



Evaluation Of The Effectiveness Of Schema Therapy On Mental Health And Self-Differentiation In Students In Isfahan

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Abstract

Background and Aim: Schema therapy is designed as an important treatment method to increase mental health and self-differentiation. Therefore, the present study was conducted to investigate the effectiveness of schema therapy on mental health and differentiation in students in Isfahan.

Methods: The present study is applied in terms of purpose and semi-experimental in terms of method with pre-test and post-test design with control group. The statistical population of this study included all male and female students referred to the counseling center of Islamic Azad University, Isfahan Branch. A total of 40 students were selected by available sampling method and randomly assigned to experimental and control groups (20 people in each group). The experimental group was trained in 8 90-minute sessions using schema therapy. All groups completed the Scoron and Smith Self-Differentiation Questionnaire (2003) and the General Health Questionnaire (GHQ-28) as a pretest, posttest, and one-month follow-up. Data were analyzed by multivariate covariance (Mankova) method.

Results: The results showed that schema therapy has increased students' mental health. This program also led to a significant difference between the experimental group and the control group in their differentiation.

Conclusion: The results of this study showed that schema therapy was an effective method to increase mental health and the level of differentiation from students; Therefore, counselors and therapists can use schema therapy to increase their mental health and level of differentiation.

Keywords: schema therapy, mental health, differentiation, students.

1. Introduction

Students of any country are considered as the intellectual and spiritual assets of that country, and therefore examining the specific issues of students and ensuring their physical and mental health is one of the most important goals of educational planners. In addition, the realization of higher education goals depends on providing a safe and stress-free environment, and it requires maintaining mental health and strengthening self-differentiation in students.

There is little agreement among experts on the definition of public health, and in general, public health is defined as the complete physical, mental, and social well-being of an individual in such a way that there is a dynamic and interaction between these three aspects. Despite the differences in the definition of public health, mental health is defined as the ability to communicate harmoniously and harmoniously with others, change and modify individual and social environment and resolve conflicts and personal desires logically and have meaning and purpose in life (Lamers et al., 2012).). A person has mental health who is free from anxiety and symptoms of disability and can communicate constructively with others and is able to cope with the pressures of life.

On the other hand, the ability of individuals to control their lives and guide their personal growth seems to depend on their ability to maintain emotional independence from others and to strike a logical balance between autonomy and social cohesion. This concept refers specifically to conscious individualization in Bowen's theory under the heading of its differentiation. Self-differentiation is the ability to consciously own and own all thoughts, feelings, and act upon them (Young et al., 2010). In fact, Bowen's self-differentiation represents the balance between autonomy and individuality in individuals (Raphael, Bernstein, Young, 2014). Self-differentiation is a model that includes both autonomy and close relationship and coherence in the evolutionary process of individuals and assumes that human behavior is related to two opposing requirements in life, one is the requirement of individuality and the other is the requirement of Togetherness. In contrast, it reflects a lack of self-perception and sensitivity to other selves that both limits the individuality of others and is limited by the demands of others (King Cell, 2006). Self-differentiation can be defined as an individual's ability to distinguish between thoughts and feelings and the preferential use of reason and emotion (Sohrabi et al., 2013).

At the intrapsychic level, self-differentiation involves a person's ability to employ. At the intrapsychic level, self-differentiation involves a person's ability to use situational thinking tests, full awareness of personal emotions, or effective experiences depending on situational

needs. . This skill helps people manage their emotions during stressful situations and can maintain their emotional responsiveness. Therefore, they are able to choose the right strategy against problems by controlling their emotions and behavior and maintain their cohesion (Miller, Anderson and Kelz, 2004). According to Bowen's theory, the main components of self-differentiation include: 1) The ability to achieve my position 2) Emotional emotional breakdown 3) Stress and mixing with others 4) Emotional reactivity (Nabavi, Pasha and Atari, 2014) .

Differentiated people have a clear definition of themselves and their beliefs, can determine their direction in life, and do not lose control in highly emotional situations that lead to involuntary behaviors and poor decisions in many people, and Make decisions based on reason and logic. In contrast, undifferentiated individuals do not have a defined identity and treat problems inappropriately (Sohrabi et al., 2013). In contrast, undiagnosed individuals exhibit instability, low individuality acceptance, poor intimacy with family members, anxiety, and stereotypical and dry behaviors (Rush Mouse, 2011). People think and feel less about themselves, while more differentiated people are able to use their personal positions in relationships. These people may also react emotionally to stressful situations. They differentiate themselves from others as they do their feelings, and find intimacy deeply threatening, and so often tend to isolate themselves from others. They deny the importance of the family and show an extreme view of independence (Pelch and Popco, 2004).

In this regard, one of the approaches that can be considered is the schema-based approach. In this approach, schemas of structures, frameworks or patterns of cognitive content are produced, which are used as a basic cognitive scheme to guide information interpretation and problem solving (Raphael, Bernstein, Young, 2014). Schema therapy deals with the deepest level of cognition and targets the initial maladaptive schemas and helps patients to overcome the mentioned schemas by using cognitive, experimental (emotional), behavioral and interpersonal strategies. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (Young et al., 2003 / translated by Hassan Hamidpour and Zahra Andouz, 2012). The results of Hassani (2016) showed that schema therapy method is effective on marital satisfaction of couples. The results of Taghiyar (2016) showed that teaching schema therapy approach has reduced women's marital frustration. Iraqi (2016) in a study showed that schema therapy increases intimacy, lust and commitment as well as the overall score of lovemaking. Also, schema therapy has increased marital satisfaction. Calout et al. (2013) showed in a study that early maladaptive schemas in accordance with the cognitive hierarchical models of social isolation affect the levels of thought layers and in turn these levels of thoughts play a role in the continuity of schemas. Demitresco and Rousseau (2012) showed that levels of early maladaptive schemas were able

to predict levels of marital satisfaction. Researchers have found in their findings the effectiveness of schema therapy in increasing quality and life satisfaction and improving early maladaptive schemas (Morrison, 2000; Jillian, Philip, Mahley & Skill 2003; Huffart, Versland, and Sexton, 2002; Giesenblow et al., 2006). Confirmed.

Accordingly, according to the studies and theories presented in this study, the effectiveness of schema therapy on mental health and differentiation in students in Isfahan was considered, so the researcher seeks to answer the question whether schema therapy on mental health and differentiation Does it affect students in Isfahan?

2. Method

The present study is applied in terms of purpose and semi-experimental in terms of method with pre-test design and post-test with control group. The statistical population of this study included all male and female students referred to the counseling center of Islamic Azad University, Isfahan Branch. A total of 40 students were selected by available sampling method and randomly assigned to experimental and control groups (20 people in each group). The experimental group was trained in 8 90-minute sessions using schema therapy. All groups completed the Scoron and Smith Self-Differentiation Questionnaire (2003) and the General Health Questionnaire (GHQ-28) as a pretest, posttest, and one-month follow-up. Data were analyzed by multivariate covariance (Mankova) method.

Inclusion criteria include 1- Being a student 2- Not participating in a previous treatment program 3- Not having a psychological disorder or history of mental illness and being admitted to psychiatric wards 4- Not using drugs, drugs and alcohol (in order to reduce the effects of interfering factors Drugs, drugs and alcohol, even on a casual basis), and exclusion criteria included: 1. Absence from treatment sessions.

General Health Questionnaire (GHQ-28)

The 28-item form of the Public Health Questionnaire (1989) was developed by Goldberg and Hillier and contains 28 items and 4 subscales of 7 questions (physical symptoms, anxiety, social dysfunction, and depression). This questionnaire is graded as 0, 1, 2, 3, and research questions entitled Standardization of General Health Questionnaire were conducted on 571 male and female undergraduate students of Tarbiat Moallem University in 1996-97. The total reliability of the questionnaire was estimated to be 0.82 by Cronbach's alpha method, and the construct validity of this questionnaire was 0.82 (Ghasemi and Sarukhani, 2014). In the present study, the reliability of Cronbach's alpha method for the total score of mental health was 0.77.

Self-differentiation questionnaire

Is a 45-question tool developed by Scorrone and Smith (2003). Has been reviewed. This questionnaire is used to measure the differentiation of individuals and the focus of this tool is on the important connections of life and current relationships of the main family. The questionnaire consists of four subscales of emotional response (11 questions), my position (11 questions), emotional failure (11 questions), and fusion with others (12 questions) and is scored on a Likert scale in a six-point range. The reliability coefficient in terms of internal consistency (Cronbach's alpha) by Skurion and Friedlander for their differentiation questionnaire is 88%. The same coefficient is reported in 86% in Pelch-Popco (2004) research. Talebi and Ghobari (2012) reported this coefficient as 90% and in calculating the reliability of this tool in the present study, it was performed on 24 students and Cronbach's alpha coefficient was 80%.

Summary of schema therapy sessions

In the first session, after getting acquainted and creating a good relationship, the importance and purpose of schema therapy and the problems of clients were formulated in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas based on the current and past life evidences was examined and the aspect of the existing schemas was discussed with the healthy schemas. In the third session, cognitive techniques such as schema validity test, new definition of evidence confirming existing schema, and evaluation of the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was reinforced in the patient's mind, their unsatisfied emotional needs were identified, and strategies for expelling blocked emotions were taught. In the fifth session, healthy communication and imaginative dialogue were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and dealing with the most problematic ones were taught. In the seventh session, relationship therapy, relationships with important people in life, and the practice of healthy behaviors were taught through role-playing and homework related to new behavioral patterns. Barriers to behavioral change were taught.

3. Results

The mean and standard deviation of mental health and differentiation variables in the two groups of schema therapy training and the control group separately before and after the test are shown in Table (1).

Table (1): Mean and standard deviation of mental health and differentiation variables

Standard deviation		Average		group	Variable
Post-test	pre-exam	Post-test	pre-exam		

29/85	47/56	64/25	134/08	Schema therapy	mental health
21/42	9/78	151/47	68	Control	
1/78	1/95	18/68	22/20	Schema therapy	Self-differentiation
1/87	1/75	21/66	23/68	Control	

As shown in Table 1, changes in pre-scores- The test, post-test, took place in the variables of mental health and differentiation in the schema therapy group. In schema therapy, the mean and standard deviation of mental health scores and their differentiation in the post-test had a significant decrease compared to the pre-test. In this study, the statistical test of covariance has been used due to its greater relevance and compatibility with the research hypothesis.

Table (2): Comparison of the difference between post-test-pre-test scores of mental health and self-differentiation between schematic therapy and control groups

P	F	MS	DF	SS	Dependent variable	Source
0/001	23/70	47611/06	1	47611/06	mental health	group
0/001	8/50	1604/41	1	1604/41	Self-differentiation	
		480/592	38	18262/52	mental health	Error
		0/252	38	9/52	Self-differentiation	
			40	121421/35	mental health	Total
			40	2105/22	Self-differentiation	

According to the results of Table 2, after adjusting the pre-test scores, the difference between the groups at the alpha level of 0.01 is significant; Therefore, the research hypothesis on the effectiveness of schema therapy on mental health and self-differentiation in students in Isfahan and the differences between groups in the post-test is confirmed.

4. Discussion and conclusion

The aim of this study was to investigate the effectiveness of schema therapy on mental health and differentiation in students in Isfahan. The results obtained by comparing the post-test of mental health and self-differentiation in the two groups, indicate that after participating in schema therapy sessions, the average scores of the variables mentioned in the post-test stage have decreased compared to the pre-test stage. Students have had a significant impact. The findings of this study are consistent with the researches of Yousefi (2012), Shakhmgar

(2016), Aghaei, Hatamipour and Ashouri (2017), Panahifar, Yousefi and Armani (2014). The results of concurrent findings show that schema therapy causes changes in cognitive and empirical, emotional, and behavioral contexts. This approach has been effective in replacing it with more appropriate and healthier thoughts and responses by challenging maladaptive schemas and inefficient responses. Schema therapy, by improving some basic and destructive components such as negative emotions and thoughts, seems to be able to improve mental health in general and consequently mental health in individuals. Schema therapy techniques help the patient to improve the schemas by emotionally reorganizing, exploring new self-learning, regulating interpersonal emotion, and self-relaxation. At the deepest level of cognition, these schemas usually operate outside the level of consciousness (Titov et al., 2015). In further explanation of these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experimental approaches in the form of an integrated treatment model that uses four main cognitive, behavioral, relational and experimental techniques in individuals in addition to the following Questioning maladaptive schemas, which are the main cause of dysfunctional and irrational thoughts, emotionally drains buried negative emotions and feelings such as anger due to dissatisfaction with spontaneous needs and secure attachment to others in childhood, which can lead to calming and reducing anxiety. Slight negative ruminations are reduced as a result of experiences of physical arousal, which can be a beneficial determinant of health.

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