



Effectiveness of Schema Therapy on Psychological Well-being, Perceived Social Support, and Psychological Capital in Daughters of Veterans of Iran-Iraq Imposed War

ARTICLE INFO

Article Type

Original Research

Authors

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How to cite this article

Moghanloo M. Effectiveness of Schema Therapy on Psychological Well-being, Perceived Social Support, and Psychological Capital in Daughters of Veterans of Iran-Iraq Imposed War. Iranian Journal of War & Public Health. 2022;14(4):439-446.

ABSTRACT

Aims This study aimed to investigate the effectiveness of schema therapy on increasing psychological well-being, perceived social support, and psychological capital in daughters of veterans of the Iran-Iraq imposed war.

Materials & Methods The present study is a quasi-experimental study with a pre-test-post-test design in two groups. Based on the Cochran formula, 50 women of Bushehr Payame Noor University students with veteran fathers were selected purposefully and randomly divided into two experimental (n=25) and control (n=25) groups. A 12-session schema therapy was performed for the experimental group. Three questionnaires of psychological well-being, perceived social support and psychological capital were completed in both groups in the pre-test and post-test. Data were analyzed using multivariate analysis of covariance.

Findings The effectiveness of schema therapy in increasing the scores of the dependent variables of psychological capital (F=148.705), psychological well-being (F=115.69), and perceived social support (F=60.82) was significant (p=0.0001).

Conclusion Psychological intervention in the form of modification and repair of the initial maladaptive schema leads to an increase in psychological well-being, psychological capital, and perceived social support in girls with veteran fathers.

Keywords Schema Therapy, Psychological Well-Being, Perceived Social Support, Psychological Capital

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Article History

Received: August 29, 2022

Accepted: November 22, 2022

ePublished: December 16, 2022

CITATION LINKS

[1] The relationship between ... [2] The role of ... [3] Adolescence and ... [4] The comparison of ... [5] Study of the effectiveness ... [6] Early maladaptive ... [7] The effectiveness of ... [8] The efficacy of ... [9] The effectiveness of ... [10] Psychological ... [11] Stability of dysfunctional ... [12] The effect of ... [13] Effectiveness of ... [14] The relationship ... [15] The role of schematherapy ... [16] The relationship ... [17] Health ... [18] Relationship of perceived ... [19] The association between ... [20] Social support: An ... [21] Psychometric properties ... [22] Behavioral problems and ... [23] Reliability and validity ... [24] The impact of perceived ... [25] Perceived discrimination ... [26] Adult attachment, perceived ... [27] The role of physical ... [28] Validation of psychological ... [29] Living with veteran ...

Introduction

Family as a social institution and the main cell of society, or the smallest basic unit of society, is of interest to many psychologists. The family consists of father, mother and children. The father has a key role in the family and is responsible for decision-making and management in the family [1]. Fathers play a significant role in shaping their children's experiences and development. Secondly, their role is prominent during the child's life, and thirdly, it affects the child's development process [2]. In a family where the father does not exist or does not play his role correctly, the children do not have a correct image of the father's role to identify themselves with. In families where the father does not play his role properly due to disability or other problems, children suffer from many psychological problems [3]. The father's disability and military service will bring new problems for him, his wife, and his children. The father's military service prevents the child from establishing a proper relationship with him and affects their children's childhood experiences, and this causes all kinds of problems in the children of veterans [4]. There is a relationship between early childhood experiences and the creation of early maladaptive schemas, and these schemas are one of the main factors in the occurrence of psychological and social problems [5]. Based on this, the schema therapy method was used in the present study.

Schema therapy is one of the important treatment methods for treating cognitive disorders. The results of the studies indicate that schema therapy is an effective method to reduce the symptoms of anxiety and depression, so counselors and therapists can use schema therapy to reduce the symptoms of anxiety and depression [6]. Schemas can be seen as structures for retrieving general concepts stored in memory, or an organized collection of information, beliefs, and assumptions, the content of each schema is constructed and processed through individual life experiences, organized and in perception and evaluation of new information is used [7]. Schemas organize the structure of information in the memory, and for the information to be understood correctly, they give it a desirable shape and show where and how to look for this information. Schema-inefficient information attracts more attention, but schema-consistent information is easily retrieved in memory [8]. Applying schema therapy techniques increases feelings of worth, quality, competence, positivity, and self-confidence. Schema therapy is divided into two stages assessment and training, as well as changing schemas. Four groups of techniques are used to change schemas: cognitive techniques that aim to change the central belief; experiential techniques that work on memories, mental images, bodily sensations, and emotional feelings; behavioral pattern breaking that targets ineffective coping styles, and relationship therapy that is effective in

addressing five unmet emotional needs [9]. Due to the effectiveness of the schema therapy method on various cognitive and social variables, this treatment method was also used in the current research. The feeling of well-being means a person's overall evaluation of life, which is formed based on personal goals and the level of access to them. According to the model of psychological well-being, six factors are effective in psychological well-being, these six factors are self-acceptance, positive relationship with others, autonomy, purposeful life, personality development, and control over the environment [10].

One of the factors related to the quality of psychological life is the initial maladaptive schemas of people. Early maladaptive schemas operate on the deepest cognitive levels and are usually unconscious, making people psychologically vulnerable to depression, anxiety, dysfunctional relationships, addiction, and mental disorders [11]. Schema therapy can predict people's psychological well-being by influencing the primary maladaptive schemas and reducing their psychological, emotional, and behavioral problems [12-14].

Psychological capital is one of the indicators of positive psychology, which is defined by characteristics such as a person's belief in his abilities to achieve success, perseverance in pursuing goals, creating positive documents about himself, and enduring problems [15]. Also, having psychological capital enables people to cope better with stressful situations, to be less stressed, to be more resilient in the face of problems, to have a clear view of themselves, and to be less affected by daily events. Therefore, such people have higher psychological health. Psychological capital includes the positive aspects of a person's life. Psychological capital includes a person's understanding of himself, having a goal to achieve success and persistence against problems [16]. Psychological capital is a combined and interconnected structure that includes four perceptual-cognitive components, self-efficacy, optimism, hope, and resilience [17]. Psychological capital is not formed in a vacuum; a person lives in cultural and social frameworks and continuously receives informational and corrective feedback from cultural and social sources. This feedback can play a permanent role in shaping goals, the meaning of life, resistance to pressure, and positive and negative self-evaluations. Therefore, the lack of supportive social networks and the breakdown of interpersonal relationships, and the decline of interpersonal trust can prevent the demonstration of individual capabilities in social arenas. Spaces of mistrust and social disconnection take away the opportunity to dare and self-express a person and deprive him of huge sources of feedback. The lack of these resources obscures the prospect of future life trends for a person and replaces despair, hopelessness, and pessimism in a person's perceptual and psychological system [15].

Most of the initial definitions of social support are rooted in people's perception of their popularity, attention, and respect. Perceived social support is the level of people's perception of the love and support of their family, friends, and people around them against psychological pressures and accidents [18]. Berra and Cummins have identified two concepts of social support in the study of social support, which are: 1) received support and 2) perceived support. The meaning of received support is the level of emotional support that a person has, such as objective help and assistance from family and friends, which can be determined by measuring the number of supporters and the level of access and enjoyment of various types of social support. Perceived support means the perception of accessibility and adequacy of different types of support; Perceived support is often regarded as a result of satisfaction and having probable support combined with positive emotions [19]. In perceived social support, the individual's evaluations of the availability of support when necessary and needed are examined. The concept of perceived social support refers to the support of a person's cognitive evaluation of his relationships. The theorists of this field believe that all relationships that a person has with others are not considered social support unless the person evaluates them as an available and suitable resource to meet his needs. Perceived social support scales are also focused on a person's cognitive evaluation of his environment and the level of confidence that help and support will be available if necessary [20].

Perceived social support has many effects on physical and psychological conditions, life satisfaction, life expectancy, and various aspects of people's quality of life and is known as an effective moderating factor in dealing with and adapting to stressful life conditions [21]. Finally, due to a large number of veterans in our country, the present research aimed to measure the effectiveness of schema therapy on psychological well-being, perceived social support, and psychological capital in female students of Payame Noor University in Bushehr Province whose fathers were veterans of the imposed Iran-Iraq war.

Materials and Methods

The present study is a quasi-experimental study with a pre-test-post-test design in two groups, which was conducted in 2022.

The statistical population included 71 women of Bushehr Payame Noor University students with veteran fathers. Based on the Cochran formula with: $z=1.96$, $p=0.5$, and $d=0.05$, the sample size was equal to $N=70$.

$$n = \frac{\frac{z^2 pq}{d^2}}{1 + \frac{1}{N} \left[\frac{z^2 pq}{d^2} - 1 \right]}$$

The samples were selected purposefully. Then the people who met the inclusion criteria were screened, and the final sample was selected, then the objectives of the study were explained to them. Then, using the Random Number Generator 3.1 software, the subjects were randomly divided into two experimental ($n=25$) and control ($n=25$) groups. The research tool included the following questionnaires:

Perceived Social Support Scale: SimMet *et al.*'s multidimensional scale of perceived social support was used to measure social support. This scale consists of 12 items that measure three components: perceived support from family (4 items), perceived support from important people (4 items), and perceived support from friends (4 items). All items of this scale are graded on a five-point Likert scale (completely agree, agree, have no opinion, disagree, and completely disagree). The range of scores of this scale is 12 to 60. This scale was conducted using principal component analysis on 12 items in this research. Bruwer *et al.* reported the internal reliability of this tool in a sample of 788 high school youth using Cronbach's alpha, 86 to 90% for the subscales of this tool and 86% for the whole tool [21]. In Selimbasic *et al.*'s study [22], Cronbach's alpha coefficient of the three dimensions of social support received from family, friends and important people in life were mentioned as 89%, 86%, and 82%, respectively.

Ryff Psychological Well-Being Scale: Ryff designed this scale [10]. The original form had 120 questions, but shorter forms with 84 questions, 54 questions, and 18 questions were also suggested in the subsequent reviews. In Bayani *et al.*'s research [23] and the present study based on Ryff's proposal to the researchers, an 84-question form was used.

The psychological well-being scale has six subscales: self-acceptance, positive relationship with others, autonomy, purposeful life, personal growth, and environmental mastery. In the 84-question form, each factor has 14 questions. The subject is asked to read each question and express his opinion based on a six-point scale from strongly disagree to strongly agree. 47 questions are scored directly, and 37 questions are scored inversely. The results of Bayani *et al.*'s study [23], aimed at validating the 84-question form of the questionnaire, showed that the test-retest reliability coefficient was equal to 0.82, and the subscales of self-acceptance, positive relationship with others, autonomy, purposeful life, personal growth, and environmental mastery were 0.71, 0.77, 0.78, 0.77, 0.70, 0.78, respectively, which was statistically significant ($p<0.001$). The correlation of the psychological well-being scale with the life satisfaction scale, Oxford happiness questionnaire, and Rosenberg self-esteem questionnaire were equal to 0.47, 0.58, and 0.46, respectively.

Psychological Capital Questionnaire: The psychological capital questionnaire was designed by Luthans. This questionnaire has 24 questions and four components of hope, resilience, optimism, and self-efficacy and is based on a six-point Likert scale with questions such as "I trust a long problem to find a solution" to measure psychological capital. Lutans *et al.* reported the reliability of the questionnaire above 0.90. After translation and revision, its content validity was confirmed by five experts in industrial, organizational, and management psychology, and the reliability of the questionnaire was also 0.77 using Cronbach's alpha coefficient [16].

A summary of the treatment steps is reported in the Table 1.

Table 1) Content of training sessions

Session	Description
1	Familiarization and introduction of programs, establishing communication and empathy, and creating motivation
2	Implementation of questionnaires and training of schema therapy goals, evaluation of the initial condition of the group and specifying the expectations of the patient and the therapist from the treatment, and creating a therapeutic agreement
3	Definition of schema therapy, familiarity and understanding of schema therapy concepts and how to use them, and information processing and acquisition skills
4	Education and recognition of primary incompatible schemas, dysfunctional beliefs, and document styles, accurate and scientific understanding of the concepts of primary incompatible schemas, dysfunctional beliefs, and document styles
5	Introducing the domains of primary incompatible schemas, complete familiarity with the domains of primary incompatible schemas and their recognition
6	Education and recognition of the concept of cognitive coordination and ineffective coping responses, recognition and adaptation of cognitive coordination and ineffective coping responses with personal experiences
7	Evaluation and training of schema therapy, recognition and diagnosis of primary incompatible schemas
8	Using cognitive schema therapy strategies, modifying schemas, and ineffective coping styles
9	Using schema therapy behavioral strategies, modifying schemas and ineffective coping styles
10	Using experimental schema therapy strategies, changing and improving the emotional level of schemas
11	Teaching methods of breaking patterns, replacing healthy and efficient behaviors instead of confrontational and incompatible behaviors
12	Summarizing the contents of the previous sessions and re-implementing the questionnaire, evaluating the effectiveness of the treatment scheme

To investigate the significance of the difference between the averages of the two experimental and control groups in the three variables of psychological well-being, social support, and psychological capital before and after applying schema therapy intervention, we used the multivariate analysis of covariance. Before carrying out this statistical model to check the research hypothesis, we must first check the assumptions of the model in the sample group. In the first stage, Levin's test was used to check the

equality of variances of two groups in two experimental and control groups. In the following, the Shapiro-Wilk and Kolmogorov-Smirnov tests were used to examine the normal distribution in the variables of psychological capital, psychological well-being, and social support in female students who are daughters of veterans. To answer the first hypothesis of the research, the multivariate covariance analysis test was used. For this purpose, the box test was used to check the assumption of the covariance matrix.

Findings

In total, 50 people answered the questions. The frequency distribution of demographic characteristics of the participants is shown in Table 2.

Table 2) Frequency distribution of demographic characteristics in experimental (n=25) and control (n=25) groups.

Demographic characteristics	Experimental group, No. (%)	Control group, No. (%)
Age group, y		
18-20	2 (8.0)	3 (12.0)
21-23	6 (24.0)	7 (28.0)
24-26	5 (20.0)	4 (16.0)
27-29	4 (16.0)	6 (24.0)
30-32	6 (24.0)	2 (8.0)
33-37	2 (8.0)	3 (12.0)
Field of study		
Humanities	16 (64.0)	14 (56.0)
Basic science	3 (12.0)	6 (24.0)
Technical engineering	3 (12.0)	3 (12.0)
Medical science	0 (0)	1 (4.0)
Art	3 (12.0)	1 (4.0)
Marriage status		
Single	12 (48.0)	10 (40.0)
Married	8 (32.0)	11 (44.0)
Divorced	5 (20.0)	4 (16.0)

Table 3 shows the scores of the experimental group in each of the 15 schemas. Higher scores indicate having the desired schema. Out of 25 people, except for 3 people, the rest of the experimental group scored higher than 10 in the schema of entitlement/greatness, self-restraint, stubborn standards, sacrifice, abandonment/instability, and they got emotional deprivation (Table 3).

In the experimental group, the mean scores of psychological capital, psychological well-being, and social support increased in the post-test stage compared to the pre-test stage. In the control group, in the two variables of psychological well-being and social support, the post-test scores increased compared to the pre-test scores, but scores of psychological capital decreased in the post-test compared to the pre-test (Table 4).

Based on the results of univariate analysis of covariance, the effectiveness of schema therapy in increasing the scores of the dependent variables of psychological capital ($F=148.705$), psychological well-being ($F=115.69$), and perceived social support ($F=60.82$) was significant ($p=0.0001$). Therefore, the changes in the independent variable, i.e. the implementation of intervention sessions based on the schema

therapy approach significantly increased the scores of psychological capital, psychological

well-being, and perceived social support in female students (Table 5).

Table 3) Scores of experimental group in 15 schemas

ID	ma	si	sb	ss	us	ei	ed	fa	vh	ab	ds	di	em	is	et
1	16	12	17	23	23	25	25	10	10	13	13	13	14	14	15
2	12	5	6	18	22	8	22	5	6	14	5	5	11	14	12
3	14	6	15	8	28	26	13	13	21	21	7	7	6	15	22
4	20	17	10	23	20	14	8	5	20	9	6	7	12	20	21
5	10	8	9	9	23	8	10	7	7	14	7	8	9	10	18
6	12	20	8	7	28	22	16	14	5	8	11	5	15	17	19
7	6	5	9	12	10	5	13	5	5	18	6	5	7	22	8
8	17	9	12	12	19	9	27	10	7	8	5	10	13	16	11
9	23	18	22	30	30	14	30	6	12	9	26	13	19	7	15
10	10	10	9	27	25	6	22	5	5	11	5	5	5	11	14
11	12	18	19	13	28	21	24	13	9	24	21	13	18	27	29
12	8	5	5	17	23	5	10	6	6	13	5	8	11	17	16
13	10	6	6	18	28	-	6	5	5	11	6	10	22	15	24
14	11	8	15	27	20	12	25	9	15	23	14	9	8	12	18
15	23	18	20	25	26	19	23	28	18	29	28	11	15	14	21
16	8	5	9	11	13	-	21	6	5	12	6	7	8	10	18
17	22	23	13	16	23	25	28	27	23	22	16	17	14	22	13
18	13	8	24	19	19	21	21	13	21	16	7	21	6	18	6
19	20	30	25	24	28	29	30	28	22	27	30	25	19	22	19
20	13	15	5	14	20	26	20	8	14	13	5	5	12	9	29
21	14	11	14	26	17	15	23	6	30	19	7	5	13	23	21
22	12	14	12	18	19	18	17	20	17	9	9	9	12	15	18
23	15	18	14	25	7	10	7	18	5	7	5	17	19	20	10
24	15	18	14	25	7	10	7	18	5	7	5	17	19	20	10
25	7	10	7	12	20	8	17	10	5	7	8	5	9	8	7

ma: mistrust/misbehavior; si: social isolation; sb: obedience; ss: sacrifice; us: stubborn criterion; ei: emotional inhibition; ed: emotional deprivation; fa: failure; vh: vulnerability to illness; ab: abandonment/instability; ds: defect/shame; di: dependence/incompetence; em: trapped/underdeveloped vulnerability; is: self-restraint; et: entitlement/greatness

Table 4) Mean and Standard deviation of scores in the dependent variables

Variables	Pretest	Post test
Psychological capital		
Experimental group	94.54±15.82	104.40±11.14
Control group	88.71±12.20	67.20±9.59
Psychological wellbeing		
Experimental group	349.08±44.05	370.76±33.47
Control group	343.20±41.89	256.82±37.03
Social support		
Experimental group	67.40±16.56	63.36±9.29
Control group	64.13±17.93	40.48±11.22

Discussion

The present study aimed to investigate the effect of schema therapy on the promotion of psychological capital, psychological well-being, and perceived social support in female students of Payame Noor University in Bushehr Province whose father was a veteran of the Iran-Iraq imposed war.

According to the findings of the present study, the schema therapy intervention led to an increase in the post-test mean scores in the psychological well-being of female students of Payame Noor University in Bushehr province with veteran fathers, which this effect was significant, but no change was observed in the control group. This finding is in line with the results of previous studies [12-14]. In explaining this finding, it should be said that schema therapy leads to positive changes in cognitive, emotional, experiential and emotional fields. This approach, by challenging the initial incompatible schemas, leads to changes in

Table 5) Results of univariate analysis of covariance

ANCOVA	SS	df	MS	F	P	Eta ²
Psychological capital						
Corrected model	17309.301	3	865.6514	7.5468	0.0001	0.707
Intercept	7626.493	1	7626.49	69.215	0.0001	0.596
Treatment effect	16385.061	1	16385.06	148.705	0.0001	0.760
Pretest effect	11.301	1	11.301	0.103	0.70	0.002
error	5178.699	47	1410.18	7.5468	0.0001	-
sum	39057.000	50	-	-	-	-
Psychological wellbeing						
Corrected model	143391.049	3	71695.52	63.62	0.0001	0.726
Intercept	38622.58	1	38622.58	33.576	0.0001	0.417
Treatment effect	133080.61	1	133080.61	115.69	0.0001	0.711
Pretest effect	490.140	1	490.140	5.00	0.030	0.096
error	54063.85	47	1150.29	63.62	0.0001	-
sum	5263028.6	50	-	33.576	0.0001	-
Social support						
Corrected model	6571.270	3	3285.63	30.44	0.0001	0.564
Intercept	9313.62	1	9313.62	86.29	0.0001	0.647
Treatment effect	6564.30	1	75.590	60.82	0.0001	0.564
Pretest effect	27.59	1	27.59	0.256	0.61	0.005
error	5072.41	47	304.335	30.44	0.0001	-
sum	146428.00	50	3285.63	86.29	0.0001	-

psychological well-being components such as self-acceptance, increased autonomy, purposeful life,

positive relationship with others, personal growth and mastery of the environment. The girls of the present research acted more consciously in relation to others after performing schema therapy, learning about their negative and destructive schemas, and becoming aware of the destructive impact of these schemas on different aspects of their lives.

The sample group of the current study had the most problems in interpersonal relationships with new people in their lives, and either they avoided establishing relationships with others, or they experienced multiple failures in marriage and friendship, and they were not able to form positive and lasting relationships. Also, they were not healthy with others and complained of depression and social anxiety. A dysfunctional schema prevents the formation of positive relationships with others, and schema therapy training during 12 sessions in the current research has led to the correction of these dysfunctional schemas that are destructive to relationships in the sample group.

Another component of psychological well-being is a sense of independence. It seems that the intervention of the present research increased the sense of autonomy in the sample group. After schema therapy, people experience more autonomy through experiencing a higher sense of efficacy because they get rid of the influence and dominance of schemas on their lives and feel liberated and independent.

The next component is personal growth. After the intervention, people feel more personal growth and try to live a more purposeful life than before. Schema therapy also leads to self-acceptance. Because when people become aware of the effect and function of the planners, they identify the source of unpleasant feelings such as fears, anxieties, and feelings of helplessness and depression in themselves, so they do not consider these feelings as external, uncontrollable and unknown as before, but by finding they try to restore and master their source and find more realistic self-acceptance. The sum of these factors leads to a greater sense of psychological well-being compared to before the intervention.

Schema therapy increased the perceived social support in female students of Payame Noor University in Bushehr province whose fathers are veterans of the Iran-Iraq imposed war.

Perceived social support is the level of people's perception of the love and support of their family, friends, and people around them in the face of psychological pressures and accidents [21]. The review of research literature presents the social support as a factor that can be influenced by schemas. For example, in the study of Kang *et al.* [24], attachment that is caused by the behavior of parents and the child's environment in the early years of childhood has a significant relationship with perceived social support. Also, the role of perceived social support between attachment and physical

diseases and mental disorders has been confirmed [21, 25, 26].

On the other hand, many studies, directly and indirectly, show social support as an effective factor in the quality of life. According to the tapping model of perceived social support, having maladaptive initial schemas makes one not receive various types of social support, such as emotional support (expressing empathy, interest, and concern for the person), respectful support (encouraging the person when they show affection and agree with his opinions and feelings), and lose network support (the feeling of belonging to a group that shares interests and feelings). The restoration of structures and schemas leads to re-establishment and the feeling of social support is perceived in the individual.

In addition, schema therapy led to an increase in psychological capital in female students of Payame Noor University, Bushehr province, whose fathers are veterans of the Iran-Iraq war. The findings of the present study regarding the effectiveness of schema therapy on increasing psychological capital are in line with Alisoleimani *et al.*'s research [15] that the schema therapy approach is effective in improving psychological capital. In explaining this finding, it can be stated that psychological capital includes four perceptual-cognitive components, i.e. self-efficacy, optimism, hope and resilience. Psychological capital is one of the dimensions of positive psychology, which is defined by characteristics such as a person's belief in his abilities to achieve success, persistent in pursuing goals, creating positive documents about himself, and enduring problems [27]. Based on the schema therapy approach, which is a cognitive approach, humans establish relationships with others based on the way they know themselves, their environment, and their future. Schema therapy works on changing these distorted cognitions so that the person's cognition of himself, the environment, and the future corresponds to reality. In other words, through schema therapy, we can change our knowledge and make progress in improving the psychological capital that is related to our knowledge of ourselves, the environment, and the future [28].

The findings of the current research are affirmative and in line with the theoretical literature, and the background of the research showed that schema therapy group training and intervention leads to positive changes in psychological well-being, perceived social support and psychological capital in female students with war veteran fathers.

Living with a veteran father leads to a different experience in the natural development process of girls and makes problems in satisfying their psychological and emotional needs; experiences such as worry and suffering due to the pain and illness of the father and the subsequent stress, imposing heavy household duties on the mother and the eldest child, experiences of the father's aggression, the inability to

communicate effectively with the father, the effects of military service on the physical and mental health of children, rumination, the reason why the father went to war, the constant comparison of himself with other girls and families, the feeling of worry about the unknown future, the interference of the beliefs and values of the father and the daughter, and the negative and biased view of the society [29].

All of these factors lead to more psychological problems in different periods and cycles of life and create incompatible and destructive schemas in these girls. Based on the findings of the current research, schema therapy by targeting primary incompatible schemas, fundamental beliefs, feelings, emotions, memories of childhood and adolescence, and the individual's relationships with others has led to the improvement of psychological well-being, perceived social support, and psychological capital in girls with a veteran father.

Limitation

- This research was conducted on girls with veteran fathers, and the findings of the current research cannot be generalized to the boys' population.
- This research was conducted in Bushehr province and among the students of Payame Noor University of this province, and it cannot be generalized to other subcultures and other provinces.
- The limitation of the current research was the implementation of online and group schema therapy in the sample group, although it was video-based and in the Skype environment.
- Present study was conducted in a small sample group, and the effect of schema therapy did not compare between men and women.

Suggestion

- It is suggested that this research be conducted in boys with veteran fathers.
- Considering the need to prevent communication and psychological problems and to prevent the formation of incompatible initial schemas, it is suggested to carry out psychological interventions from preschool and elementary school in families with veteran fathers and families of martyrs.
- It is suggested to conduct similar studies in other provinces and in the non-student community.
- Schema therapy is suggested to be done through face-to-face counseling.
- Considering the observation of interpersonal problems in girls with veteran fathers, it is recommended that Shahid Foundation counseling centers consider marriage counseling and monitoring communication problems of this group.
- Considering the effectiveness of schema therapy intervention, other treatments in the cognitive field (such as cognitive therapy, behavior therapy, self-compassion, reality therapy, gestalt therapy) are suggested.

- It is suggested that the present research should be done with a larger sample group. It is suggested to compare schemas in girls and boys with veteran fathers, as well as compare different age groups.

Conclusion

Psychological intervention in the form of modification and repair of the initial maladaptive schema leads to an increase in psychological well-being, psychological capital, and perceived social support in girls with veteran fathers.

Acknowledgements: The authors of the article express their appreciation and gratitude to all the officials and experts of the Shahid Foundation and the affairs of martyrs, including Mr. Majid Modi, Director General of the Office of Studies and Researches, Mr. Dr. Zohre Ganj Parvar, Research Manager, Mr. Dr. Salman Pour, Research Project Supervisor and other members of the "Janbazan Medical and Engineering Research Center" Institute who cooperated and assisted in all stages of the development and implementation of the research project. Also, we would like to express our sincere thanks to the cultural officials, the representative body of the Supreme Leader at Payame Noor Bushehr University, and the students who participated in the project of this research.

Ethical Permission: IR.ISAAR.REC.1401.006

Conflict of Interests: There is no conflict of interest.

Authors' Contribution: Moghanloo M (The Only Author), Main Researcher/Discussion Writer/Data Analyst/Introduction Writer/Methodologist (100%);

Funding: This article is derived from the research project. This project has been done with the financial support of the organization of "Janbazan Medical and Engineering Research Center" with code 732.

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