



Research Article

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On the Effectiveness of the Early Maladaptive Schemas and Social Support on the Level of Mental Health in Female Students with Romantic Relationship

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ABSTRACT

Objective: the present study was designed and implemented to investigate the effectiveness of the early maladaptive schemas and social support on the level of mental health in female students with a romantic relationship.

Method: this is a descriptive-correlational research. The population of this study included all single female students studying BA at comprehensive universities of Karaj during 2011-2012. As such, the statistical sample consisted of 170 students attending these universities having at least a three-month romantic relationship; they were selected randomly and evaluated by the general health questionnaire (GHQ), social support questionnaire (SS-A), and Young maladaptive schema questionnaire (YSQ). Data were analyzed by using descriptive statistics, Pearson correlational coefficient, and stepwise regression analysis.

Findings: the results of the study indicated that there is a significantly positive relationship between the early maladaptive schemas and mental health. Furthermore, there was a significantly negative relationship between mistrust/abuse schema and the boyfriend's support; there was also a significantly positive correlation between girlfriends' support and hypercriticalness. There was only a significantly negative correlation between family support and depression.

Conclusion: the schemas of undeveloped self, defectiveness and shame, emotional deprivation, and abandonment explained 32 percent of the mental health of the girls with a romantic relationship. Therefore, families need to positively support their children in their life, particularly in their early stages of life in which the schemas are shaped, to raise healthy children.

Keywords: *early maladaptive schemas, social support, mental health, romantic relationship*

INTRODUCTION

Erikson and Sullivan, quoting from Çelen Demirtas (2010), have regarded the formation and maintenance of romantic relationship as a very difficult growth task during adolescence. Arnet (2000) and Zarrett (2006) consider the late adolescence and adulthood as having an exclusive importance which can be regarded as a basis for growth in one's life span; that is why it is in this age that people begin to select what is valuable for the rest of their life to do. In addition to the growing importance of the romantic relationship, people spend much of their time at university in the late adolescence and at the beginning of adulthood (Gable, 2004). Most of the university students have reported their romantic relationship as their closest relationship (Blustein, 1989). Furthermore, conflict and intimacy in romantic relationship increase during adulthood; finally, the romantic relationship, particularly while attending university, plays an important role in growth as well as the next important romantic relationships and forms a basis for the next relationships (Arnet, 2000). Psychologists and sociologists have mentioned some reasons and benefits regarding relationship with the opposite sex; they include companionship, association, increased social status, and spouse

selection (Afzali, 2005). However, in many cases, these benefits turn to damages because of not knowing how to behave with the opposite sex and the following consequences (Shie, 2006, quoted from Darani et al., 2008). On the other hand, mental illnesses are growing among university students such that it is regarded as an important concern in the university environment; the students' mental health is a critical issue raising fundamental challenges today (Kadison and Digeronimo, 2004). Recent studies respecting the importance of romantic relationships indicate that these relationships have an important effect on individuals' performance. For example, there has been a relationship between the conflicts in a romantic relationship and the higher levels of the signs of depression. It seems that the breakdown of such relationships is an important predictive factor in increasing signs of depression (Joyner and Udry, 2000). Other studies in this regard include suicide, anxiety, depression, inferiority complex, and reduced relationship with family (Mashhadi Rostam, 2005). Considering the abovementioned results, the individual feels stressed in time and his mental health is threatened. Since the students of any society will be the human force and the builders of the country in the future, their psychological health is of great importance and the existence of mental problems and psychiatric disorders seriously affect their educational and social affairs (Kalman, 1998, quoted from Shafae and Feyz Nejad, 2010). The World Health Organization (WHO) (2001, 2004) defines the mental health as a state of complete physical, mental, and social well-being and argues that it does not only mean lack of an illness. Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Great encyclopedia of psychology, Larousse, defines mental health as a talent for coordination, pleasant and efficient work, being flexible for difficult situations and the ability to create your balance (Ganji, 2000). Keyes (2003, 2005, 2007, 2009), believes that a comprehensive understanding of mental health has not been provided by researchers so far and offers his model which is a comprehensive mental health, accordingly, mental health is defined as a state including 1) the absence of mental illness and 2) the presence of a satisfactory level of well-being. Such that the two dimensions of psychological well-being and mental illness combined together and a complete and incomplete case is determined for both dimensions. In this model, Keyes (2003), calls the condition in which people suffer mental illness and tend to have lower levels of well-being as droop and conditions of those without mental illnesses having high levels of well-being as flourishing. Corsini (1999), defines mental health as a mental state with anxiety health relatively freed from anxiety symptoms and disability, the ability to establish constructive relations, cope with the demands and stimulus stressful life. The psychological health includes individual assessments of the current and previous years in one's life. These assessments include emotional reactions to events, mental status and judgments regarding the level of their satisfaction of life, integrity, efficacy and removing the satisfaction of certain fields such as marriage and work. Generally, the psychological health studies deal with what people call it happiness and satisfaction (Diener, 2003). As mentioned above, this concept involves personal evaluation of life and includes cognitively emotional aspects. The researchers of the psychological health have mentioned some components for the two aspects: cognitive aspect including the individual's life satisfaction and assessment of life. The emotional aspect also includes the relative presence of positive emotion and lack of the negative emotion such as fear, anger, and discomfort. Based on the cognitive components of mental health, a happy person is the one who is often happy and sometimes sad, often satisfied with his life and his judgment about his life to public satisfaction (Diener, 2003). According to the cognitive aspect of mental health, one of the factors affecting the individual's assessment of his life is schemas. Segal (1988) has summarized some research on schemas and provides the following definition: systematic elements of reactions and past experiences shaping an integrated sustainable body of the knowledge, is able to lead the following understandings and assessments (Segal, 1988; quoted from Young, 2003, and Sahebi and Hamidpour, 2005). Many of the schemas are formed in the early stages of life and continue moving and impose themselves later in life experiences (Ghasemi, Ahadi, and Borjali, 2010). These schemas act as lenses that form the interpretation, selection, and assessment of the individual's assessment of his experience. It is believed that these beneficial or harmful effects either broaden or limit the potential growth of children. Although multiple investigations at any time within the framework of their theories have investigated these effects, but the results always tell the truth of this claim (Harris & Curtin, 2002).

Early maladaptive cognitive schemas as infrastructures are leading to irrational beliefs. When the initial maladaptive schemas are activated, directly and indirectly, lead to various forms of psychological distress such as depression, anxiety, inability to work, substance abuse, as well as the interpersonal conflicts. Early maladaptive schemas do not directly lead to specific personality disorders, but can increase vulnerability to these disorders (Young, 1999).

According to Young theory, these schemas are created because of the unfulfilled emotional needs of children like secure attachment to others, autonomy, competence and identity, freedom to express normal needs and excitement, spontaneity and fun, realistic and self-created limitations (Yang, Klosko and Weishaar, 2010). However, if the parents and the social environment are not in an optimum and each of these tasks is not performed, the person will have difficulties of performance in one or more areas of these schemas. These five areas are:

- 1) Disconnection and Rejection: failure to fulfill needs such as security and empathy in a predictable manner; its underlying schemas are Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness and Shame, Social isolation/ Alienation.
- 2) Impaired Autonomy & Performance: it is created in families that reduce the child's trust and put the independent performance of the child, too; its underlying schemas are dependence/incompetence, vulnerability to harm or illness, Enmeshment/Undeveloped self and failure.
- 3) Impaired limits: lack of accountability and thus problems with the rights of others, commitment and goal setting comes into existence; schemas that emanate from it: Entitlement/Grandiosity, Insufficient Self- Control.
- 4) Other Direction: paying too much attention to others and ignoring your needs. The schema of this area: Subjugation, Self- sacrifice, and Approval-Seeking / Recognition-Seeking.
- 5) Overvigilance/ Inhibition: as a result of too much emphasis on emotion, there is a backlash, schemas include: negativity/pessimism, emotional inhibition, unrelenting standards/hypercriticalness and finally punitiveness (Young, 1994; Harris and Curtin, 2002)

When these schemas come into existence, the child's growth and development stop in one or more areas and each of the symptoms of psychopathology is associated with one or more of the early schemas (Young, 1999). Thimm (2010) achieved the importance of schemas in the formation of personality disorders; Sariho et al. (2009) obtained their importance in the formation of phobia. Lumley and Harkness (2007) achieved a significant relationship in the investigation of the signs of depression, anxiety, and the early maladaptive schemas in adolescents. Anderson et al. (2006) showed the importance of schemes in the formation of obsession and Pinto-Gouveia et al. (2006) indicated that in the formation of social phobia. Calvete et al. (2005) indicated that there is a significant relationship between the symptoms of emotional disorders (depression, anxiety and anger) and the early maladaptive schemas. Taylor (2005), and Marmon et al. (2004) have suggested that early maladaptive schemas are inefficient mechanisms that directly or indirectly lead to psychological distress. Cousineau (2004), predicted the significant relationship between schemas, anxiety, and the symptoms of anxiety. Delattre (2004) considers no specific schema associated with the factor of anxiety, but to a higher level of activation of the schema in the schema achieved in healthy subjects. They are anxious to check schemas clients compared to healthy subjects came to the conclusion that in the early maladaptive schemas anxious people are more active. Therefore, strengthening the physical and mental powers, strengthening the inner essence and personality in addition to improving the quality of social interaction and support through deliberate communications and conflict reduction are essential strategies which to some extent provide mental and physical health for the human being (Peyravi et al.).

Social support from Cobb's perspective (1976; quoted from Kim, Sherman & Taylor, 2008) is referred to as the information which is considered to be the favorite people to believe that the people love, respect and value them and also they are involved in bilateral communication networks. How does social support influence on mental health status? Cohen and Wills (1985) defined two main separate models for the relationship between social support and physical health, psychological and social happens: 1. A model with protective effects, 2. A model with a fundamental and basic effects. The first model suggests that the effects of social support on the consequences of stress improve the health status of the person. It means while stress periods occur in the life, people with social support are more likely to show symptoms of the disorder. The second model suggests that the fundamental effects of social support affect individuals without regard to the amount of stress they experience. Davison et al. (2005), state that the social support has been divided into different types to facilitate investigating. Some of them have divided social protection to support both structural support and functional support. The objective aspect refers to the quantity and structural support

relationships (e.g. the number of friends of a person) and functional support refers to the perceived quality of social relations. For example, a person believes that there are close friends who can be asked for help at any time.

Some researchers believe that there are basically five types of social support: 1) Emotional support, which includes sympathy, attention, affection, and interest in the individual. 2) Esteem Support, to encourage or agree with the ideas or feelings and positive assessment compared to those who say their situation is worse than done. This kind of support makes sense with the value, merit, and credibility in the people. 3) Tangible or Instrumental Support, including direct assistance to the individual. 4) Information Support, including advice, offering, or giving direction and feedback to the individual. 5) Network Support to a feeling of belonging to a group with common interests and social activities gives (Cohen and McKay, 1984; Cutrona and Russell, 1990; House, 1984; Schaeffer, Coyne and Lazarus, 1981; Wills, Wills, 1984; quoted in Sarafino, 2002). The kind of support the person entitled to needs to depend on stressful situations (Wortman and Dunkel-Schetter, 1987; quoted in Sarafino, 2002). Several studies on the relationship between social support and mental health have been done. Landman-peters et al. (2005) showed that higher levels of social support are associated with lower levels of depression and anxiety and is thought to social protection, as the blow spent engaging in acts against stress. George noted that providing adequate social protection, substantial direct effects on mental health so that higher levels of social support are associated with lower levels of mental disorder (George, 1989). Cornman (2003), Henderson (1992), quoting Turner & Turner (1999), have observed the results that demonstrate the positive effects of social support in reducing depression.

In the present study, the effect of early maladaptive schemas and social support on the mental health of female students with romantic relationships will be investigated.

Method:

The present study is an applied descriptive-correlational research. The population includes all the single female students studying BA at universities of Karaj during 2011-2012. As such, the research sample consisted of 180 students attending Kharazmi, Azad, and Payam Noor universities of Karaj having at least a three-month romantic relationship. They were randomly selected from the faculty of sciences, engineering, humanities, literature and language, of whom 170 people completed the questionnaires and submitted them. The research instruments consisted of 3 questionnaires: the general health questionnaire (GHQ), social support questionnaire (SS-A), and Young maladaptive schema questionnaire (YSQ).

The general health questionnaire (GHQ): it was firstly designed by Goldberg (1972). The original questionnaire includes sixty items. Goldberg and Hiller (1979) designed a 28-item questionnaire through doing factor analysis on the original questionnaire (Taghavi, 2001). The content of this questionnaire probes the health condition of the individuals in the last month. The 28-item general health questionnaire includes four subscales: physical symptoms, anxiety and insomnia, social performance disorder, and depression. Taghavi studied the GHQ-28 psychometric properties on a 92-student sample from Shiraz University. The coefficients for test-retest reliability, split-half reliability, and Cronbach's alpha were 0.70, 0.93, and 0.90, respectively. The coefficient of concurrent validity with Midlex questionnaire was calculated as 0.55 and construct validity was between 0.72 and 0.87. Besides, he analyzed the four factors of depression, anxiety, social and physical performance disorder and indicated that 58% of the variance was determined by these four factors. The four extracted factors and the total score had a correlation in the range of 0.35 to 0.87 (Taghavi, 2001).

The social support test (SS-A): this test was designed by Wax, Phillips, Helly, Tohmson, Willams, and Stewart in 1986 (quoted from Zare, 2003) and its theoretical structure is based on Cobb's definition of social support. This scale contains 23 questions including three areas of family, friends (girlfriends), and others (participants were asked to consider the others' support as the boyfriends' support). The reliability coefficient of the student sample was 0.90 in the total scale and 0.70 in the same scale; this value was 0.81 after the re-test phase 6 weeks later (Karami, 2003). Young short form maladaptive schema questionnaire (YSQ): this 75-item questionnaire was designed by Young (YSQ-L2; Young and Brown, 1990, 2001) to evaluate 15 early maladaptive schemas. The standardization of this questionnaire in Iran has been done by Ahi (2005) at the universities of Tehran; the internal consistency was obtained by using Cronbach's alpha and its value was 0.97 in female population and 0.98 in the male population.

Finally, the research data were analyzed by using descriptive statistics, Pearson correlational coefficient, and stepwise regression analysis.

Findings:

The data in Table 2 show the mean and standard deviation of the variables.

Table2. The Mean and Standard Deviation of the Variables

Variables	Mean	Standard Deviation
Physical symptoms	14/1	4/7
Anxiety	14/5	4/1
Social malperformance	15/3	4
Depression	12	4/8
Total score	55/8	13/1
Family support	17/4	3/2
Girlfriends' support	14	2/7
Others' support (boyfriends')	17/5	2/5
Total score of social support	49	6/3
Emotional deprivation	11/3	7/5
Abandonment/instability	14/6	6/4
Mistrust/abuse	13/6	6/6
Social isolation/alienation	10/1	5/2
Defectiveness/shame	7/3	4
Failure	8/9	5
Dependence/incompetence	8/5	4/3
Vulnerability to harm or illness	9/6	5/7
Enmeshment/undeveloped self	12/2	7
Entitlement/grandiosity	17/3	6/3
Insufficient self- control	13/7	5/4
Subjugation	10	5/7
Self-sacrifice	17/3	6
Emotional inhibition	12/6	6/8
Unrelenting standards / hypercriticalness	17/8	6/1
Total score of disconnection & rejection	56/9	21/4
Total score of impaired performance	39/2	15/8
Total score of impaired limits	31/1	9/8

Total score of other direction	27/3	8/8
Total score of overvigilance	30/4	10/5

The mutual correlation between the early maladaptive schemas and mental health is illustrated in Table 3.

Table3. Correlation between the Early Maladaptive Schemas and Mental Health

Variables	Physical Symptoms	Anxiety	Social Malperformance	Depression	Total Score
Emotional deprivation	0/22**	0/38**	0/23**	0/34**	0/39**
Abandonment/instability	0/31**	0/32**	0/20**	0/34**	0/40**
Mistrust/abuse	0/27**	0/30**	0/20**	0/34**	0/38**
Social isolation/alienation	0/21**	0/34**	0/17*	0/30**	0/34**
Defectiveness/shame	0/29**	0/30**	0/23**	0/32**	0/38**
Failure	0/26**	0/23**	0/18*	0/25**	0/31**
Dependence/incompetence	0/20**	0/25**	0/21**	0/25**	0/31**
Vulnerability to harm or illness	0/14	0/34**	0/16*	0/18*	0/27**
Enmeshment/undeveloped self	0/22**	0/35**	0/32**	0/35**	0/42**
Entitlement/grandiosity	0/13	0/17*	0/8	0/21**	0/20**
Insufficient self- control	0/06	0/25**	0/29**	0/21**	0/27**
Subjugation	0/20**	0/29**	0/22**	0/24**	0/32**
Self-sacrifice	0/19*	0/19*	0/08	0/08	0/18*
Emotional inhibition	0/05	0/29**	0/19*	0/25**	0/26**
Unrelenting standards / hypercriticalness	0/14	0/14	0/16*	0/21**	0/23**
Total score of disconnection & rejection	0/35**	0/46**	0/29**	0/46**	0/53**
Total score of impaired performance	0/29**	0/42**	0/32**	0/37**	0/47**
Total score of impaired limits	0/12	0/25**	0/21**	0/25**	0/28**
Total score of other direction	0/25**	0/31**	0/19*	0/20**	0/32**
Total score of overvigilance	0/12	0/27**	0/22**	0/28**	0/30**

*Significant at the level of 0.05 **Significant at the level of 0.01

According to the findings in Table 3, there is a significantly positive correlation between the total score of the mental health, all subscales, and schemas. Depression (except for the subscale of self-sacrifice), social malperformance (except for self-sacrifice and grandiosity), and anxiety except for (unrelenting standards) have a significant positive correlation with other subscales and schemas.

Table4. Correlation between Maladaptive Schemas and Social Support

Variables	Family	Girlfriends	Others	Total Score
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			(boyfriends)	
Emotional deprivation	-0/08	-0/05	-0/08	-0/09
Abandonment/instability	-0/05	0/05	-0/05	-0/02
Mistrust/abuse	-0/01	0/13	-0/19*	-0/03
Social isolation/alienation	-0/01	0/04	-0/10	-0/02
Defectiveness/shame	-0/01	0/07	0/02	0/03
Failure	0/04	-0/02	-0/04	-0/01
Dependence/incompetence	0/05	-0/05	-0/02	-0/01
Vulnerability to harm or illness	0/13	0/06	-0/09	0/06
Enmeshment/undeveloped self	-0/09	-0/05	-0/07	-0/09
Entitlement/grandiosity	-0/02	-0/02	-0/09	-0/04
Insufficient self-control	-0/02	-0/05	-0/02	-0/02
Subjugation	-0/05	-0/06	-0/03	-0/06
Self-sacrifice	-0/06	0/07	-0/08	-0/03
Emotional inhibition	-0/01	0/05	-0/05	0/01
Unrelenting standards / hypercriticalness	-0/01	0/18*	-0/01	0/07
Total score of disconnection & rejection	-0/05	0/06	-0/12	-0/05
Total score of impaired performance	0/04	-0/02	-0/08	-0/02
Total score of impaired limits	-0/01	-0/01	-0/07	-0/03
Total score of other direction	-0/07	0/01	-0/07	-0/06
Total score of overvigilance	-0/01	0/13	-0/03	0/04

*Significant at the level of 0.05

As indicated in Table 4, there is a significantly negative correlation between the others' support (boyfriends') and mistrust; moreover, there is a significantly positive correlation between girlfriends' support and hypercriticalness. There is no significant relationship in other cases.

Table5. Correlation between Mental Health and Social Support

Variables	Family	Girlfriends	Others (boyfriends)	Total Score
Physical symptoms	0/03	0/06	-0/01	0/04
Anxiety	0/02	0/11	-0/05	0/04
Social malperformance	0/03	0/001	-0/02	0/01
Depression	-0/15*	0/001	0/04	0/09
Total score	0/08	0/06	-0/01	0/06

*Significant at the level of 0.05

Table 5 indicates that there is only a significantly negative correlation between family support and depression. The stepwise multivariate regression analysis was done to determine how much the early maladaptive schemas explain the variance of mental health and the results are presented in table 6.

Table6. Stepwise Regression Analysis to Predict Mental Health by Maladaptive Schemas

Step	Predictor	R	R ²	F	F sig.	B	t	Sig.
1	Disconnection and rejection	0/53	0/28	64/8	0/001	0/32	8/1	0/001
2	Disconnection and rejection Impaired performance	0/55	0/30	35/6	0/001	0/24 0/16	4/3 2/2	0/001 0/03

As Table 6 shows, among the predictive variables, disconnection and rejection as well as the impaired performance entered regression equation, respectively. Disconnection and rejection predict 28% of the public health variance by itself and the statistical F-test for the significance of correlation coefficient is 64.8 and significant at the level of 0.001. Disconnection and rejection and impaired performance together predict 30% of the public health variance and the statistical F-test for the significance of correlation coefficient is 35.6 and significant at the level of 0.001. Excluding the disconnection and rejection, it is indicated that the impaired performance explains 2% of the public health variance.

Determination of the value of the maladaptive schemas in explaining public health variance

Table7. Stepwise Regression Analysis to Predict Public Health by Maladaptive Schemas

Step	Predictor	R	R ²	F	F Sig.	B	t	Sig.
1	Undeveloped self	0/42	0/17	35/7	0/001	0/79	5/9	0/001
2	Undeveloped self Defectiveness and shame	0/51	0/26	28/9	0/001	0/64 0/98	4/9 4/3	0/001 0/001
3	Undeveloped self Defectiveness and shame Emotional deprivation	0/55	0/30	23/6	0/001	0/55 0/74 0/39	4/3 3/1 3/1	0/001 0/002 0/002
4	Undeveloped self Defectiveness and shame Emotional deprivation Abandonment	0/57	0/32	19/3	0/001	0/45 0/69 0/32 0/34	3/3 2/9 2/5 2/2	0/001 0/004 0/01 0/03

Multivariate regression analysis in this section shows that among predictive variables, respectively: four variable of undeveloped self, defectiveness and shame, emotional deprivation and abandonment were entered into the regression equation. Undeveloped self alone predicts 17% of the variance in general health, variance expects that F test for significant correlation coefficient equals 35/7 at the level of 0.001. Undeveloped self, defectiveness and shame together predict 26% of the variance of public health, F test for significant correlation coefficient is equal to 28/9 at the significant level of 0.001. By reducing the share of undeveloped self, it is clear that defectiveness and shame determine 9% of the public health. Undeveloped self, defectiveness, shame and emotional deprivation totally determine 30% of the public health variance, F test for the significant correlation coefficient of 23/6 was at the significant level of 0.001. Thus, it is clear that emotional deprivation determines 4% of the public health. Undeveloped

self, defectiveness and shame, emotional deprivation and abandonment of public health together determined 32% of the variance, F test for significant correlation coefficient is equal to 19/3 at the significant level of 0.001. It is determined by subtracting the contribution of other variables that abandonment determines 2% of public health.

Discussion and Conclusion:

This study investigated the effect of early maladaptive schemas and social support on the mental health of female students with romantic relationships. The results showed that early maladaptive schemas significantly correlated with low mental health and of those schemas to underdeveloped 17%, failure and shame, 9%, emotional deprivation 4% and triggered 2% of the variance in mental health predicts that a total of 32% of the variance explained mental health. Since these schemes are related to the separation/exclusion, performance and autonomy are disturbed and these two areas of highest correlation with mental health component (physical symptoms, anxiety, social malperformance and depression) showed that the results of the research are consistent with the findings of Camara and Calvete (2012) indicating that the early maladaptive schemas create vulnerability factor for anxiety and depressive symptoms. In the meantime, their schemas most underdeveloped forecasts low mental health variance of these girls. So that it is based on cognitive schemas an intense and emotional connection with one of the most important people live too close to the price of loss of individuality or social development, and natural, so that the person feels in his heart and has no identity merged and feeling of emptiness, confusion, lack of direction and purpose, or in extreme cases a person doubts the existence of himself/herself. This schema fits in the second group schema in the performance disrupts that occur in families that reduce children's confidence and suffer, too, from child protection work or that could not encourage children to do things outside the home. According to the above explanation, it can be concluded that, the female students have romantic relationships to prove their parents that they can decide independently to live and start a new relationship that it can be an inconsistent sample of responses to the schema (excessive compensation). Three schemas are no longer in the realm of cuts and rejection on 15% of the variance in predicting mental health, considering that their schemas in this area are patients who cannot be satisfactory. Such individuals believe that their need for stability, security, affection, love and devotion will not be met. Their families are usually unstable (Abandonment/instability), abuse (mistrust/abuse), cold and heartless (emotional deprivation), exclusion of (flaws and shame) or isolate (social isolation/alienation). Patients who have their schemas placed in these areas often receive the most damage. Many of them were shocking childhood and in adulthood tend to be rash and hasty damaging their relationship to relationship other than a shelter or Avoid close contact or interpersonal relationships. According to the mentioned tips, the girls due to unstable, cold and heartless and dismissive families, have the desire to establish relationships with other people, but since they believe that their relationships with important people in life has no stability and they are emotionally unpredictable (abandonment schema) and cannot maintain relations with the new person. Because they are so dependent on him and persistence behavior shows that he takes away or generally chooses the individual that cannot establish a sustainable relationship and then responds to your schema. In other cases, the schema activates emotional deprivation, one does not expect that their desire to establish an emotional relationship with others is satisfied enough or have sensitivity to criticism, rejection, blame (schemas of failure and shame) and for this reason, they set up a new romantic relationship but they also cannot continue for a long time.

The second important factor was social protection and its role in predicting the mental health of the female students with romantic relationships, the objectives of this study were considered. According to the results of this study, there was a significant negative correlation between support of family and depression. In other cases, no significant association was observed and a total score of social support did not explain the fluctuations in mental health. This result was consistent with the results of the research of Henderson. In this way, Henderson (1992), quoting Turner and Turner (1999), by performing a meta-analysis, concluded that despite using different scales to measure social support and depression, in all studies, the results about the positive effects of social support in reducing depression was observed. Similarly, the results of Landman Peters et al. (2005) also showed that higher levels of social support was in line with lower levels of depression and anxiety, and are thought to be related to social support, as passed buffer against stress acts and of course with the difference that in this study we did not find the relationship between social support and anxiety. The results can be thus explained that according to the average social protection, boyfriend's support and family support are highly estimated. However, the correlation between boyfriend and schema support mistrust/abuse is a significant and negative direction, it can be declared that the foundation of this relationship is based

on distrust and people who have this schema, lose assurance in the honesty and honor of the others; they are suspicious of the others and keep themselves away from them. Considering the results, some plans can be designed to teach families how to raise and support their children in different ages; because, a healthy, safe and supporting family is very useful in determining children's mental health. In other words, raising healthy people brings about the existence of a healthy society.

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