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Comparing pen-and-paper and online methodologies for the Young Schema Questionnaire (YSQ-S3)

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Abstract: Schema Therapy (ST) is an integrative approach developed, primarily, for the treatment of chronic patients, with functional bases that make treatment difficult. The ST has concepts such as early maladaptive schemas (EMSs) and to identify them, the Young Schema Questionnaire- Short Version (YSQ-S3) was developed. This study aims to verify the differences between online and pen-and-paper collection methods when giving the YSQ-S3. For this purpose, a comparative analysis was conducted with a sample of 401 individuals, 203 of whom were pen-and-paper and 198 online respondents. In the first, the percentage was 16.3% men and 83.7% women, with a mean age of 30.63 years. In the second, the percentage was 16.2% men and 83.8% women, and their average age was 30.69 years. We concluded that there is a minimal difference between the results collected with pen-and-paper and online, suggesting that both methods are valid options for the YSQ-S3 testing.

Key Words: Data collection; Schema therapy; Personality inventory

Comparação de métodos versões papel-caneta e online do Young Schema Questionnaire (YSQ-S3)

Resumo: A Terapia de Esquemas (TE) é uma abordagem integrativa desenvolvida, primeiramente, para o tratamento de pacientes crônicos, com bases de funcionamento que dificultam o tratamento. A TE possui conceitos como o de Esquemas Iniciais Desadaptativos (EIDs) e, de modo a identificá-los, foi desenvolvido o Questionário de Esquemas de Young- Versão Breve (YSQ-S3). O objetivo deste estudo é verificar as diferenças entre as modalidades de coleta online e papel caneta na aplicação do YSQ-S3. Com esse intuito, foi realizada uma análise comparativa com amostra total de 401 indivíduos, sendo 203 papel caneta e 198 online. Na primeira, a porcentagem foi de 16,3% homens e de 83,7% mulheres, sendo a média de idade 30,63 anos. Na segunda, a porcentagem foi de 16,2% homens e de 83,8% mulheres, e sua média de idade em 30,69 anos. Concluiu-se que há uma diferença mínima entre os resultados coletados com papel e caneta e online, indicando que ambos os métodos são opções válidas para a aplicação do YSQ-S3.

Palavras-chaves: Coleta de Dados; Terapia do Esquema; Questionário dos Esquemas

Introduction

Schema therapy (ST) was developed by Jeffrey Young from studies that showed relapses of some symptoms in patients with chronic psychological disorders who had not improved much with traditional cognitive behavioral therapy. Individuals with such characterological disorders had greater psychological inflexibility, which made using CBT techniques difficult (Young, Klosko, & Weishaar, 2008).

ST is considered an integrative and innovative model intended to expand the references, emphasizing research on the childhood origins of psychological problems, emotional techniques, and the therapist's bond with the patient (Young et al., 2003).

In the ST, children develop patterns called early maladaptive schemas (EMSs) when caregivers and the environment cannot sufficiently fulfil their needs. The EMSs are 18 dysfunctional recurring patterns of thoughts, behaviors, and feelings during the individual's life that tend to become inflexible in adult life (Falcone, 2014; Young et al., 2008).

EMSs can be difficult to access due to protective factors the individuals develop during their lives. Although not all schemas originate from some traumatic situation, those distorted patterns of functioning may be distressing and destructive (Paim & Copetti, 2016; Cazassa & Souza, 2008).

The EMSs are divided into five schematic domains: Disconnection/Rejection, Impaired Autonomy/Performance, Impaired Limits, Directing to the Other, and Overvigilance/Inhibition. Each emotional need that was not met during childhood and adolescence may develop a certain schematic domain with its respective EMSs (Young et al., 2003).

Although difficult to access, when EMSs are activated, given negative experiences, degrees of schema awareness are observed. To assist in this process of evaluating and identifying EMSs, US psychologist Jeffrey Young developed a Schema Questionnaire (YSQ) (Young, 1990; Oei & Baranof 2007).

Initially, the YSQ had 250 items and evaluated 16 EMSs. Later, with literature reviews and factor analysis, a shorter version was developed, the YSQ-S2 with 75 items and 15 EMSs. In the 2000s, the third version of the instrument was developed, including the long form, with 232 items (YSQ-L3), and the short form (YSQ-S3), with 90 items. The YSQ-S3, applied in this study, is completed through self-report, with a Likert-type scale of scores ranging from 1 to 6 points (1 = Completely false about me and 6 = Perfectly describes me) (Schmidt et al., 1995; Young & Brown, 1999; Young et al., 2003; Young et al., 2005; Souza et al., M. S.).

The usefulness of online data collection in psychology as a research tactic has increased, especially for data collection with several questionnaires (Wachelke et al., 2014).

Currently, the use of digital networks has been growing significantly. The Brazilian Institute of Geography and Statistics (IBGE) shows data on the number of people who access networks aged 10 years or over, going from 31.9 million (20.9%) in 2005 to 77.7 million (45.5 %) in 2011. This is justified because the internet profoundly simplifies people's daily lives. (Damasceno et al., 2004; Instituto Brasileiro de Geografia e Estatística - IBGE, 2013).

Marketing and administration have used online data collection for not less than a decade. In the health area, we have observed an increase in online questionnaires, given that participation rates in formerly usual methods such as telephone calls, printed questionnaires, and in-person interviews has decreased over the years (Ward, Clark, Zabriskie, & Morris, 2017; Calliyeris, Roble, Costa, & Souza, 2015; Galea & Tracy, 2007).

Research has revealed that more accurate data can be obtained online, and this strategy can save time and money. Some studies have shown that besides the 20% decrease in research cost, online surveys offer more respondents in less time. These findings are of paramount importance, not only for the health area but also for areas such as politics and economics, influencing research funding to be better redirected (Zelege, Naziyok, Wilkem & Röhrig, 2018; Ward et al., 2017).

Besides financial savings, online questionnaires can reach more remote regions with fewer mental health resources. For example, in a survey in rural China with 120 mothers, researchers perceived that online answers are more reliable than other data collection methods. This possibility means that digital resources allow territories far from big research centers to have closer contact with mental health research; thus, those societies are eventually included in studies and results (Hayes & Grieve, 2013; Zhang et al., 2012;).

Another relevant milestone in online data collection is the possibility of a concomitant intersection of biological, behavioral, and cognitive variables. For example, in a study conducted in Italy, the online questionnaire was linked to information on heart rate and electrocardiogram simultaneously, thus making the correlation of information more reliable (Gaggioli et al., 2011).

Despite several advantages, few studies evaluate the traditional collection methodology and more modern methods - such as online collection in mental health. Even so, psychology is pointed out as one area that often uses new possibilities in data collection

(Wachelke, Natividade, Andrade, Wolter & Camargo, 2015; Skitka & Sargis, 2006).

This study intends to compare the different modalities of online and pen-and-paper questionnaires in giving the YSQ-S3. We also try to verify whether age and sex are differential factors in the answers of the individual undergoing the procedure and investigate whether there are differences in the scores of the collected modalities.

Methodology

Participants

The sample consisted of 203 respondents in the pen-and-paper collection (PC) and 198 in the online method (ON). Inclusion criteria were participants over 18 years of age with complete elementary education. The exclusion criterion was that the respondents should not leave any questions unanswered.

The average age of the total sample was 31.44 (SD=12.68), with 53.7% (N=218) individuals from social class B and 42.6% (N=173) with incomplete higher education. The characterization of sociodemographic data, age, and sex are shown in Table 1.

Table 1. Averages and frequencies of age, sex, education, and economic classification of the groups.

	PC (n= 203)		ON (n=198)	
	N	%	N	%
SEX				
Male	33	16.3	32	16.2
Female	170	83.7	166	83.8
AGE	M of age	SD	M of age	SD
	30.63	10.73	30.69	10.8
EDUCATION	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Incomplete secondary school	2	0.9	2	1
Completed secondary school	7	3.4	7	3.5
Incomplete higher education	83	40.8	79	39.9
Complete higher education	111	54.6	110	55.6
ECONOMIC CLASSIFICATION	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
A	51	25.1	48	24.2
B	123	60.6	122	61.6
C	28	13.7	27	13.6
D	1	0.5	1	0.5

Note: PC= Pen-and-Paper; ON= Online.

Instruments

The following instruments were used for data collection:

Personal Data Sheet: to characterize the sample in variables related to sex, education, and socioeconomic classification.

Young Schema Questionnaire - Short Form (YSQ-S3): The YSQ-S3 (Young, 2005) is a self-report questionnaire that assesses the activation of the 18 EMSs from 90 questions. This rating is based on a six-point Likert scale, with 1=Completely false about me and 6=Describes me perfectly. Each item presents a statement related to cognitions, emotions, sensations, and behaviors. These contents often refer to the individuals' perception of themselves, life, others, and relationships. In the instructions, the respondents are asked to answer based on how they feel about the item, reflecting on the year before.

Procedures

The collection with the protocol was carried out with pen-and-paper forms and, for the online collection, the *Qualtrics Survey Software*. The online version was publicized on the social networks of the research group members and their acquaintances. The research team and their network invited potential participants for convenience for the pen-and-paper version. Participants filled out the instruments individually, based on self-report. The examiners received the proper training to help participants when necessary.

The data were compiled and analyzed through *Statistical Package for the Social Sciences* (SPSS) version 26.0. Descriptive statistics were used to characterize the sample, and inferential statistics to investigate the variables.

Ethical Aspects

The study was approved by the Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul, with CAAE code: 80925517.0.0000.5336. Volunteers started face-to-face participation only after reading, understanding, and signing the Informed Consent Form (ICF). In the online collection, the participants read and signed the ICF via the internet.

Results

First, the normality of the sample was verified with the *Kolmogorov-Smirnov* test, which pointed to normal distribution for all EMSs ($p < 0.05$). Subsequently, to verify the homogeneity of variance, the *Levene* test for the EMSs: Emotional Deprivation; Social isolation; Defectiveness/Shame; Failure; Dependency; Entanglement; Subjugation and Emotional Inhibition presented values $p < 0.05$. The values contained in the analysis that does not assume equality of variances and significant difference between groups were observed. The EMSs: Abandonment; Mistrust/Abuse; Vulnerability; Self-sacrifice; Inflexible Standards;

Arrogance; Insufficient self-control/self-discipline; Search for approval; Negativity/Pessimism; Punitive stance, presented values of $p \geq 0.05$. We considered the values that assume equality of variances and the non-significant difference between groups, as shown in Table 2.

Table 2. Mean, effect size, and significance between groups.

EMSs	PC (n= 203)	ON (n=198)	<i>r</i>	<i>p</i>
	M(SD)	M(SD)		
ED	1.66 (.83)	2.01(1.02)	.19	.01
Ab	2.38(1.23)	2.57(1.33)	.07	.19
MA	2.33(1.05)	2.61(1.12)	.12	.31
SI	2.20(1.11)	2.65(1.31)	.19	.03
De	1.48 (.79)	1.81(1.06)	.18	.00
Fr	2.00 (1.10)	2.35(1.38)	.14	.01
DI	1.69 (.74)	1.84 (.86)	.09	.02
Vu	2.17 (.96)	2.37(1.07)	.09	.15
Em	1.88 (.81)	1.98 (1.00)	.05	.04
Su	2.22 (.98)	2.34(1.17)	.06	.12
SS	3.24(1.14)	3.28(1.13)	.01	.97
EI	2.33 (.98)	2.57(1.13)	.11	.03
IS	3.41(1.07)	3.62(1.12)	.09	.49
Ar	2.43(.83)	2.64(.92)	.12	.17
ISD	2.60(1.19)	2.84(1.17)	.10	.32
RS	2.90(1.12)	3.09(1.15)	.08	.78
NP	2.40 (1.06)	2.67(1.09)	.12	.78
PS	2.05 (.91)	2.25(1.00)	.10	.41

Note: ED= Emotional Deprivation; Ab= Abandonment; MA= Mistrust and Abuse; SI= Social Isolation; De= Defectiveness; Fr= Failure; DI= Dependency/Incompetence; Vu= Vulnerability. Em=Enmeshment, Su=Subjugation. SS= Self-Sacrifice, EI= Emotional Inhibition, IS= Inflexible Standards, Ar= Arrogance, ISD= Insufficient Self-Discipline, RS= Recognition-Seeking, NP= Negativity and Pessimism; PS= Punitive Stance

To compare sex, age group, and type of collection variables -and their effects- within the collection groups, the two-way ANOVA was used in each of the 18 EMSs, denoted in tables 3 and 4. The ages were stratified and classified according to the quartile analysis of the sample, where we obtained the following ranges: from 18 to 22 years; 23 to 27 years old; 28 to 37 years old; and 38 to 75 years.

Table 3. The mean of EMSs by sex within groups and ANOVA of the sex variable and its interaction with the type of collection.

EMSs	Male		Female	ANOVA	
	PC(n=33)	ON(n=32)	PC(n=170)	ON(n=166)	Sex TC*Sex
	M(SD)	M(SD)	M(SD)	M(SD)	F(p)

ED	1.72 (.83)	1.95 (.99)	1.63(.83)	2.02(1.02)	.006(.93)	.43(.512)
Ab	2.18(1.04)	2.01(1.01)	2.46(1.29)	2.68(1.35)	9.5(.002)	2.30(.13)
MA	2.31 (.94)	2.35 (.83)	2.34(1.10)	2.66(1.16)	2.13(.14)	1.71(.18)
SI	2.48(1.12)	2.61(1.29)	2.09(1.09)	2.61(1.32)	.802(.37)	.137(.93)
De	1.54(.73)	1.79(1.25)	1.46(.82)	1.81(1.03)	.10(.921)	.299(.58)
Fr	1.97(1.01)	2.02(1.36)	2.00(1.14)	2.41(1.38)	3.53(.06)	2.07(.15)
DI	1.77(.84)	1.75(.60)	1.66(.69)	1.86(.90)	.24(.876)	1.78(.18)
Vu	2.28(.94)	2.35(1.13)	2.13(.97)	2.38(1.07)	.003(.95)	1.08(.29)
Em	1.80(.80)	1.68(.73)	1.91(.81)	2.03(1.03)	4.13(.43)	1.04(.30)
Su	2.33(1.06)	2.16(.96)	2.17(.95)	2.38(1.20)	.098(.75)	2.79(.09)
SS	2.98(.80)	2.83(1.11)	3.36(1.19)	3.37(1.12)	11(.001)	1.23(.72)
EI	2.61(.99)	2.59(1.04)	2.22(.95)	2.57(1.15)	1.11(.29)	3.48(.06)
IS	3.30(.95)	3.48(1.17)	3.45(1.12)	3.64(1.11)	2.66(.10)	.16(.687)
Ar	2.39(.88)	2.73(.93)	2.45(.80)	2.63(0.91)	.00(.988)	.24(.623)
ISD	2.72(1.23)	2.78(1.16)	2.55(1.07)	2.85(1.18)	.008(.93)	1.18(.27)
RS	2.82(.97)	3.09(1.18)	2.93(1.18)	3.09(1.15)	.29(5.85)	.00(.966)
NP	2.52(1.01)	2.53(1.06)	2.35(1.08)	2.69(1.10)	.35(.851)	1.18(.17)
PS	2.05(.90)	2.23(1.15)	2.05(.92)	2.25(.97)	.129(.72)	.013(.90)

Note: ED= Emotional Deprivation; Ab= Abandonment; MA= Mistrust and Abuse; SI= Social Isolation; De= Defectiveness; Fr= Failure; DI= Dependency/Incompetence; Vu= Vulnerability. Em=Enmeshment, Su=Subjugation. SS= Self-Sacrifice, EI= Emotional Inhibition, IS= Inflexible Standards, Ar= Arrogance, ISD= Insufficient Self-Discipline, RS= Recognition-Seeking, NP= Negativity and Pessimism; PS= Punitive Stance

Table 4. The means of age and sex frequencies, education and economic classification of the groups.

EMSs	ANOVA		
	Class of Age F(p)	Class of Age* Sex F(p)	Age Class*Collection Type*Sex F(p)
ED	.988(.399)	.761(.517)	.471(.741)
Ab	7.08(.000)	1.29(.270)	.158(.925)
MA	3.28(.021)	.194(.900)	.063(.979)
SI	4.22(.006)	.137(.938)	.887(.448)
De	4.67(.003)	.292(.831)	.779(.506)
Fr	4.73(.003)	.934(.424)	.483(.694)
DI	5.01(.002)	4.65(.983)	.355(.785)
Vu	3.18(.24)	.46(.710)	1.21(.304)
Em	3.57(.14)	1.19(.310)	1.69(.168)
Su	6.49(.000)	2.95(.033)	.818(.484)
SS	.948(.417)	1.40(.242)	.283(.837)
EI	6.84(.000)	1.40(.242)	.600(.615)
IS	7.22(.000)	.435(.282)	1.43(.232)
Ar	2.65(.048)	2.74(.844)	1.36(.254)
ISD	4.28(.005)	1.04(.372)	4.35(.728)
RS	9.57(.000)	.203(.894)	.488(.691)
NP	4.93(.02)	.102(.959)	1.51(.211)
PS	.865(.459)	1.22(.300)	1.91(.127)

Note: ED= Emotional Deprivation; Ab= Abandonment; DA= Distrust and Abuse; SI= Social Note: ED= Emotional Deprivation; Ab= Abandonment; MA= Mistrust and Abuse; SI= Social Isolation; De=

Defectiveness; Fr= Failure; DI= Dependency/Incompetence; Vu= Vulnerability. Em=Enmeshment, Su=Subjugation. SS= Self-Sacrifice, EI= Emotional Inhibition, IS= Inflexible Standards, Ar= Arrogance, ISD= Insufficient Self-Discipline, RS= Recognition-Seeking, NP= Negativity and Pessimism; PS= Punitive Stance

The EMSs: Emotional deprivation; Distrust and abuse; Social isolation; Vulnerability; Entanglement; Arrogance and grandeur; Insufficient self-control and self-discipline; and Punitive stance, did not obtain a significant effect of differentiation between the variables. Regarding the sex variable, significant differentiation effects were identified between the EMSs: Abandonment; and Self-sacrifice, not denoting an interaction effect with other variables (age class and type of collection).

Regarding age, the EMSs: Abandonment; Defectiveness and shame; Failure; Dependency and incompetence; Subjugation; Emotional Inhibition; Inflexible standards; Search for recognition; and Negativity and pessimism, characterized significant differences; however, without an effect of interaction with other variables (sex and collection category). For the EMSs with differences in this variable, we conducted the Ryan-Einot-Gabriel-Welsch Post Hoc analysis to verify the age class sets that stood out, as shown in Table 5.

Discussion

Several studies comparing pen-and-paper and online collection methods are available. Besides, the online method is boosting due to its high sampling range and money and time savings. The collection methods did not show significant differences in studies using the social desirability scale, leisure time scales, and life satisfaction scales. In these surveys, participants presented differences only in the time and leisure scale answers, showing that pen-and-paper questionnaire respondents scored higher for leisure. Such findings also demonstrated a moderate-weak effect on the differences between the tolerance subscales, where pen-and-paper respondents had the highest scores. The results were again higher in the pen-and-paper version regarding the self-positive evaluation scales. Despite this, the study does not show evidence that personal characteristics influence the collection method answered (Zelege et al., 2018; Zhang, et al., 2012; Calliyeris & Las Casas, 2012; de Looij-Jansen & de Wilde, 2008).

This study aimed to compare different collection methods using the short version of the Young Schema Questionnaire (YSQ-S3), equating the variables: collection types, sex, age, and the interaction between those variables.

In the first analysis, the EMSs: Emotional Deprivation; Social isolation; Defectiveness/Shame; Failure; Dependence; Entanglement; Subjugation; and Emotional Inhibition showed a significant difference with a low effect between collections, with the online modality scored the highest.

In studies with depressed patients, these same EMss stand out for their high scores. When comparing collection methods with 91 individuals, higher scores can be seen in the online method compared to pen-and-paper and telephone. Such data may point to greater sensitivity in online methods, with emphasis on those factors (Davoodi et al., 2018; Hayes & Grieve, 2013).

Regarding pathologies of disorders due to cell phone and internet use, the EMS: Social isolation scored higher (Arpaci, 2019). In collections with a population of addicts in online games, the online collection method had a higher score than pen-and-paper collections (Griffiths, 2009). Although these findings indicate greater sensitivity in the online collection method for EMSs, therefore, greater emotional activation, in a study with 532 individuals

comparing online and pen-and-paper collections, the opposite was observed (de Looij-Jansen & de Wilde, 2008).

Regarding sex, there was no difference in collection type; however, in both, the variable showed differences in the EMSs Abandonment and Self-Sacrifice, where, in the pen-and-paper collection, scores were higher for men and in the online collection, the women scored the highest. In research done with 854 subjects on substance abuse disorder, comparing the EMSs between sexes, women had higher scores in Abandonment and Self-Sacrifice; such data are corroborated by research carried out in Australia with 225 individuals (Shorey, Anderson & Stuart, 2012; Janson, Harms, Hollet & Segal, 2018).

In a sample of 236 individuals from the general Brazilian population, using the pen-and-paper collection method to compare EMSs between sex, the Abandonment EMS did not present a significant difference. Even so, concerning Self-Sacrifice, women showed significantly higher scores (Luz, Santos, Cazassa & Oliveira, 2012).

In a study with adolescents, comparing the same collection categories of the present study in a scale of mental health problems, there were no effects of the sex variable between collections or research with analysis of them in six scales (Ward et al., 2014; de Looij-Jansen & de Wilde, 2008).

The present study revealed no differences in the effects of age classes regarding the type of collection. Even so, the age classes differed in the sample of the two groups in the EMSs: Abandonment; Defectiveness and shame; Failure; Dependency and incompetence; Subjugation; Emotional Inhibition; Inflexible standards; Search for recognition; and Negativity and pessimism. In these EMSs, in the more advanced age classes, there was a significant decrease in their averages.

Aiming to research the coping strategies of seniors, we noticed that even without pathologies, some have a greater tendency to seclusion and emotional detachment, which could explain the low scores found for some factors in both collection types. Considering the non-effect of age and type of collection on the effects of the variables, similar results are also found in a sample of 120 Chinese women, with data collected in both modalities, where there is no significant effect (León, et. al., 2017; Zhang et al., 2012; Horta, Ferreira & Zhao, 2010).

Final Considerations

This article demonstrates the possibility of using the Young Schema Questionnaire as a data collection method. However, despite some differences between factors, the degree of effect was low. Nevertheless, the study shows the potential of this model for sample coverage, which can help the researcher save time and money in data collection.

As a limitation, we remark that the sampling was conducted for convenience and did not include many older participants. Therefore, weighting is necessary when generalizing the results referring to this variable.

We also consider that it could be essential to investigate the influence of the effect of other variables, such as economic class and education, given the complexity of the scale used and that most of the present sample has a higher education level compared to the Brazilian population.

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