagliato, una volta commesso un errore, dovrei pagarne le conseguenze.
72. Nel lavoro e nello studio, non sono intelligente quanto la maggior parte delle persone.
73. Sono troppo inaccettabile per rivelarmi agli altri o per permettere che mi conoscano a fondo.
74. Qualche volta sono così preoccupato/a di essere lasciato/a da qualcuno che lo allontano io stesso/a.
75. Spesso mi interrogo e rifletto per cercare di scoprare le motivazioni nascoste e i secondi fini delle altre persone.
76. Mi sento sempre al di fuori dei gruppi.
77. Sono troppo inaccettabile per rivelarmi agli altri o per permettere che mi conoscano a fondo.
78. Nellavoro e nello studio, non sono intelligente quanto la maggior parte delle persone.
79. Non mi sento sicuro/a della mia capacità di risolvere i problemi di tutti i giorni.
80. Temo di stare sviluppando una malattia grave anche se non mi è stato diagnosticato nulla da nessun medico.
81. Spesso sento di non avere un'identità separata da quella dei miei genitori o del mio partner.
82. Ho molti problemi a chiedere che i miei diritti vengano rispettati e le mie emozioni siano prese in considerazione.
83. Le altre persone mi vedono come qualcuno che fa troppo per gli altri e non abbastanza per se stesso/a.
84. Nella sfera emotiva, le persone mi giudicano rigido/a.
85. Non riesco facilmente a tirarmi fuori dai guai o a trovare scuse per i miei errori.
86. Sento che quello che ho da offrire io è di maggior valore rispetto al contributo degli altri.
87. Raramente sono stato capace di mantenere una condotta coerente con le mie decisioni.
88. Ricevere molti elogi e complimenti mi fa sentire una persona di valore.
89. Mi preoccupa il fatto che una decisione sbagliata possa portare ad un disastro.
90. Sono una persona cattiva che merita di essere punita.