

Validity of the Korean Version of the Schema Mode Inventory (SMI)

Younghee Song* and Eunhee Lee**

*Adjunct Professor, Yeungnam University, Daegu, Korea

**Professor, Kyungnam University, Changwon, Korea

E-mail: ehlee@kyungnam.ac.kr

Abstract

This study investigated whether the schema modes have validity in Korean adults. We examined the validity and reliability of the Schema Mode Inventory (SMI) in a Korean adult sample (N = 768; Mean age = 22.29 years; range = 19-55 years; 69.3% Males). Psychometric properties, such as factor structure, internal reliability, as well as intercorrelations among subscales were assessed. Confirmatory factor analyses yield satisfying fits for a 61-item Korean Schema Mode Inventory. Thirteen Schema Mode Inventory scales were found to have adequate reliability of the original 14 schema factors. Furthermore, the SMI scales differentiated between depressed and non-depressed participants as theoretically predicted. These findings imply that the SMI is a sound instrument to measure the schema mode model in a Korean setting for assessment prior to schema therapy.

Keywords: Schema Mode Inventory, Korean Schema Mode Inventory, validity, depressed, non-depressed

1. INTRODUCTION

The Schema therapy (ST) is an integrative and multi-modal approach developed to address deeper levels of cognition and entrenched behaviors that do not respond to first-line treatments [1]. ST blends elements from cognitive-behavioral, attachment, Gestalt, object relations, constructivist, and psychoanalytic schools into a rich, unifying conceptual and treatment model [1]. The ST model emphasizes that all individuals are born with core emotional needs which are present in all children. The interaction between the child's biological temperament and early toxic child experiences are believed to result in the frustration of the basic needs. According to Young et al. [1], schemas develop when core emotional needs go unmet in childhood. Schemas are "self-defeating emotional and cognitive patterns that begin early in our development and repeat through our life". Schema modes are the combination of one or more activated schemas and associated coping reaction [2]. Schema modes are responses to developmental experiences of unmet needs that continue to impact on the individual in later life. ST assumes that particular personality pathology consists of specific combination of maladaptive schema mode. Thus, ST seeks to address these universal core emotional needs by strengthening adaptive schema modes and weakening maladaptive schema modes [1].

Young et al. [1] have identified 10 schema modes that can be 4 categories (Child modes, Dysfunctional Coping modes, Dysfunctional Parent modes, and the Healthy Adult mode). Child modes are innate and universal. Child modes include Vulnerable Child mode, Angry Child mode, Impulsive/Undisciplined Child

Manuscript received: January 29, 2020 / revised: February 23, 2020 / Accepted : February 29, 2020

Corresponding Author: ehlee@kyungnam.ac.kr

[Tel:+82-055-249-2821](tel:+82-055-249-2821)

Professor, Department of Psychology, Kyungnam University

mode, and Happy Child mode. The Happy Child mode is one whose core emotional needs are currently met. Maladaptive Child modes include Vulnerable Child mode, Angry Child mode, and Impulsive/Undisciplined Child mode. They are characterized by strong negative emotions. These modes develop when basic emotional needs were not adequately met on childhood. The Vulnerable Child mode is one who feels sad, frightened, alone or unworthy. The Angry Child mode is one who feels anger, frustration and impatience. The Impulsive/Undisciplined Child mode is one who expresses emotions, acts on desires, and follows natural inclinations from moment to moment in a reckless manner, without regard to possible consequences for the self or others. Dysfunctional Coping modes include Compliant Surrender mode, Detached Protector mode, and Overcompensator mode. These three modes correspond to the three coping styles of surrender, avoidance, and overcompensation. The Compliant Surrender mode submits to the schema, acts in a way that is passive, submissive, approval seeking, or self-deprecating as a way to avoid conflict, confrontation, or rejection. The Detached Protector mode withdraws psychologically from the pain of the schema by using psychological avoidance to numb emotions and feel detached. The Overcompensator mode flights back either by mistreating others or by behaving in extreme ways in an attempt to disprove the schema in a manner that ultimately proves dysfunctional. Dysfunctional Parent modes include Punitive Parent mode and Demanding Parent mode. These modes reflect internalized “voices” from childhood. The Punitive Parent mode punishes one of the child modes for being “bad” and the Demanding Parent mode continually pushes and pressures the child to meet excessively high standards. The Healthy Adult mode performs appropriate adult functions such as working, parenting, and committing. The Healthy Adult mode is the mode we try to strengthen in the therapy by teaching the client to moderate, nurture, or heal the other modes.

The 124-item Schema Mode Inventory [3] was developed to measure schema modes through self-report. A 14-factor model emerged, consisting of six child modes (Vulnerable Child, Angry Child, Enraged Child, Impulsive Child, Undisciplined Child, and Happy Child), five dysfunctional coping modes (Compliant Surrender, Detached Protector, Detached Self-Soother, Self-Aggrandizer, and Bully & Attack), two dysfunctional parent modes (Punishing Parent and Demanding Parent), and the adaptive Healthy Adult Mode. The SMI found to have acceptable internal consistency and test-retest reliability. This inventory is available in English and Dutch language.

Few empirical tests of the mode model’s validity have been conducted. In one of them the 118-item Short Schema Mode Inventory was developed and evaluated [4]. The results of this study demonstrated an adequate fit for 14 factor model of the Dutch SMI and confirmed the good psychometric properties. The same factor structure and good psychometric properties were found for German version of the SMI [5] and Danish version of the SMI [6]. In order to use SMI for schema mode assessment in Korean, we need to examine the factor structure and the psychometric properties of SMI in the Korean culture. The purpose of the present study was to develop a shortened Korean version of the SMI, to assess its psychometric properties.

2. METHOD

2.1 Participants & Procedures

Participants were taken from 5 universities (420 students) and 1 vocational training center (348 trainee) in Yeongnam area. The sample comprised 768 participants [533 males (69.4%) and 235 females (30.6%)] aged from 19 to 55 years (mean = 22.29, SD=3.29). The study was open to individuals who aged over 18 years old, and who were Korean-speaking. Participants were voluntary, and respondents did not receive remuneration. The Schema Mode Inventory scale and Center for Epidemiologic Studies Depression (CES-D) scale were conducted for university students, and The Schema Mode Inventory scale was conducted for vocational trainees.

2.2 Measures

Schema Mode Inventory. Schema Mode Inventory scale, developed by Young et al. [3], was

independently translated into Korean by two bilingual experts in the field, with one of them also having good knowledge of the measure. Any inconsistencies were revised and adjusted by discussing them with two translators. Blind back-translation was performed by another expert, who had spent several years in the America. Furthermore, one native English speaker checked whether the Korean version of the SMI corresponded to the original English version. Discrepancies in the translation were then resolved by discussing them with two translators and one back-translator.

The scale consisted of 124 items on six-point response format. Participants were asked to rate each item based on *how often* they believe or feel each statement in general using the six-point Likert-type frequency scale ranging from *Never or Almost Never* (1) to *All of the time* (6). The scale consisted of 14 schema mode subscales (Vulnerable Child 10 items, Angry Child 10 items, Enraged Child 10 items, Impulsive Child 9 items, Undisciplined Child 6 items, Happy Child 10 items, Compliant Surrender 7 items, Detached Protector 9 items, Detached Self-Soother 4 items, Self-Aggrandizer 10 items, Bully and Attack mode 9 items, Punishing Parent 10 items, Demanding Parents 10 items, and Healthy Adult 10 items). The internal consistency for Schema Mode Inventory subscales within the current sample were .91, .85, .88, .80, .61, .88, .52, .86, .35, .71, .58, .84, .71, and .81, respectively.

Center for Epidemiologic Studies Depression (CES-D). Korean version of the Center for Epidemiologic Studies Depression scale [7] was used to measure depression. The scale contains 20 items on four-point response format to measure self-reported symptoms associated with depression. Participants were asked to rate each item based on *how often* they have felt this way during the last week using 4-point scale ranging from Rarely or none of the time (less than 1 day) (0) to Most or all of the time (5-7 days) (3). A cut-off score of 20 or greater reflects individual in the general population at risk for clinical depression [8]. The internal consistency for Center for Epidemiologic Studies Depression scale within the current sample was .78.

2.3 Statistical Analyses

To test the factorial structural model of the Korean version of SMI Confirmatory Factor Analyses were performed using LISREL 8.8. All other statistical analyses were carried out with SPSS 23.0. Before analysing the factorial structural model of the Korean version of SMI, the dual constraints of unidimensionality and reliability were examined [9]. The four Detached Self-Soother mode items were not used because of low reliability, and the unidimensionality of thirteen schema modes were tested.

Univariate and multivariate normal distribution of Korean version of SMI indicators were tested with the PRELIS 2.80 and the test showed that a non-normal distribution of most of the indicators. Therefore, the robust maximum likelihood method (Satorra-Bentler Chi-square, $S-B\chi^2$) was chosen to assess the model fit. Other fit indexes were used to evaluate model fit: TLI (Tucker-Lewis Index or Non-Normed Fit Index), CFI (Comparative Fit Index), and the RMSEA (Root Mean Square Error of Approximation), and the number and the size of the normalized residuals. Typically, A $S-B\chi^2$ test non-significant is desirable, the value of TLI and CFI should be higher than .90, the value of RMSEA should be lower than .10, and item errors should be uncorrelated with each other indicating a good fit. Additionally, to verify construct validity, a t-test was conducted to compare the thirteen SMI schema mode scores between the depressed group and the non-depressed group.

3. RESULTS

3.1 Unidimensionality of the thirteen SMI subscales

As shown in Table 1, the measurement model of each subscale that selected the final items by removing items with large standard residuals for each subscale showed good model fit. The final measurement model for the Korean version of SMI subscales is presented in Appendix. As can be seen, the model contains 61 of the original 124 items.

Table 1. Assessment of Original Schema Mode Subscales and Respecified Schema Mode Subscales

Scale		items	S-B χ^2	df	p	GFI	TLI	CFI	RMSEA	Normalized residuals>2.58
Vulnerable Child	original	10	2525.02	35	<.001	.524	.368	.509	.31	41(91.1%)
	respecified	5	6.81	5	.24	.995	.991	.996	.02	0(0%)
Angry Child	original	10	1488.89	35	<.001	.668	.402	.535	.23	38(84.4%)
	respecified	5	8.39	5	.14	.994	.982	.991	.03	0(0%)
Enraged Child	original	10	3207.55	35	<.001	.476	.161	.348	.34	40(88.9%)
	respecified	5	6.44	5	.27	.994	.992	.996	.02	0(0%)
Impulsive Child	original	9	152.77	27	<.001	.947	.876	.907	.08	11(30.6%)
	respecified	5	4.85	5	.43	.997	.995	.998	.00	0(0%)
Undisciplined Child	original	6	27.50	9	.001	.985	.938	.963	.05	4(26.7%)
	respecified	4	2.61	2	.27	.998	.991	.997	.02	0(0%)
Happy Child	original	10	163.41	35	<.001	.944	.911	.931	.07	9(20.0%)
	respecified	5	10.93	5	.05	.992	.979	.989	.04	1(10.0%).
Compliant Surrender	original	7	70.83	14	<.001	.968	.765	.843	.07	9(42.9%)
	respecified	4	12.81	2	.002	.991	.875	.958	.08	2(33.3%)
Detached Protector	original	9	196.50	27	<.001	.924	.881	.910	.09	13(36.1%)
	respecified	5	7.52	5	.19	.994	.990	.995	.03	1(10.0%)
Self-aggrandizer	original	10	274.20	35	<.001	.918	.693	.761	.09	16(35.6%)
	respecified	5	7.52	5	.18	.995	.974	.987	.03	1(10.0%)
Bully and Attack	original	9	131.77	27	<.001	.957	.807	.855	.07	11(30.6%)
	respecified	3	.00	0	1.00	1.00	1.00	1.00	.00	0(0%)
Punishing Parent	original	10	220.55	35	<.001	.928	.882	.909	.08	21(46.7%)
	respecified	5	8.25	5	.14	.994	.987	.993	.03	1(10.0%)
Demanding Parent	original	10	848.07	35	<.001	.928	.882	.908	.17	20(44.4%)
	respecified	5	7.89	5	.16	.994	.987	.993	.03	1(10.0%)
Healthy Adult	original	10	2378.03	35	<.001	.543	.236	.406	.30	40(88.9%)
	respecified	5	43.01	5	<.001	.970	.876	.938	.10	4(40.05)

3.2 Factor Structure of the Korean version of SMI

Table 2 provides the goodness-of-fit for one-factor model and thirteen-factor model. Thirteen-factor model showed good model fit.

Table 2. Fit Statistics for Confirmatory Factor Analysis of Thirteen-Factor Model and One-Factor Model

Model	S-B χ^2	df	p	GFI	TLI	CFI	RMSEA
One-Factor	24974.53	299	<.001	.240	.077	.151	.33
Thirteen-Factor	757.27	221	<.001	.915	.903	.934	.05

All factor intercorrelations among the Korean version of SMI subscales (see Table 3) were significantly inter correlated. Both adaptive modes (Happy child, Healthy Adult) correlated positively with one another ($r = .64$), but correlated negatively with maladaptive modes ($-.09 \sim -.56$). This suggest that the Korean version of SMI subscales represents different constructs.

Table 3. Factor Intercorrelations among the Korean Version of SMI Subscales

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Vulnerable Child	—												
2. Angry Child	.64**	—											
3. Enraged Child	.41**	.61**	—										
4. Impulsive Child	.55**	.64**	.51**	—									
5. Undisciplined Child	.59**	.51**	.31*	.60**	—								
6. Happy Child	-.56**	-.44**	-.27**	-.33**	-.41*	—							
7. Compliant Surrender	.47**	.44**	.35**	.44**	.43**	-.19**	—						
8. Detached Protector	.71**	.62***	.52**	.47**	.50**	-.51**	.47**	—					
9. Self-Aggrandizer	.49**	.63***	.47**	.66**	.50**	-.28**	.46**	.53**	—				
10. Bully and Attack	.47**	.62**	.62**	.54**	.42**	-.28**	.41**	.52**	.57**	—			
11. Punitive Parent	.68**	.61**	.62**	.49**	.46**	-.45**	.50**	.70**	.47**	.58**	—		
12. Demanding Parent	.42**	.40**	.26**	.32**	.31**	-.05	.48**	.33**	.41**	.32**	.45**	—	
13. Healthy Adult	-.37**	-.26***	-.30**	-.21**	-.27**	.64**	-.06	-.38**	-.13**	-.23**	.35**	.09*	—

Notes. $N = 766$. * $p < .05$. ** $p < .01$. *** $p < .001$.

3.3 Construct Validity of the Korean version of SMI

In a comparison of depressed adult and non-depressed adult, all of the SMI subscales show significant differences (Table 4). The former is higher on the SMI subscales of Vulnerable Child, Angry Child, Enraged Child, Impulsive Child, Undisciplined Child, Compliant Surrender, Detached Protector, Self-Aggrandizer, Bully and Attack, Punishing Parent, and Demanding Parent. But the former is lower on the SMI subscales of Happy Child, and Healthy Adult. As theoretically predicted, depressed adults showed higher means for maladaptive modes as well as lower means for adaptive mode, thus suggesting the goodness of the Korean version of SMI in discriminating between the depressed and the general population.

Table 4. Difference between Depressed and Non-depressed Adults of Korean Version of SMI Subscales

SMI Subscales	Non-Depression ($n=243$) M (SD)	Depression ($n=174$) M (SD)	t (415)	P Value
Vulnerable Child	8.96 (3.25)	14.51 (3.80)	16.02	<.001
Angry Child	9.27 (3.25)	12.82 (4.23)	9.70	<.001
Enraged Child	6.92 (2.91)	9.08 (4.29)	6.13	<.001
Impulsive Child	11.83 (3.44)	13.96 (3.60)	6.12	<.001
Undisciplined Child	10.10 (2.97)	12.45 (3.27)	7.62	<.001
Happy Child	19.93 (4.25)	15.34 (4.19)	10.92	<.001
Compliant Surrender	9.29 (2.76)	10.97 (2.93)	5.60	<.001
Detached Protector	8.32 (2.95)	12.17 (4.17)	11.07	<.001
Self-Aggrandizer	12.10 (3.05)	13.90 (3.19)	5.83	<.001
Bully and Attack	5.25 (1.98)	6.54 (2.44)	5.97	<.001
Punishing Parent	8.76 (3.15)	12.98 (4.41)	11.39	<.001
Demanding Parent	12.84 (3.88)	14.24 (3.82)	3.65	<.001
Healthy Adult	20.62 (4.31)	17.47 (4.16)	7.48	<.001

4. CONCLUSION

In this study we assessed the psychometric properties of the Korean version of SMI. The measurement model of each subscale that selected the final items by removing items with large standard residuals for each subscale showed good model fit. The final measurement model for the Korean version of SMI subscales contains 61 of the of the original 124 items. Confirmatory factor analyses yield satisfying fits for a 61-item Korean Schema Mode Inventory. Thirteen Schema Mode Inventory scales were found to have adequate reliability of the original 14 schema factors. Furthermore, the shortened Korean version of the SMI scales differentiated between depressed and non-depressed participants as theoretically predicted. These findings imply that the Korean version of shortened SMI is a sound instrument to measure the schema mode model in a Korean setting for assessment prior to schema therapy.

REFERENCES

- [1] J.E. Young, J.S. Klosko, and M.E. Weishaar, *Schema therapy: A Practitioner's Guide*, Guilford Press, New York, NY, USA., 2003
- [2] L.L. Bamelis, S.M.A.A. Evers, P. Spinhoven and A. Arntz, "Results of a Multicentered Randomized Controlled Trial on the Clinical Effectiveness of Schema Therapy for Personality Disorders," *American Journal of Psychiatry*, Vol. 171, pp. 305-322, 2014.
- [3] J.E. Young, A. Arntz, T. Atkinson, J. Lobbestael, M.E. Weishaar, M.F. van Vreeswijk, and J. Kolkman, *The Schema Mode Inventory (SMI)*, Schema Therapy Institute, New York, NY, USA., 2007.
- [4] J. Lobbestael, M. van Vreeswijk, P. Spinhoven, E. Schouten, and A. Arntz, "Reliability and Validity of the Short Schema Mode Inventory (SMI)," *Behavioral and Cognitive Psychotherapy*, Vol. 38, pp. 437-458, 2010.
- [5] N. Reiss, P. Dominiak, D. Harris, C. Knornschild, E. Schouten and G.A. Jacob, "Reliability and Validity of the German Version of the Revised Schema Mode Inventory (SMI)," *European Journal of Psychological Assessment*, Vol. 28, pp. 297-304, 2012.
- [6] N. Reiss, D. Krampen, P. Christoffersen and B. Bach, B. "Reliability and Validity of the Danish Version of the Schema Mode Inventory (SMI)," *Psychological Assessment*, Vol 28, No. 3, pp. e19-e26, 2016.
- [7] K.K. Chun, S-C., Choi, and B-C., Yang, "Integrated Adaptation of CES-D in Korea," *Journal of Health Psychology*, Vol. 6, No. 1, pp. 59-76, 2001.
- [8] G. Vliagut, C. G. Forero, G. Barbaglia, and J. Alonso, "Screening for Depression in the General Population with the Center for Epidemiologic Studies Depression (CES-D): A Systematic Review with Meta-Analysis.," *PLoS One*, Vol. 11, No. 5: e0155431. 2016. doi: 10.1371/journal.pone.0155431.
- [9] J. E. Hunter and D.W. Gerbing, "Unidimensional Measurement, Second Order Factor Analysis, and Causal Models," *Research in Organizational Behavior*, Vol. 4, pp. 267-320, 1982.

Appendix: Respecified the Korean Version of SMI Subscales

Subscale		Standard loading
취약한 아동 ($\alpha = .78$)		
SMI 106.	나는 나약하고 무기력감을 느낀다.	.82
SMI 119.	아무도 나를 사랑하지 않는다고 느낀다.	.68
SMI 6.	나는 어찌할 바를 모르겠다.	.68
SMI 67.	나는 수치심을 느낀다.	.61
SMI 50.	나는 외로움을 느낀다.	.58
화난 아동 ($\alpha = .74$)		
SMI 56.	만약 어떤 사람이 내 편이 아니라면 그들은 내 반대편이다.	.67
SMI 103.	나는 사람들이 내게 했던 것 때문에 그들을 비난하거나 상처받게 하고 싶다.	.63
SMI 49.	내 안에는 방출되어야 할 많은 분노가 쌓여 있다.	.62
SMI 76.	누군가가 내게 어떻게 느끼고 행동해야 한다고 말하면 화가 난다.	.60
SMI 22.	내가 싸우지 않는다면 나는 학대당하거나 무시당할 것이다.	.58
격노한 아동 ($\alpha = .85$)		
SMI 101.	나의 분노는 제어 불가능하다.	.79
SMI 54.	나는 화가 나면 종종 절제하지 못하고 위협을 가한다.	.78
SMI 92.	내가 화가 나면 통제가 되지 않아 다른 사람들을 다치게 한다.	.77
SMI 98.	나는 화가 날 때 물건을 부순다.	.77
SMI 60.	나는 너무 화가 많이 나서 남을 다치게 하거나 죽인 적이 있다.	.59
충동적 아동 ($\alpha = .70$)		
SMI 78.	나는 결과를 생각하지 않고 내가 느끼는 것을 말하거나 충동적으로 행동한다.	.71
SMI 15.	나는 충동적으로 행동하거나 감정을 표출하여 문제에 휘말리거나 다른 사람에게 상처를 준다.	.63
SMI 40.	나는 생각없이 말을 하는데, 그것이 나를 곤란하게 하거나 다른 사람에게 상처를 준다.	.59
SMI 35.	나는 맹목적으로 내 감정에 따른다.	.53
SMI 66.	나는 규칙을 어기고 나중에 후회한다.	.44
훈육되지 않은(비훈육) 아동 ($\alpha = .70$)		
SMI 13.	내가 목표를 이루지 못하면, 나는 쉽게 좌절하고 포기할 것이다.	.65
SMI 70.	나는 쉽게 지루해지고 어떤 것에 흥미를 잃는다.	.64
SMI 107.	나는 게으르다.	.62
SMI 21.	나는 일상적이거나 지루한 일들을 스스로 끝내는 것이 훈련되지 않았다.	.55
행복한 아동 ($\alpha = .81$)		
SMI 96.	나는 경청되고 이해받고 인정받은 느낌이다.	.74
SMI 19.	나는 다른 사람들과 연결되어 있음을 느낀다..	.74
SMI 2.	나는 사랑받고 인정받고 있다고 느낀다.	.69
SMI 113.	나는 긍정적이다.	.65
SMI 17.	나는 편안함과 만족감을 느낀다.	.64
순응적 굴복자 ($\alpha = .59$)		

SMI 55.	나는 내 자신의 욕구를 표현하는 대신 다른 사람들이 그들 마음대로 하도록 내버려둔다.	.64
SMI 37.	나는 다른 사람들이 나를 비난하거나 헐뜯는 것을 허용한다.	.60
SMI 100.	나는 내가 좋아하는 방식으로 일이 진행되지 않을 때에도 수동적으로 행동한다.	.47
SMI 38.	관계에 있어서, 나는 다른 사람을 우위에 둔다.	.41
분리된 보호자 ($\alpha = .78$)		
SMI 59.	나는 사람들과 섞이고 싶지 않다.	.78
SMI 64.	나는 다른 사람들과 연결되어 있다고 느끼지 않는다.	.74
SMI 75.	나는 어떤 것에도 관심이 없다. 어떤 것도 내게 중요하지 않다.	.69
SMI 88.	나는 생기가 없다.	.67
SMI 33.	나는 다른 사람들에게 차갑고 냉혹하다.	.48
자기 과시자 ($\alpha = .61$)		
SMI 11.	나는 사람들이 내가 요구한 것을 하지 않을 때 화가 난다.	.57
SMI 114.	나는 다른 사람들이 따르는 규칙을 똑같이 따르지 않아도 된다고 느낀다.	.56
SMI 81.	나는 다른 사람들에게 꽤 비판적이다.	.49
SMI 44.	나는 다른 사람의 필요나 느낌에 상관없이 내가 하고자 하는 일을 한다.	.45
SMI 31.	나는 차선택을 받아들이지 않을 것이다..	.45
가해자 공격 ($\alpha = .63$)		
SMI 112.	나는 다른 사람들을 무시한다.	.77
SMI 102.	나는 다른 사람들을 놀리거나 괴롭힌다.	.58
SMI 77.	당신이 다른 사람들 위에 군림하지 않으면 그들이 당신 위에 군림할 것이다.	.50
처벌적 부모 ($\alpha = .79$)		
SMI 72.	나는 나쁜 사람이기 때문에, 다른 사람들이 하는 즐거운 일을 내게 허락하지 않는다.	.73
SMI 84.	나는 처벌받아야 마땅하다.	.72
SMI 94.	나는 나쁜 사람이다.	.69
SMI 87.	나는 내게 화가 난다.	.60
SMI 3.	나는 그럴 자격이 없기 때문에 즐거워서는 안된다고 생각한다.	.54
요구적 부모 ($\alpha = .61$)		
SMI 83.	나는 실수하지 않으려고 노력한다. 그렇지 않으면 나는 스스로를 비난할 것이다.	.69
SMI 104.	나는 일을 하는데 ‘올바른’ 방법과 ‘그른’ 방법이 있는 것을 알고 있다. 나는 일을 할 때 올바른 방식으로 하려고 한다. 혹 그렇지 않으면 나는 나 자신을 비난하기 시작한다.	.62
SMI 7.	나는 스스로에게 가혹하다.	.45
SMI 90.	나는 나의 기준을 충족시키기 위해 즐거움, 건강이나 행복을 희생한다.	.42
SMI 23.	나는 내 주위 사람들을 돌봐야 한다.	.40
건강한 성인 ($\alpha = .76$)		
SMI 117.	나는 내가 부당하게 비판받고 학대되고 이용당한다 느낄 때 나를 지킬 수 있다.	.72
SMI 80.	나는 내 자신을 돌볼 수 있다.	.64
SMI 62.	나는 내 감정을 언제 표현하고 언제 표현하지 않아야 하는가를 알고 있다.	.63
SMI 20.	문제가 있을 때 나는 스스로 해결하려고 열심히 노력한다.	.61
SMI 85.	나는 배우고 성장하고 변할 수 있다.	.53