

Role of Early Maladaptive Schemas on Quality of Life in Eczema Patients

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ABSTRACT

Background: Eczema is a hypersensitive dermatological condition characterized by itching, which can be chronic or recurrent. Consideration of the importance of maladaptive schemas in our understanding of skin patients is somewhat novel. Eczema has a significant influence on patient's quality of life. Individuals with dermatological diseases experience their appearance differently because their aesthetic, communicative, and perceptual functions of the skin are affected. The present study attempted to examine the role of early maladaptive schemas in predicting quality of life in persons with eczema. **Method:** The present study comprised 112 healthy individuals and 108 eczema patients aged 18 to 63, using the purposive sample method. The correlation coefficient was used to measure the relationship between variables. Multiple regression analysis was used in which early maladaptive schemas was treated as predictor and quality of life as the criterion variable. **Result:** In the present study, it has been found that early maladaptive schemas are significantly positively associated with quality of life in persons with eczema. Positive correlation denotes poor quality of life as high score on DLQI indicates poor quality of life and high score on YSQ-S3 indicates higher maladaptive schemas. The observed positive association suggests that increase in early maladaptive schemas is associated with decrease in quality of life. The findings of the study revealed the relative significance of various maladaptive schemas in predicting quality of life. **Conclusion:** The findings of the present study revealed the effect of maladaptive schemas on quality of life in eczema patients. Persons with skin conditions develop negative belief, low self-esteem, and negative self-perception which leads to reduction of pleasurable, increase in psychosocial difficulties, and challenges in daily life activities.

Keywords: Eczema, Early Maladaptive Schemas, Quality of Life

Eczema is a hypersensitive skin condition that is chronic or continually relapsing, with itching as its main symptom. A significant number of additional related characteristics are observed in certain cases. Eczema prevalence has been gradually rising recently, and this trend can be attributed to environmental changes brought on by the world's rapid growth. The increasing tendency also exists in India.

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A person's everyday life quality, as well as an evaluation of their wellness or insufficient wellness, may be referred to as their quality of life. This includes factors like their standard of living and how they interact with their family and community (Lifschitz, 2015). Quality of life is frequently discussed about how a particular illness affects someone's health on a personal level in the context of healthcare. This might be a severe weakness that is not fatal, a fatal sickness that is not terminal, a terminal illness, the expected, normal decline in an elderly person's health, an unanticipated mental/physical deterioration of a family member or friend, or persistent, end-stage illness processes.

The lives of patients are significantly impacted by chronic skin conditions such as atopic eczema. However, compared to other more seriously ill conditions like cancer or heart disease, the impact of chronic skin diseases on quality of life (QOL) is frequently underrated. The influence of eczema on patient's and their family's quality of life is widely recognized. Numerous studies have been done to support this belief.

Early maladaptive schemas are wide, self-sustaining, and harmful life concepts that develop as a result of recurrently negative relationship experiences with significant persons during infancy and adolescence (Young, Klosko, & Weishaar, 2003). Young et al. (2003) defined an early maladaptive schema as a broad, widespread concept or pattern that includes memories, feelings, thoughts, and bodily sensations about oneself and one's relationships with others. The concept or pattern is formed during childhood or adolescence, elaborated across one's lifetime, and is significantly dysfunctional.

Maladaptive schemas have only recently had a role in how we see dermatological patients. In a pioneering investigation, people who suffered from psoriasis and atopic eczema were evaluated for the existence of maladaptive schemas and their connections to suffering from psychological disorders. Results revealed that early maladaptive schemas (EMS) are related to psychological problems in individuals with psoriasis and atopic dermatitis. (Mizara, Papadopoulos, McBride, 2012).

Dermatological problems can have an impact on relationships, jobs, and self-esteem to the same extent as other chronic diseases. Living with a visible skin issue increases the likelihood of having true negative feelings from others (Thompson et al., 2002; Thompson et al., 2010). Eczema has a significant influence on patients' quality of life. The quality of life of those who have eczema is impacted by a wide range of variables. However, fewer studies have been found examining the impact of early maladaptive schemas on the quality of life of eczema patients. Therefore, it is necessary to examine the quality of life and explore the relative significance of various maladaptive schemas in predicting the quality of life of eczema patients. The present study aims to examine the role of early maladaptive schemas in predicting quality of life in persons with eczema.

Objectives of the Study:

1. To determine the relationship between early maladaptive schemas and quality of life in persons with eczema.
2. To examine the role of early maladaptive schemas as a predictor of quality of life in persons with eczema.

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Hypotheses:

The following hypotheses are proposed:

1. There would be an association between early maladaptive schemas and quality of life in persons with eczema.
2. Certain types of early maladaptive schemas would predict the quality of life in persons with eczema.

Sample:

The present study was carried out with 108 patients diagnosed with eczema aged range 18-63 years (mean age=36.51, SD=10.79) by using the purposive sample method. The eczema patients have been taken from Sir Sunderlal hospital, B.H.U. Varanasi, and Ananya skin clinic, Bhikharipur Varanasi. Persons diagnosed with a major illness such as cancer, cardiovascular disease and psychiatric illness and those who were unable to communicate as well as comprehend the questions were excluded from the study.

Research design:

The following study design was utilized to accomplish the research objectives:

The correlation design was used to measure the relationship between different variables. Multiple regression analysis was used in which early maladaptive schemas was treated as predictors and quality of life as the criterion variable.

Measures:

1. **Dermatology Life Quality Index (DLQI):** The DLQI questionnaire, first introduced by Finlay and Khan, in 1994 was used as the study instrument for this study. DLQI is a validated questionnaire that grades QoL by assessing the following domains: (a) physical symptoms and feelings (questions 1 and 2), (b) daily activities (questions 3 and 4), (c) leisure (questions 5 and 6), (d) work/school (questions 7), (e) personal relationships (questions 8 and 9), and (f) treatment (question 10). High scores indicate poor QoL.
2. **Young Schema Questionnaire – Short Version (2005) (YSQ-S3):** Developed by Jeffrey Young in 2005, the YSQ-S3 is a 90-item self-report questionnaire that assesses 18 schemas, viz., emotional deprivation, abandonment, mistrust/abuse, social isolation, defectiveness/shame, dependence, failure to achieve, vulnerability to harm, enmeshment, entitlement, insufficient self-control, subjugation, self-sacrifice, approval-seeking, emotional inhibition, unrelenting standards, pessimism/negativity, self-punitiveness, each consisting of 5 items. Higher scores reflect more maladaptiveness along with the endorsement of the schema.

Analysis of data:

Analyses of the coefficient of correlation were performed to investigate the relationship between early maladaptive schemas and quality of life for persons with eczema. Stepwise regression analysis was done to test whether early maladaptive schemas predict quality of life and also to check the partial effect or percentage of variation of predictor on the criterion.

RESULTS

To determine the association between early maladaptive schemas and quality of life, correlational analysis was calculated which is displayed in table 1.

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Table 1: Summary of the correlational analysis between various schemas and dimensions of quality of life in persons with eczema (N=108).

Maladaptive schemas	Dimensions of quality of life						
	PSF	DA	LA	WS	PR	TR	TDLQI
Emotional deprivation	.602**	.595**	.589**	.672**	.660**	.446**	.770**
Abandonment	.482**	.514**	.577**	.664**	.642**	.372**	.702**
Mistrust/Abuse	.516**	.564**	.534**	.656**	.646**	.368**	.711**
Social isolation	.462**	.526**	.498**	.742**	.748**	.442**	.732**
Defectiveness/Shame	.609**	.572**	.611**	.706**	.663**	.449**	.780**
Failure to achieve	.434**	.535**	.467**	.642**	.608**	.422**	.665**
Dependence/Incompetence	.507**	.592**	.548**	.676**	.665**	.483**	.743**
Vulnerability to harm	.454**	.498**	.527**	.707**	.664**	.373**	.695**
Enmeshment	.456**	.418**	.554**	.518**	.464**	.263**	.584**
Entitlement	.434**	.400**	.514**	.562**	.518**	.315**	.593**
Insufficient self-control	.295**	.312**	.255**	.246*	.212*	.237*	.335**
Subjugation	.539**	.514**	.599**	.618**	.584**	.421**	.707**
Self-sacrifice	.434**	.468**	.447**	.535**	.502**	.348**	.589**
Approval seeking	.270**	.411**	.367**	.465**	.489**	.266**	.487**
Emotional inhibition	.476**	.439**	.558**	.478**	.425**	.367**	.592**
Unrelenting standards	.305**	.314**	.431**	.509**	.475**	.252**	.493**
Pessimism/Negativity	.450**	.465**	.523**	.546**	.515**	.270**	.604**
Self-punitiveness	.394**	.510**	.396**	.533**	.470**	.376**	.574**
Total YSQ-S3	.551**	.588**	.609**	.722**	.691**	.444**	.777**

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

Note: PSF= Physical Symptoms and Feelings, DA= Daily Activities, LA= Leisure Activities, WS= Work/School, PR= Personal Relationships, TR= Treatment, TDLQI= Total DLQI.

(Positive correlation denotes poor quality of life as high score on DLQI indicates poor quality of life and high score on YSQ-S3 indicates higher maladaptive schemas).

Table 1 shows the correlation of early maladaptive schemas with domains of quality of life in the group of persons with eczema. The findings reveal that all the early maladaptive schemas have significant positive correlation with all the dimensions of quality of life. The observed positive association suggests that increase in maladaptive schemas is associated with decrease in quality of life as it has been mentioned that higher scores on dermatology life quality index denote poor quality of life.

Table 2: Summary of stepwise multiple regression analysis using various schemas as predictor and dimensions of quality of life as criterion.

Predictors	R	R ²	R ² Change	F Change	Sig. of F Change	Beta	t-value
Physical symptoms and feelings (criterion)							
Defectiveness/shame	.609	.371	.371	62.485	.000	1.013	5.64**
Social isolation	.650	.422	.051	9.286	.003	-.735	3.88**
Subjugation	.677	.458	.036	6.898	.010	.336	2.62*
Daily activities (criterion)							
Emotional deprivation	.595	.354	.354	58.121	.000	.452	4.73**
Self-punitiveness	.625	.390	.036	6.246	.014	.238	2.49*

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Predictors	R	R ²	R ² Change	F Change	Sig. of F Change	Beta	t-value
Leisure activities (criterion)							
Defectiveness/shame	.611	.373	.373	63.131	.000	.641	3.39**
Subjugation	.639	.409	.035	6.291	.014	.455	3.64**
Social isolation	.679	.461	.053	10.137	.002	-.617	3.33**
Enmeshment	.697	.486	.025	4.932	.029	.232	2.22*
Work/school (criterion)							
Social isolation	.742	.550	.550	129.765	.000	.503	4.28**
Vulnerability to harm	.758	.574	.024	5.888	.017	.285	2.42*
Personal relationships (criterion)							
Social isolation	.748	.560	.560	134.950	.000	.897	10.04**
Emotional inhibition	.763	.582	.022	5.511	.021	-.210	2.34*
Treatment (criterion)							
Dependence/incompetence	.483	.233	.233	32.248	.000	.483	5.67**
Quality of life (composite index) (criterion variable)							
Defectiveness/shame	.780	.609	.609	164.930	.000	.560	5.77**
Subjugation	.793	.629	.021	5.863	.017	.232	2.42*
Insufficient self-control	.804	.646	.016	4.758	.031	.132	2.18*

*p<.05, **p<.01; Higher scores on DLQI denote poor quality of life

Result shown in table 2 indicate that defectiveness/shame is the best predictor of physical symptoms and feelings which contributed 37.1% in total variance (R² change = .371) followed by social isolation 5.1% (R² change = .051) and subjugation 3.6% (R² change = .036).

Regarding daily activities it has been found that emotional deprivation emerged as the best predictor of daily activities in persons with eczema which is contributing 35.4% in the total variance (R² change = .354) followed by self-punitiveness which contributed 3.6% (R² change = .036).

Results further reveal that defectiveness/shame emerged as the best predictor of leisure activities which is contributing 37.3% in the total variance (R² change = .373) whereas the contribution of the other remaining predictors are as follows: subjugation 3.5% (R² change = .035), social isolation 5.3% (R² change = .053), enmeshment 2.5% (R² change = .025).

Results also reveal that social isolation emerged as the best predictor of work/school in persons with eczema which is contributing 55.0% in the total variance (R² change = .550) followed by vulnerability to harm which contributed 2.4% (R² change = .024).

Regarding personal relationships it has been found that social isolation is the best predictor of personal relationships which contributed 56.0% in total variance (R² change = 0.560) followed by emotional inhibition 2.2% (R² change = .022).

Result further revealed that dependence/incompetence is the only predictor of treatment which contributed 23.3% in total variance (R² change = .233).

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Further, in relation to overall low quality of life it has been found that defectiveness/shame emerged as the best predictor of overall low quality of life in persons with eczema which is contributing 60.9% in the total variance (R^2 change = .609) followed by subjugation, and insufficient self-control which contributed, 2.1% and 1.6% respectively (R^2 change = .021, R^2 change = .016, respectively).

DISCUSSION

A person's self-image is largely based on their schemas, which are seen as unchangeable absolute realities. People who possess maladaptive schemas are more likely to have unfavorable psychological effects such as personality disorders, mild shortcomings in personality, long-term emotional diseases like depression and anxiety, as well as psychosomatic diseases (Young, Klosko, Weishaar, 2003). The patient's and his or her family's quality of life is impacted by eczema in all areas of their emotional, social, and physical lives (Van Valburg, Willemsen, Dirven-Meijer, Oranje, Van Der Wouden, Moed, 2011). Eczema significantly lowers patient's QOL as measured by psychological, social, physical, and functional variables since it affects relationships and everyday activities (Coutanceau, Stalder, 2014; Rehal, Armstrong, 2012).

The findings of the correlation analyses reveals that maladaptive schemas were positively correlated with poor quality of life in persons with eczema. It was found that all the maladaptive schemas as well as composite indicators of maladaptive schemas are significantly positively associated with individual as well as composite indicators of poor quality of life. The findings of the present study corroborated with a previous study (Kalaki, 2014). This suggests that the higher the maladaptive schemas present in the individual are associated with poor quality of life.

As far as the relative significance of the various types of schemas in predicting the quality of life is concerned, findings of the stepwise regression analysis revealed that defectiveness/shame has considered to be the best predictor of poor quality of life followed by subjugation and insufficient self-control. The findings of the study revealed that, even if all of the schemas are less or more significant in predicting quality of life, some schemas are comparatively more important than others in this prediction. This also implies that while the existence of all maladaptive schemas may predispose an individual to poor quality of life, the vulnerability to such problems is increased in the presence of defectiveness/shame, subjugation and insufficient self-control. Though evidence supporting the present findings is scant, some studies (Kalaki, 2014; Bidadian, et al., 2011) have supported the differential role of different types of maladaptive schemas in predicting quality of life. Kalaki (2014) found that failure, vulnerability to harm, pessimism and emotional deprivation seemed the best predictors of quality of life. In their study, Bidadian et al. (2011) found that a combination of the characteristics of mistrust/abuse, emotional deprivation, insufficient self-control, failure, and enmeshment maladaptive schemas are appropriate predictors of total quality of life. Given the negative correlation between these schemas and TQOL, they concluded that having these schemas in a person causes a threat to his quality of life and leads to a general decline in it.

The findings of the present study suggest that important components of the schematic structure related to poor quality of life are the belief that one is worthless as a result of feelings of being bad, inferior, or invalid; delay in gratification and determination are difficult for one, and one must cooperate with others in order avoid the feared outcomes. Persons who have a negative self-image (e.g., failure) will handle challenges in daily life

(e.g., responsibilities at work) quite differently than persons who have high confidence in themselves (Judge, Locke, and Durham, 1997).

CONCLUSION

The results of this study extend knowledge of the effect of maladaptive schemas on quality of life in eczema patients. Persons with skin conditions develop negative belief, low self-esteem, and negative self-perception which leads to reduction of pleasurable, increase in psychosocial difficulties, and challenges in daily life activities. The results suggest that eczema patients feel worthless due to feelings of being unacceptable, inferior, or invalid; delay in gratification and perseverance are challenging for them, and they must cooperate with others to prevent unpleasant outcomes. These negative thoughts lower their functioning and quality of life. Description of this study shows that early maladaptive schemas among eczema patients is associated with considerable deterioration in areas of quality of life. The need for a greater understanding of the challenges in interpersonal and social functioning encountered by eczema patients is highlighted by high levels of embarrassment and psychological distress. By focusing on schemas, patients may be better able to relate to others and cope in appropriate ways, which will make them less vulnerable to psychological distress.

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Conflict of Interest

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