

A comparison of personality traits and early maladaptive schemas in individuals with gender dysphoria and non-affected individuals

Elham Alipour-Lish, Ghazal Sadat Pournesaei, Masoume Maleki Pirbazari

Department of Psychology, Rahman Institute of Higher Education, Ramsar, Iran

Abstract

The purpose of the present study was to compare personality traits and early maladaptive schemas in individuals with gender dysphoria and non-affected individuals. The research method was

Correspondence: Ghazal Sadat Pournesaei, Department of Psychology, Rahman Institute of Higher Education, Ramsar, Iran. E-mail: gh.pournesaei@rahman.ac.ir

Key words: early maladaptive schemas, gender dysphoria, personality traits.

Contributions: all the authors made a substantial intellectual contribution, read and approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

Conflict of interest: the authors declare no conflict of interest regarding the publication of this article.

Ethics approval and consent to participate: all ethical principles and professional research standards were fully observed in conducting this study. Given that this research was conducted cross-sectionally using purposive sampling, it did not require approval from an ethics committee.

Informed consent: informed consent was obtained from participants for their involvement in the study, and their information was used with complete confidentiality.

Patient consent for publication: all participants provided informed consent, were fully informed about the study, and their anonymized data was used ethically, following all research guidelines.

Availability of data and materials: data and materials are available from the corresponding author upon request.

Funding: no financial support or funding was received from any organization or institution for this research.

Received: 18 December 2024.

Accepted: 10 February 2025.

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Mental Wellness 2025; 3:20

doi:10.4081/mw.2025.20

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causal-comparative. The research population included individuals referring to medical centers and clinics in Lahijan City in 2023. Using purposive sampling, 30 individuals with gender dysphoria and 30 individuals without an affliction were selected as the research sample. The research instruments included the Short Form Neo-Five Factor Personality Inventory and the Young Schema Questionnaire-Short Form. Data analysis was performed using multivariate analysis of variance using SPSS-23 software. The findings showed that in individuals with gender dysphoria, the personality traits of neuroticism were significantly higher, and the personality traits of agreeableness were significantly lower than in individuals without gender dysphoria ($p < 0.05$). Regarding early maladaptive schemas, individuals with gender dysphoria scored significantly higher than individuals without gender dysphoria in five domains: detachment and exclusion, impaired autonomy and functioning, impaired limitations, other orientation and hypervigilance, and inhibition ($p < 0.05$). According to the findings, it can be concluded that individuals with gender dysphoria face some psychological problems, and special attention should be paid to their psychological health.

Introduction

Gender identity is a psychological state that reflects a person's sense of being male or female. Most people's gender identity is established by the age of 2 or 3 and is usually consistent with the person's anatomical sex. People with gender dysphoria disorder are dissatisfied with the gender they have been assigned and wish to have the body of the opposite sex or for society to view them as individuals of the opposite sex.¹ Important criteria for diagnosing gender dysphoria include the lack of congruence between the gender expressed by the person and the gender they were born with. Also, the duration of such a feeling must be at least 6 months, and in children, it must be such that the child expresses that he or she wishes to belong to the opposite sex, and the person's performance in various academic, occupational, social, and other important areas of life is impaired.²

Usually, in clients with gender dysphoria disorder, several variables are observed in the family relationship space and early developmental conditions that distinguish them from others. This distinction reinforces the assumption that the child's early developmental and communicative framework can provide a quality that leads to the development of gender dysphoria. In addition, various factors are involved in the etiology of this disorder. Biological factors such as prenatal stress, genetic disorders, hormonal problems, neurological problems, and problems related to the central nervous system, as well as some personality traits, can be considered the most important factors in the formation of this disorder.³

Personality is a relatively stable pattern of traits, tendencies, or

characteristics that, to some extent, sustain an individual's behavior. Personality traits are patterns by which we can evaluate a person. Personality forms the basis of an individual's behavioral system and can reveal certain aspects of an individual's performance in different contexts. Each personality type is the product of a specific interaction between several cultural and personal forces, such as peer group, parental hereditary and genetic factors, social class, culture, and living environment. In other words, each type has specific reserves of attitudes and skills to overcome environmental problems and tasks.⁴ Psychologists have presented various approaches to understanding the complexity of human personality, and it seems that the five-factor model of personality is a fundamental model for researchers who are interested in identifying fundamental individual differences in the personality of individuals.⁵ In general, the five-factor model is a comprehensive and complete phenomenology of personality traits that consists of five relatively stable factors: agreeableness (or agreeableness), conscientiousness (or conscientiousness), openness to experience, extraversion, and neuroticism.^{6,7}

Another issue related to people with gender dysphoria is early maladaptive schemas. Early maladaptive schemas are enduring and comprehensive patterns about the self, others, and the world that are cognitive and behavioral ways of viewing and interacting with the world.⁸⁻¹⁰ The developmental roots of early maladaptive schemas lie in adverse childhood experiences. The emotional temperament of the individual in interaction with painful childhood events leads to the formation of schemas. Early maladaptive schemas are self-destructive emotional and cognitive patterns that are repeated throughout life. People with gender dysphoria also have multiple early maladaptive schemas. They see themselves as isolated and rejected by important people in their lives and society. Therefore, they distrust others, feel vulnerable and defective, and have been subjected to emotional abuse and deprivation. Also, they often prioritize the needs of others over their own.

Due to the lack of harmony between the gender identity of people with gender dysphoria and their anatomical sex, these people face many psychological and social complications. These people are under great psychological pressure from their families and society; because the family is not willing to accept such an issue from a cultural, religious, social, political, and economic perspective and resists their child's decision and desire.^{11,12} Considering the above-mentioned cases and the increasing number of complaints about gender identity and requests for gender change in today's society, the researcher in the present study sought to study the psychological factors involved in this action, so this study sought to answer the question of whether the personality traits and initial maladaptive schemas in people with gender dysphoria are different from those without the disease.

Materials and Methods

Study design and participants

The present research method was applied in terms of purpose and causal comparative in terms of methodology. The statistical population of the present study included all individuals referring to medical centers and clinics in Lahijan City in 2023. From this number, using purposive sampling and reviewing the medical records of the clients, and considering that in causal-comparative studies, an acceptable sample size of 30 people has been suggested for each group.¹³ A total of 30 individuals with gender dysphoria who had been diagnosed with gender dysphoria disorder by a psychiatrist and 30 normal individuals without a diagnosis of gender

dysphoria disorder by a psychiatrist were selected, and questionnaires of primary maladaptive schemas and personality traits were distributed among them. The inclusion criteria for the study were being between 25 and 45 years old, having been diagnosed with gender dysphoria by a psychiatrist, and not having any acute mental illnesses that would interfere with conducting the study. Also, none of the participants had previously participated in or been evaluated in a schema therapy program. In this study, all ethical principles and professional research standards were fully observed. Given that this research was conducted cross-sectionally using purposive sampling, it did not require approval from an ethics committee. Additionally, informed consent was obtained from participants for their involvement in the study, and their information was used with complete confidentiality.

Measures

Short Form Neo-Five Factor Personality Inventory

This questionnaire is based on factor analysis of the scores of the long form of the Five Factor Personality Inventory obtained by McCrae and Costa in 1986,¹⁴ and it includes 60 questions. The response is in the form of a five-point Likert scale (strongly agree, agree, no opinion, disagree, strongly disagree) and the scoring method is 0, 1, 2, 3, 4 (taking into account the negative items 6, 9, 11, 12, 14, 15, 18, 21, 23, 26, 34, 30, 36, 41, 42, 44, 45, 48, 51, 56) and measures five major personality dimensions, which are neuroticism (N dimension), extraversion (E dimension), openness (O dimension), agreeableness (A dimension), and responsibility (C dimension). In the neuroticism dimension, a score of 12 to 24 indicates emotional stability, a score of 25 to 48 indicates stable and unstable emotions to a moderate extent, and a score of 49 to 60 indicates anxiety. In the responsibility dimension, a score of 12 to 24 indicates irresponsibility, a score of 25 to 48 indicates moderate responsibility, and a score of 49 to 60 indicates conscientiousness and conscientiousness. In the extraversion dimension, a score of 12 to 24 indicates introversion, a score of 25 to 48 indicates moderate conservatism and a score of 49 to 60 indicates extraversion. In the agreeableness dimension, a score of 12 to 24 indicates incompatibility with others, a score of 25 to 48 indicates moderate agreeableness and a score of 49 to 60 indicates agreeableness and sociability. Costa and McCrae (1992) reported Cronbach's α for the scales of this questionnaire as follows: neuroticism = 0.93, extraversion = 0.90, flexibility = 0.89, agreeableness = 0.95, and conscientiousness = 0.92 (6). Garousi Farshi *et al.*,¹⁵ who conducted the most extensive study on this instrument, confirmed that the short version of NEO has good validity and reliability in the Iranian population. They obtained Cronbach's α reliability coefficients for the neuroticism, extraversion, openness, agreeableness, and conscientiousness factors as 0.87, 0.73, 0.79, 0.82, and 0.80, respectively, and the validity results for the above factors were estimated as 0.68, 0.73, 0.59, 0.69, and 0.75, respectively.

Young Schema Questionnaire-Short Form

The Early Maladaptive Schema Questionnaire (Short Form) is a 90-item questionnaire developed by Young to assess eighteen early maladaptive schemas and is answered on a 6-point Likert scale (totally false = 6 to totally true = 6).¹⁶ These eighteen schemas are: 1 – emotional deprivation, 2 – rejection/abandonment, 3 – distrust/abuse, 4 – social isolation, 5 – deficiency/shame, 6 – failure, 7 – dependence/inadequacy, 8 – vulnerability to harm or illness, 9 – entanglement/trapment, 10 – obedience, 11 – sacrifice, 12 – emotional inhibition, 13 – inflexible standards, 14 – entitlement, and 15 – inadequate self-control and self-discipline, 16 –

attention seeking, acceptance, 17 – negativism, and 18 – punishment. These 18 schemas are placed within five domains corresponding to the primary developmental domains. Several studies have been conducted on the psychometric properties of Young's schema questionnaire. The results of the original version of this questionnaire showed that for each primary maladaptive schema, Cronbach's α coefficient is 0.83, and the test-retest coefficient in a non-clinical population is between 0.50 and 0.82.¹⁶ In the study of Ahi and Divandari,¹⁷ reliability coefficients were between 0.71 and 0.90. Also, the construct validity showed that this questionnaire in the Iranian population includes 11 factors instead of 15, which were named as follows: 1 – deficiency, failure, dependence, obedience; 2 – emotional deprivation; 3 – social alienation; 4 – emotional inhibition; 5 – mistrust, vulnerability; 6 – sacrifice; 7 – abandonment; 8 – undeveloped self; 9 – entitlement; 10 – rigid standards and 11 – insufficient self-discipline.

Statistical analyses

Data analysis was performed using descriptive statistics (frequency, percentage, mean, and standard deviation) and multivariate analysis of variance test using SPSS-24 software (IBM, Armonk, NY, USA) at a significance level of 0.05.

Results

The participants in the present study were 30 individuals with gender dysphoria and 30 normal individuals. The mean and standard deviation of personality traits and early maladaptive schemas are presented in Table 1, separated into two groups.

As can be seen in Table 1, individuals with gender dysphoria score higher than non-diseased individuals on the personality traits of neuroticism and conscientiousness. Individuals with gender

dysphoria also score higher on all primary maladaptive schemas.

As can be seen in Table 2, there is a significant difference between the two groups in the personality traits of neuroticism and agreeableness, as well as the schemas of emotional deprivation, abandonment/instability, distrust/abuse, defectiveness/shame, social isolation/alienation, approval-seeking / recognition-seeking, vulnerability to harm or illness, and emotional inhibition ($p < 0.05$).

Discussion

The findings showed that there was a significant difference between the two groups in the personality traits of neuroticism and agreeableness, as well as maladaptive schemas in five domains: detachment and exclusion, impaired autonomy and functioning, impaired limitations, other-orientation and hypervigilance, and inhibition. These findings are in line with the research of Besharat *et al.*,¹⁸ Anzabdashti *et al.*,¹⁹ Mantashloo *et al.*,²⁰ Mantashloo *et al.*,²¹ Shairi *et al.*,²² Rahimi *et al.*,²³ Madadi *et al.*,²⁴ Mihandoost,²⁵ Rahimi *et al.*,²⁶ Mohajer *et al.*,²⁷ Simon *et al.*,²⁸ Dussin *et al.*,²⁹ Miyajima *et al.*,³⁰ Diana *et al.*,³¹ Steineri *et al.*,³² Mazzillira *et al.*,³³ Klennert,³⁴ Fronte *et al.*,³⁵ and Shalami *et al.*³⁶

In explaining these findings, it should be said that the difficult environmental conditions that these individuals experience in the family and society can play a role in their greater emotional instability and the formation of early maladaptive schemas.³⁷ Families, upon understanding that their child does not accept his or her gender identity and wants to change gender, usually initially deny this issue and then react violently and aggressively. For example, Heydari *et al.*³⁸ showed that denial of reality, divine testing, punishment instead of treatment, lack of support until the child breaks the habit, support out of necessity, and compromise with fate are among the reactions of families when faced with their children's gender dysphoria disorder.¹¹

Table 1. Mean and standard deviation of personality traits and early maladaptive schemas by two groups.

| | | People with gender dysphoria | | Uninfected people | |
|---------------------------|---|------------------------------|------|-------------------|------|
| | | Mean | SD | Mean | SD |
| Personality traits | Extraversion | 39.18 | 1.34 | 41.34 | 1.40 |
| | Neuroticism | | | | |
| | Openness to experience | 51.27 | 1.03 | 32.78 | 1.21 |
| | Conscientiousness | 34.95 | 1.60 | 31.50 | 1.92 |
| | Agreeableness | 49.08 | 1.18 | 48.16 | 1.84 |
| Early maladaptive schemas | Emotional deprivation | 24.60 | 1 | 11.67 | 1.12 |
| | Abandonment/instability | 28.84 | 1.55 | 9.63 | 1.44 |
| | Mistrust/abuse | 28.13 | 1.17 | 16.05 | 1.39 |
| | Social isolation/alienation | 25.69 | 1.28 | 17.48 | 1.74 |
| | Defectiveness/shame | 29.73 | 1.85 | 8.55 | 1.66 |
| | Failure to achieve | 23.31 | 1.10 | 18.90 | 1.05 |
| | Dependence/incompetence | 21.81 | 1.19 | 16.07 | 1.90 |
| | Vulnerability to harm or illness | 25.34 | 1.45 | 12.16 | 1.38 |
| | Enmeshment/undeveloped self | 19.70 | 1.82 | 15.40 | 1.33 |
| | Subjugation | 18.22 | 1.02 | 16.75 | 1.85 |
| | Self-sacrifice | 21.03 | 1.41 | 19.60 | 1.27 |
| | Emotional inhibition | 28.42 | 1.15 | 18.97 | 1.08 |
| | Unrelenting standards/hypercriticalness | 18.30 | 1.87 | 12.33 | 1.89 |
| | Entitlement/grandiosity | 17.81 | 1.53 | 14.26 | 1.26 |
| | Insufficient self-control/self-discipline | 19.73 | 1.49 | 15.44 | 1.58 |
| | Approval-seeking/recognition-seeking | 26.01 | 1.36 | 12.47 | 1.35 |
| | Negativity/pessimism | 24.30 | 1.34 | 18.21 | 1.37 |
| | Punitiveness | 16.22 | 1.60 | 10.07 | 1.82 |

SD, standard deviation.

Table 2. Results of analysis of variance comparing personality traits and early maladaptive schemas in individuals with gender dysphoria and non-affected individuals.

| | Variable | Sum of squares | Df | Mean squares | F | sig |
|---|----------|----------------|----|--------------|-------|-------|
| Extraversion | Group | 8401.28 | 1 | 8401.28 | 9.95 | 0.07 |
| | Error | 3279.96 | 48 | 352.11 | | |
| | Total | | 49 | | | |
| Neuroticism | Group | 13967.72 | 1 | 13967.72 | 18.74 | 0.000 |
| | Error | 6249.35 | 48 | 751.46 | | |
| | Total | | 49 | | | |
| Openness to experience | Group | 8716.67 | 1 | 8716.67 | 9.70 | 0.06 |
| | Error | 3714.73 | 48 | 354.01 | | |
| | Total | | 49 | | | |
| Conscientiousness | Group | 6825.60 | 1 | 6825.60 | 6.21 | 0.11 |
| | Error | 2893.48 | 48 | 301.77 | | |
| | Total | | 49 | | | |
| Agreeableness | Group | 13691.71 | 1 | 13691.71 | 18.28 | 0.02 |
| | Error | 7901.34 | 48 | 693.74 | | |
| | Total | | 49 | | | |
| Emotional deprivation | Group | 11274.62 | 1 | 11274.62 | 14.20 | 0.01 |
| | Error | 5986.37 | 48 | 536.09 | | |
| | Total | | 49 | | | |
| Abandonment/instability | Group | 12644.48 | 1 | 12644.48 | 15.93 | 0.000 |
| | Error | 5347.60 | 48 | 608.23 | | |
| | Total | | 49 | | | |
| Mistrust/abuse | Group | 13284.17 | 1 | 13284.17 | 16.55 | 0.02 |
| | Error | 6380.93 | 48 | 793.26 | | |
| | Total | | 49 | | | |
| Social isolation/alienation | Group | 14253.17 | 1 | 14253.17 | 17.25 | 0.01 |
| | Error | 6493.66 | 48 | 854.50 | | |
| | Total | | 49 | | | |
| Defectiveness/shame | Group | 15260.17 | 1 | 15260.17 | 16.55 | 0.00 |
| | Error | 7934.51 | 48 | 805.63 | | |
| | Total | | 49 | | | |
| Failure to achieve | Group | 7864.99 | 1 | 7864.99 | 8.25 | 0.06 |
| | Error | 2695.57 | 48 | 882.44 | | |
| | Total | | 49 | | | |
| Dependence/incompetence | Group | 8908.64 | 1 | 8908.64 | 10.11 | 0.09 |
| | Error | 4037.60 | 48 | 567.18 | | |
| | Total | | 49 | | | |
| Vulnerability to harm or illness | Group | 13298.72 | 1 | 13298.72 | 15.30 | 0.01 |
| | Error | 6579.21 | 48 | 720.65 | | |
| | Total | | 49 | | | |
| Enmeshment/undeveloped Self | Group | 7416.63 | 1 | 7416.63 | 5.08 | 0.10 |
| | Error | 202.37 | 48 | 194.76 | | |
| | Total | | 49 | | | |
| Subjugation | Group | 6120.54 | 1 | 6120.54 | 6.41 | 0.14 |
| | Error | 263.59 | 48 | 240.36 | | |
| | Total | | 49 | | | |
| Self-sacrifice | Group | 8574.93 | 1 | 8574.93 | 12.86 | 0.08 |
| | Error | 6192.76 | 48 | 657.22 | | |
| | Total | | 49 | | | |
| Emotional inhibition | Group | 13634.84 | 1 | 13634.84 | 15.82 | 0.00 |
| | Error | 6500.31 | 48 | 704.93 | | |
| | Total | | 49 | | | |
| Unrelenting standards/hypercriticalness | Group | 6960.85 | 1 | 6960.85 | 5.72 | 0.13 |
| | Error | 293.14 | 48 | 157.09 | | |
| | Total | | 49 | | | |
| Entitlement/grandiosity | Group | 4523.74 | 1 | 4523.74 | 2.88 | 0.17 |
| | Error | 1834.64 | 48 | 157.42 | | |
| | Total | | 49 | | | |
| Insufficient self-control/self-discipline | Group | 4825.61 | 1 | 4825.61 | 3.18 | 0.17 |
| | Error | 2055.98 | 48 | 108.83 | | |
| | Total | | 49 | | | |
| Approval-seeking/recognition-seeking | Group | 13579.44 | 1 | 13579.44 | 17.82 | 0.01 |
| | Error | 7804.36 | 48 | 849.82 | | |
| | Total | | 49 | | | |
| Negativity/pessimism | Group | 6827.34 | 1 | 6827.34 | 6.41 | 0.12 |
| | Error | 182.69 | 48 | 183.97 | | |
| | Total | | 49 | | | |
| Punitiveness | Group | 8371.85 | 1 | 8371.85 | 9.21 | 0.18 |
| | Error | 40275.54 | 48 | 240.86 | | |
| | Total | | 49 | | | |

Df, degree of freedom; sig, significance.

This way of reacting by families causes the person with gender dysphoria to become involved in depression, anxiety, and even suicidal thoughts without having a supporter.³⁸ Studies have shown that many people with gender dysphoria have at some point considered suicide due to inappropriate behavior from family and society.³⁹⁻⁴¹ On the other hand, social stigma towards these people causes emotional turmoil in them and causes false beliefs to take root in them.⁴² Society usually ridicules and mocks these people and uses words and phrases to devalue them. In addition, rejection by friends and family also occurs in many cases.¹² All of these conditions cause a person with gender dysphoria to experience emotional distress and neuroticism in terms of personality. Also, maladaptive schemas such as imperfection and shame, feelings of inadequacy, rejection and abandonment, social alienation, and vulnerability to harm and illness will be formed in them.

This study also had limitations. The study's cross-sectional design limits the ability to establish causal relationships between the identified factors and the observed psychological outcomes. The sampling method was purposeful and non-random. It is suggested that random sampling methods be used. The findings of the study are limited to individuals referring to medical centers and clinics in Lahijan City in 2023. It is suggested that a study be conducted on individuals in other cities in the future. Additionally, another limitation of this study is that the impact of psychotherapy and counseling as protective factors in reducing the symptoms of gender dysphoria was not assessed.

Conclusions

The present study highlights significant differences in personality traits and maladaptive schemas between individuals with gender dysphoria and non-affected individuals. The findings underscore the impact of environmental and familial factors on emotional instability and the development of maladaptive schemas in this population. By focusing on these aspects, the research contributes to a deeper understanding of the psychological challenges faced by this population. Experiences of rejection, social stigma, and lack of familial support contribute to heightened neuroticism and emotional distress. Addressing these psychosocial factors through targeted interventions and family education can play a critical role in improving the mental health and well-being of individuals with gender dysphoria.

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