Developing a structural model of maladaptive schemas based on individual trauma and social trauma with the mediation of attachment styles

Matin. Chaharrahi[1], Mohammad Reza. Zarbakhsh Bahri*[2], Javad. Khalatbari[3] & Taher. Tizdast[3]

1. PhD student General Psychology, Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran
2. *Corresponding Author: Associate Professor ،Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran
3. Associate Professor ،Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

ARTICLE INFORMATION	ABSTRACT
	Background and Aim: Entering the university is always associated with a range of stressful academic, financial, communication, social and sometimes distance from the family. The present study was conducted with the aim of determining the fit of the structural model of maladaptive schemas based on individual trauma and social trauma with the mediation of attachment styles. **Methods:** The study method was correlational. The statistical population was all the students of Islamic Azad University, Karaj branch, in the academic year 2020-21. The statistical sample consisted of 380 students who were selected online. Hazen and Shaver's (1987) attachment style questionnaire, Young's early maladaptive schemas questionnaire (1998), Bernstein et al.'s (2003) childhood trauma questionnaire, and researcher-made social trauma questionnaire were used. **Results:** The results showed that personal trauma has an effect on early maladaptive schemas with the mediation of secure attachment style ($P<0.01$); Personal trauma with the mediation of avoidant and ambivalent attachment style has no effect on early maladaptive schemas ($P<0.05$); Social trauma has an effect on early maladaptive schemas with the mediation of secure and avoidant attachment style ($P<0.01$); Social trauma with the mediation of ambivalent attachment style does not affect early maladaptive schemas ($P<0.05$). **Conclusion:** The results showed that the structural model of maladaptive schemas based on individual trauma and social trauma with the mediation of attachment styles in the students of Islamic Azad University of Karaj has a sufficient fit; Therefore, providing the right environment from childhood can help reduce mental and personality disorders in the society.

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Introduction

Entering the university is always associated with a range of stressful academic, financial, communication, social and sometimes distance from the family, and students may experience many failures, conflicts, pressures and tensions in connection with these conditions. Those students who have early maladaptive schemas interpret life events as more stressful; so that they tend to experience more psychological symptoms (Kaya & Aydin, 2021). Early maladaptive schemas refer to feelings and false beliefs and assumptions that influence people's interpretations, perceptions, and behaviors (Young et al., 2006). These schemas arise in relation to five basic developmental tasks (disconnection and rejection, impaired functioning and self-management, impaired limitations, other orientation and listening to an excessive alarm and inhibition). It is believed that the child must successfully complete these tasks in relation to parents and environment during their development (Buch, Lockwood, & Young, 2018). Maladaptive schemas arise due to not satisfying the basic emotional needs of childhood (Tim, 2010) and are related to mental health (Nicol et al., 2020; Yakin et al., 2019; Kaya & Aydin, 2021). Therefore, negative experiences related to childhood trauma may lead to the creation of maladaptive emotional schemas and ineffective strategies in dealing with emotions (Tashorn, 2022).

Trauma means injury and refers to any current act or omission that endangers a child's health, survival, and optimal development (Tashorn, 2022). Childhood trauma occurs in different forms, which include physical abuse, sexual abuse, emotional abuse, neglect in providing needs such as safety, nutrition and clothing, and emotional neglect (providing emotional and educational support) (Tashorn, 2022; Hogan, 2020). The experience of childhood trauma is all the unpleasant and unpleasant experiences that a person has experienced during childhood or directly in relation to his caregivers and attachment figures. On the other hand, he may have experienced misbehavior in relation to a stranger as a result of the negligence of his attachment figures. These unpleasant and unpleasant experiences are the product of direct or indirect mistreatment of attachment figures and people in the child's life with him in one or more of the five areas of physical abuse, emotional abuse, sexual abuse, emotional neglect, and physical neglect. (Bernstein et al., 2003). Fulfillment of core emotional needs, failure to satisfy these needs, impaired communication and interactions between the child and the caregiver, harming or abusing the child, all create bitter experiences in the child that change his view of the world around him. (Young et al., 2006). The researches of Farrokhzadian, Rezaei and Sadeghi (2019), Tashorn (2022) and Bogue, Cox, Young and Kelly (2019) showed that there is a significant relationship between childhood trauma and emotional schemas.

Another type of trauma is social trauma, which means traumatic events or outcomes and situations, such as natural disasters, wars, disease, traffic accidents, theft, kidnapping, lack of justice, massacres, and the like (Tubert, 2006). Regardless of its cause, social trauma is an imposed state of low psychological, emotional, physiological, and spiritual level. This sociological damage is transmitted to the next generation on group members who are going through these situations, and the mechanisms and responses that members of a group have when they are experiencing social trauma are dysfunctional behavior (Tubert, 2006). Like the social trauma that is passed on to the next generation and the dysfunctional behaviors of the traumatized person, Young (1999) also believes that schemas continue throughout life and are passed on to the next generation and are highly dysfunctional.

On the other hand, trauma seems to lead to insecure attachment in subsequent relationships. According to Hazen and Shaver (1987), attachment is a stable personality trait that significantly eliminates negative relationships in later life; This means that a person's attachment style can be deduced from his perception of his close relationships with important people in his life and people can be placed in one of three categories of safe and insecure avoidant and insecure ambivalent (anxious) lifestyles. Bowlby (1982) states in the attachment theory that the quality of attachment leads to the occurrence or non-occurrence of affective-emotional disorders through internal cognitive and active patterns (quoted by Shakehnia et al., 2017). Research shows that childhood trauma leads to avoidant attachment and anxiety in subsequent relationships and disrupts the ability to trust and intimacy (Agu, 2021; Gobut, 2020). Pedovich and Hedrieh (2019) found that in

critical or traumatic situations when family members feel insecure, the risks in the environment can lead to a decrease in parental responsiveness to children. This can lead to insecure attachment styles that these traumatic experiences, if not resolved, can be transferred to children and their subsequent emotional attachment patterns. On the other hand, the results of various studies show that there is a significant relationship between attachment styles and emotional schemas. (Farsijani et al., 2021; Edwards & Wepperman, 2019; Kaya & Aydin, 2021). Ghafari (2012) in a study showed that secure attachment style in college students has a negative relationship with initial maladaptive schemas, while anxious and avoidant attachment has a positive relationship with initial maladaptive schemas.

In the model of early maladaptive schemas, Young proposed that a series of factors such as attachment styles and traumatic experiences play an essential role in the creation and continuation of early maladaptive schemas; However, so far, few studies have investigated the structural relationships of these variables with the model of early maladaptive schemas in non-clinical populations. In addition to the lack of studies that explain the necessity of basic research in this field, such information is also important in practical areas such as prevention and treatment. In addition, according to the model structure of the initial maladaptive schemas, it is inevitable to specify the variables related to these schemas. In general, the necessity of this research can be considered from two points of view; First, from the point of view of the vacuum of studies that has a fundamental advantage, and second, from the point of view of the function of the results of this study, which is effective in terms of application. Therefore, the present study was conducted with the aim of determining the fit of the structural model of maladaptive schemas based on individual trauma and social trauma with the mediation of attachment styles in students.

Method

The current research was a correlational type that was carried out in the form of structural equation modeling. The statistical population in this research included all the students of Islamic Azad University, Karaj branch in the academic year 2020-2021, totaling 33,000 people. Due to the certainty of the number of the population, the table of Karjesi and Morgan (1970) was used to estimate the sample size. The sample size was determined to be 380 people, but to prevent the sample size from falling, 390 questionnaires were distributed.

Materials

1. Attachment style questionnaire: The adult attachment questionnaire was created by Hazen and Shaver (1987) and is based on the assumption that similarities of child-caregiver attachment styles can also be found in adulthood. This tool contains 15 statements that measure three types of attachment styles: avoidant attachment (items 2, 5, 8, 11, 14); Ambivalent or anxious (items 3, 6, 9, 12, 15); Safe (items 1, 4, 7, 10, 13). Scoring is done on a five-point Likert scale, from 1=very low to 5=very high. This questionnaire does not have a total score and the minimum and maximum score for all subscales is 5 and 25, respectively. The validity of the test has been obtained by calculating its reliability by test-retest equal to 0.40 (Baldwin, 1995). In a research conducted by Pakdaman (2004) on a sample of 100 people, its test-retest reliability was obtained as 0.72, 0.56, and 0.37 for anxious, avoidant, and secure attachment, respectively. Cronbach's alpha is also reported as 0.79. In the retest method, the correlation coefficient between the two tests is 0.92 (Ahadi, 2009). Cronbach's alpha was reported as 0.68 in Taj et al.'s study (2012).

2. Early maladaptive schemas questionnaire: A short version of the early maladaptive schemas questionnaire was developed by Young (1998) based on observations experienced by clinical professionals. This questionnaire is a self-report and has 75 items that assess 15 early maladaptive schemas; 1- emotional deprivation; 2- abandonment and instability; 3- mistrust and misbehavior; 4- Social isolation and alienation; 5- defects and shame; 6- failure; 7- dependence and incompetence; 8- Vulnerability to harm or disease; 9- Self-transformation and trouble; 10- obedience; 11- Sacrifice; 12- emotional inhibition; 13- Stubborn standards and extreme fault-finding; 14- Entitlement and greatness of the secretary and 15- Insufficient restraint and self-discipline. These 15 schemas are placed in the five areas of cut-off and rejection, impaired self-management and functioning, impaired limitations, other-orientation, excessive alertness, and inhibition (Akbari et al., 2012).

Each item is answered on a six-point continuum (one = "completely untrue of me" to six = "completely describes me"). A high score on a subscale indicates maladaptive schema. Waller et al. (2001) reported the internal consistency of the scale as 0.96. In addition, the internal consistency for all subscales was higher than 0.80. The retest reliability of the subscales was between 0.5 and 0.82. In Iran, the Cronbach's alpha of the Persian version of this questionnaire was 0.62-0.90 and its internal consistency was 0.94 (Akbari et al., 2012).

3. Childhood Trauma Experience Questionnaire: The childhood trauma questionnaire was created by Bernstein et al. (2003) in order to measure childhood injuries and trauma. This questionnaire contains 28 sentences and a screening tool to reveal persons with experiences of abuse and neglect in childhood and can be used for adults and teenagers at the same time. This questionnaire evaluates the history of five types of misbehavior in childhood, which are: sexual abuse (sentences 20, 21, 23, 24 and 27); physical abuse (sentences 9, 11, 12, 15 and 17); emotional abuse (sentences 3, 8, 14, 18 and 25); emotional neglect (sentences 5, 7, 13, 19 and 28); Physical neglect (sentences 1, 2, 4, 6 and 26). 25 questions of this questionnaire are used to measure the main components of the questionnaire and 3 questions are prepared to identify people who deny their childhood problems. Scoring is done by marking on a five-point Likert scale from never (score 1) to always (score 5), and the scoring of questions 5, 7, 13, 19, 28, 2, and 26 is reversed. High scores in this questionnaire indicate more trauma or injury and lower scores indicate less injury or childhood trauma; Therefore, this tool has a total score. The range of scores for each of the subscales is 5 to 25 and for the whole questionnaire is 25 to 125. The scoring of questions 10, 16 and 22 is to measure the validity or deny the problem in childhood, and if the sum of the answers given to these questions is higher than 12, there is a high probability that the person's answers are invalid. In Bernstein et al.'s (2003) research, the Cronbach's alpha coefficient of this questionnaire on a group of teenagers for the dimensions of emotional abuse, physical abuse,

sexual abuse, physical neglect and emotional neglect is equal to: 0.87, 0.86, 95, 0.89, and 0.78. Its concurrent validity with therapists' ratings of the amount of childhood traumas has been reported in the range of 0.59 to 0.78 (Bernstein et al., 2003). In Iran, Ebrahimi et al. (2013) reported the Cronbach's alpha of the five components of this questionnaire from 0.81 to 0.98.

4. Researcher-made social trauma questionnaire: This questionnaire was prepared by adapting the theory of social trauma and based on 17 items, which is set on a six-point Likert scale (never experienced = 0 to had the greatest effect on me = 5). In order to verify the validity of the questionnaire, construct validity was used in the method of exploratory and confirmatory factor analysis. The results of Cronbach's alpha for the entire questionnaire were 0.85 in the preliminary implementation and 0.956 in the final implementation, which indicated the internal consistency of the questionnaire questions.

Implementation

After preliminary data refinement and removal of distorted questionnaires and missing data, the data of 380 people were analyzed as the final sample. The sampling method was based on the restrictions caused by the Corona epidemic in Iran, and online questionnaires were available. Questionnaires were shared through WhatsApp in WhatsApp groups formed by students during virtual education as a supplement to the electronic learning management system for each lesson. In order to analyze the data, structural equation model and Pearson correlation were used using SPSS and Lisrel software.

Results

Descriptive findings related to 380 students of Islamic Azad University of Karaj branch in the 2020-2021 academic year regarding the gender of the participants, showed that 51.9% were women and 48.1% were men. Regarding marriage, 73.6% are single and 26.4% are married. Regarding education, 28.3% had a bachelor's degree, 52.2% had a master's degree, and 19.4% had a doctorate. The mean, standard deviation, maximum and minimum score of research variables are shown in Table 1.

Table 1: Descriptive characteristics of research variables						
Variable	Mean	SD	Max	Min	Skewness	Kurtosis
Personal trauma	53/73	9/66	94	38	1/25	1/98
Social trauma	11/24	8/24	0/49	6	0/425	-0/007
Secure attachment style	3/67	1/92	7	1	0/158	-1/09
Avoidant attachment style	2/82	1/11	6	2	1/54	1/7
Ambivalent attachment style	3/24	1/43	6	2	0/73	0/868
Early maladaptive schemas	221/7	24/15	310	170	0/422	0/726

As can be seen in Table 1, the highest average is related to early maladaptive schemas (221.7) and the lowest average is related to avoidant attachment style (2.82). Also, considering that the skewness and kurtosis statistics of the research variables are between -2 and +2, the assumption of normality of the data is confirmed. In the following, the correlation coefficients of the research variables are given in Table 2.

Table 2. Results of Pearson correlation coefficient between research variables						
Variable	1	2	3	4	5	6
1. Personal trauma	1					
2. Social trauma	**-0/300	1				
3. Secure attachment style	**-0/185	**-0/298	1			
4. Avoidant attachment style	0/164	0/09	-0/08	1		
5. Ambivalent attachment style	**0/381	0/08	-0/08	**0/681	1	
6. Early maladaptive schemas	**0/357	**-0/300	**-0/378	**0/328	0/074	1

There is a negative and significant relationship between secure attachment style and early maladaptive schemas (P<0.01), and between avoidant attachment style and early maladaptive schemas, there is a positive and significant relationship (P<0.01). There was no significant difference between ambivalent attachment style and early maladaptive schemas (P<0.05). A positive and significant relationship (P<0.01) was observed between individual trauma and initial maladaptive schemas, and a negative and significant relationship was observed between social trauma and early maladaptive schemas (P<0.01). A negative and significant relationship was observed between individual trauma with secure attachment (P<0.01) and a positive and significant relationship was observed between individual trauma with avoidant and ambivalent attachment (P<0.01). There was a negative and significant relationship between social trauma and secure attachment (P<0.01), but no significant relationship was observed between social trauma and ambivalent and avoidant attachment (P<0.05).

Before analyzing the data using the statistical method of path analysis, the assumptions of this statistical method were examined. In addition to the assumption of normality of the data, which was confirmed by using skewness and kurtosis indices, the assumptions of linearity, multiple collinearity and independence of test errors were also confirmed. The assumption of linearity was checked by examining the regression residuals and it was found that there is no deviation from linearity among the variables. To check multiple collinearity, the tolerance statistic and variance inflation factor were used, and for all variables, the variance inflation factor was less than 10 and the tolerance statistic was greater than 0.1. Durbin-Watson's test was used to test the assumption of independence of errors. The value obtained in this research was equal to 2.41 and because it was in the range of 1.5 to 2.5, it was confirmed. According to the assumptions, the suitability of the proposed model was evaluated based on suitability criteria. The proposed model for developing a structural model for explaining the structural model for maladaptive schemas based on individual trauma and social trauma has been obtained with the mediation of attachment styles, which can be seen in figure 1.
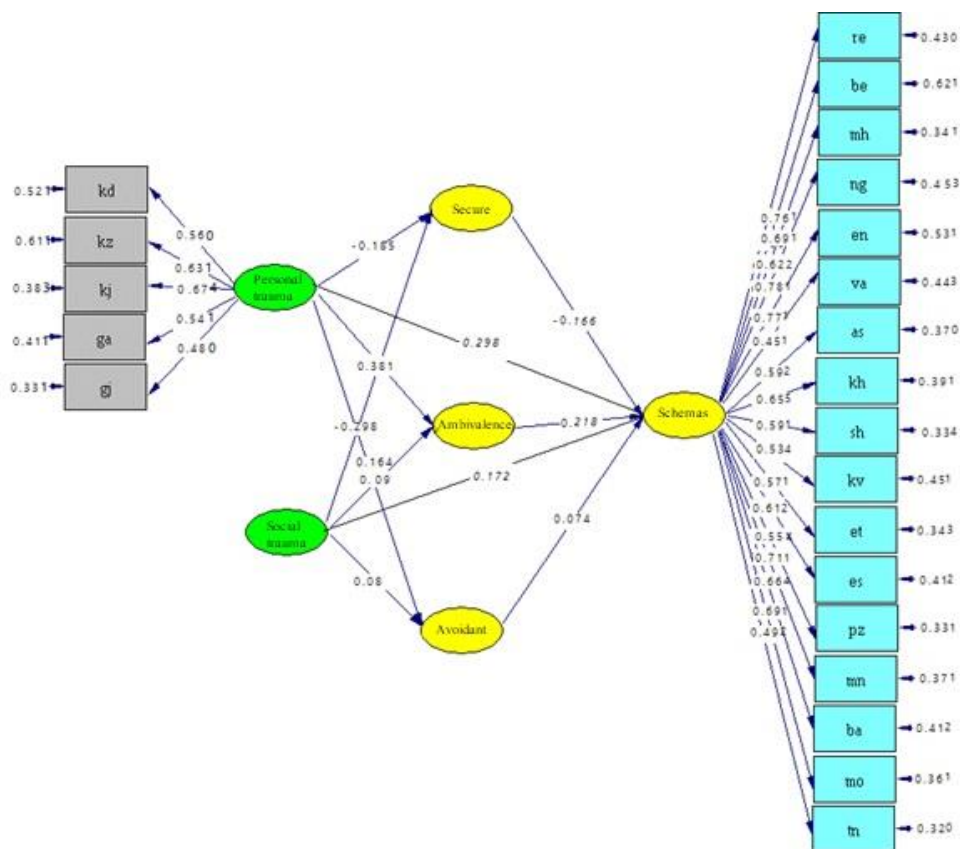
Figure 1: Final model in standard mode

Table 3 shows the fit indices of the model along with the acceptable values.

Table 3. Fit indices of the modified model				
Fit model		Value	Criterion	Result
absolute	(χ^2)	1697/08	-	-
	(df)	566	-	-
	Sig	0/001	Less than 0.05	
	(χ^2/df)	1697 Devided by 566/08	Less than 3	Approved
	(GFI)	0/905	More than 0.90	Approved
	(AGFI)	0/852	More than 0.85	Approved
comparative	(RFI)	0/925	More than 0.90	Approved
	(IFI)	0/914	More than 0.90	Approved
	(CFI)	0/913	More than 0.90	Approved
	(TLI)	0/915	More than 0.90	Approved
	(NFI)	0/907	More than 0.90	Approved
frugal	(RMSEA)	0/075	Less than 0.1	Approved
	(PNFI)	0/655	More than 0.50	Approved
	(PGFI)	0/647	More than 0.50	Approved

The final model is shown in Figure 1. In the model, the root mean square index of the approximation error variance estimate was 0.075, which indicates the good fit of the model. The results of Table 4 show that the value of the X2 statistic is equal to 1697.08 with a degree of

freedom of 566, which is the result of dividing the chi-square divided by the degree of freedom of 2.99 less than 3, which indicates the excellent fit of the model. The goodness of fit index of GFI is 0.905, which indicates the acceptable fit of the model. The modified AGFI goodness of

fit index is equal to 0.852, which is greater than 0.85, and therefore the model has an acceptable fit. The value of the root mean square of the RMSEA estimation error is 0.075 and considering that it is less than 0.1, it is acceptable and indicates the confirmation of the research model. The Bentler-Bonnet NFI index is 0.907, the Tukler-Lewis TLI index is 0.915, the CFI comparative fit index is 0.913 and the RFI relative fit index is 0.925, which all indicate acceptable fit and verification of the research model.

According to the quantitative indices of fit, it can be concluded that the theoretical model related to the theoretical model of the research is an acceptable model and the relationships within the model and the values of the regression coefficient between the hidden variables can be discussed. A partial index (p-value) has been used to test the hypothesis, and the condition for a relationship to be significant is that the value of this index for the desired relationship is less than 0.05. Table 4 shows the results of the bootstrap method in the macro program, Preacher and Hayes (2008) test for mediation relationships.

Table 4. Estimation of indirect paths in the model using bootstrap							
Path			Estimate	Upper bound	Lower bound	Sig	Conf.
Exogenous variable	Mediating variable	Endogenous variable					
Personal trauma	Secure attachment	Early maladaptive schemas	-0/288	-0/141	-0/485	0/006	0/95
Personal trauma	avoidant attachment		-0/026	-0/052	-0/105	0/476	0/95
Personal trauma	Ambivalent attachment		0/017	0/075	-0/059	0/611	0/95
Social trauma	Secure attachment		0/237	0/376	0/142	0/001	0/95
Social trauma	avoidant attachment		0/242	0/481	0/023	0/042	0/95
Social trauma	Ambivalent attachment		-0/022	0/073	-0/008	0/246	0/95

The results of Table 4 show that the indirect effect coefficient of 0.216 has been estimated for the variable effect of individual trauma on early maladaptive schemas through the mediation of secure attachment style, which is significant at the confidence level of 0.99; Because the results of the bootstrop test for the indirect effect showed that the lower limit and the upper limit of this path coefficient do not include zero. For the variable effect of social trauma on early maladaptive schemas through the mediation of secure attachment style, the indirect effect coefficient has been estimated at 0.237, which is significant at the confidence level of 0.99; The results of the Bootstrop test for the indirect effect showed that the lower limit and the upper limit of this path coefficient do not include zero, 0.237 (0.376 ~ 0.142, 95% CI). Personal trauma does not affect early maladaptive schemas through the mediation of avoidant attachment style. For the variable effect of social trauma on early maladaptive schemas through the mediation of avoidant attachment style, the indirect effect coefficient is estimated at 0.242, which is significant at the confidence level of 0.99; The results of the bootstrop test for the indirect effect showed that the lower limit and the upper limit of this path coefficient do not include zero, 0.242 (0.418 ~ 0.023, 95% CI). Personal trauma does not affect early maladaptive schemas through the mediation of ambivalent attachment style. Social trauma does not affect early maladaptive schemas through the mediation of ambivalent attachment style. Table 5 shows the coefficients of the direct effect and the level of significance between the research variables.

independent variable	The dependent variable	Non-standard estimate	Standard estimate	Critical ratio	Sig.	Hyp.
Table 5. Estimates of direct effects of independent variables on dependent						
Personal trauma	Secure attachment	-0/279	-0/271	-4/248	0/001	Approved
Social trauma		-0/041	-0/176	-3/29	0/001	Approved
Personal trauma	avoidant attachment	0/041	-0/148	-0/218	0/148	Rejected
Social trauma		0/081	0/612	15/26	0/001	Approved
Social trauma	Ambivalent attachment	-0/265	-0/243	-4/34	0/001	Approved
Personal trauma		0/04	0/252	4/55	0/001	Approved
Personal trauma	Early maladaptive schemas	0/163	0/298	4/45	0/001	Approved
Social trauma		0/021	0/172	3/19	0/001	Approved
Secure attachment		-0/088	-0/166	-3/23	0/001	Approved
avoidant attachment		0/014	0/078	0/412	0/054	Rejected
Ambivalent attachment		-0/096	-0/136	-2/84	0/004	Approved

The results of Figure 1 and Table 5 show that social trauma has a negative effect on secure attachment style (β = -0.176; P < 0.01); Personal trauma has a negative effect on secure attachment style (β=0.271; P<0.01). Social trauma has a positive effect on avoidant attachment style (β=0.612; P<0.01); Personal trauma does not have a direct effect on avoidant attachment style. Social trauma has a negative effect on ambivalent attachment style (β=0.243; P<0.01); Personal trauma has a positive effect on ambivalent attachment style (β=0.252; P<0.01). Individual trauma has a positive effect on initial maladaptive schemas (β=0.298; P<0.01) and social trauma has a positive effect on initial maladaptive schemas (β=0.172; P<0.01). Secure attachment style has a negative effect on initial maladaptive schemas (β=0.166; P<0.01); Ambivalent attachment style has a negative effect on early maladaptive schemas (β = -0.136; P <0.01) and avoidant attachment style had no direct effect on early maladaptive schemas.

Conclusion

The present study was conducted with the aim of determining the fit of the structural model of maladaptive schemas based on individual trauma and social trauma with the mediation of attachment styles in the students of Islamic Azad University, Karaj Branch. According to the quantitative indicators of fit, the proposed research model had an acceptable fit in the student community and was approved.

The result of this study showed that there is a relationship between individual trauma and students' initial maladaptive schemas (β=0.298; P<0.01). This finding is in line with the study of Farokhzadian et al. (2020), Tashorn (2022) and Bog et al. (2019), who showed that there is a significant relationship between childhood trauma and emotional schemas. Young et al. (2006) believe that the fulfillment of core emotional needs, failure to satisfy these needs, impaired communication and interactions between the child and the caregiver, harming or abusing the child, all create bitter experiences in the child. They change the child's view of the world around him. According to Young's view, childhood misbehavior and the failure to satisfy the child's physical, emotional, and emotional needs cause the formation of 18 early maladaptive schemas, which can directly affect the subsequent relationships that people form in life. According to Young, schemas have arisen due to the failure to satisfy the basic emotional needs of childhood, such as secure attachment to others, self-direction, adequacy and identity, freedom in expressing healthy needs and emotions, spontaneity and fun, and realistic limits and self-control. The evolutionary root of

early maladaptive schemas lies in unfortunate childhood experiences, and a group of early life experiences that create schemas are trauma and victimization. In such a situation, schemas such as mistrust/misbehavior, flaw/shame, or vulnerability to loss are formed. In addition to the aforementioned schemas, abandonment/instability and emotional deprivation develop in individuals who were abandoned, abused, forgotten, or rejected in childhood (Young et al., 2003). As the results of this research also showed, physical, sexual and emotional misbehavior in childhood had a significant relationship with maladaptive schemas. Therefore, it can be said that childhood abuse is one of the most important and vital factors in the formation of maladaptive schemas.

The result of this study showed that there is a relationship between social trauma and students' initial maladaptive schemas ($\beta=0.172$; P<0.01). In previous researches, exactly this issue has not been investigated. However, this finding is similar to Young's (1999) opinion that, like social trauma, it is transmitted to the next generation. Dysfunctional behaviors come from a traumatized person, and schemas continue throughout life and are passed on to the next generation and are highly dysfunctional. In explaining this finding, it can be said that social trauma is an imposed state of low psychological, emotional, and physiological level, regardless of its cause. These sociological damages are transmitted to the next generation on the members of the group who are experiencing it, and the mechanisms and responses that the members of a group have when they suffer from social trauma are dysfunctional behavior (Tubert, 2006). As it was said about social trauma, it is transferred to the next generation, and dysfunctional behaviors come from the traumatized person. Young (1999) also states that schemas persist throughout life, are passed on to the next generation, and are highly dysfunctional.

The results of this study showed that there is a relationship between personal trauma and secure ($\beta=0.271$; P<0.01) and ambivalent insecure attachment style ($\beta=0.252$; P<0.01) in students. However, personal trauma did not have a direct effect on avoidant attachment style. In this regard, the study of Agu (2021) and Gobut (2020) showed that childhood trauma

leads to the creation of avoidant attachment and anxiety in subsequent relationships and disrupts the ability to trust and intimacy. Being involved in childhood traumas may affect the quality of relationships in adulthood for several reasons. First, it has negative effects on the development of social and communication skills and creates problems in people's relationships with friends. Second, it harms a person's ability to form healthy attachments with significant others and reduces relationship quality. Third, it may have a negative impact on people's choices. For example, choosing a friend who witnessed or was a victim of violence in his childhood is not a suitable case for friendship. Finally, childhood violence and abuse can reduce trust and intimacy between people. The basic premise of Bowlby's theory (1982) is that children and adults have an attachment behavioral system that is organized around seeking out significant others in times of need. According to the belief of researchers in this field, such as Balbi and Shaver, the attachment system is active throughout the life span. The evolution of internal active patterns is not limited to the parent-child relationship, but is also affected by relationships with adults and significant others. The evolution of internal active patterns during different relationships can predict people's adaptive performance. Research conducted on adults who have previously been abused indicates that insecure attachment styles, especially those with negative self-views, may expose such individuals to psychological harm. The characteristic of people with insecure attachment style is to use substitution strategies during stress. Such strategies cause the emergence of negative expectations about oneself or others; A feature that is observed in people with anxious and avoidant attachment style. Although both avoidance and anxiety styles are included in the category of insecure attachment style, each of them takes a different approach in facing or dealing with stress. Anxiously attached people overestimate threats, search for proximity, and listen to attachment manifestations. They have low self-esteem, a pervasive fear of rejection, and overdependence. On the other hand, avoidant people avoid proximity and paying attention to attachment manifestations by deactivating the attachment system and relying on themselves when facing stress.

According to the results, social trauma has a positive effect on avoidant attachment style (β=0.612; P<0.01) and a negative effect on secure attachment style (β=0.176; P<0.01) and ambivalent attachment style. (β = -0.243; P < 0.01). Therefore, there is a relationship between social trauma and attachment styles of students. In this regard, Pedowich and Hedrieh (2019) showed that in critical or traumatic situations when family members feel insecure, the dangers in the environment can lead to a decrease in parental responsiveness to their children. It can lead to insecure attachment styles that these traumatic experiences, if not resolved, can be transferred to children and their subsequent emotional attachment patterns. In explaining this finding, it can be said that secure attachment style shows the quality of a person's relationship with others. People with secure attachment have formed schemas based on past experiences of relationships that others are supportive and do not need to make extreme efforts to gain their support. They trust others and are optimistic about relationships. On the other hand, avoidantly attached people usually avoid getting close to others to avoid tension, have little communication and do not enter into a relationship at all. According to Balbi, people with insecure avoidant attachment, whose attachment patterns are developed based on withdrawal and distancing strategies, conclude that there is no reliable source that they can trust and depend on. As a result, they experience more conflict, they develop a sense of self-sufficiency by avoiding the relationship. These people are disappointed with the support of others, and for this reason, their self-efficacy and acceptance of pain is not dependent on their relationship with others and is probably related to other factors. Moreover, ambivalent insecurely attached people have unpleasant experiences of abandonment and rejection. They do everything they can to keep the important people in their lives by their side. They think that they are not worthy of support and need behavioral tools to get the support of important people in their lives and often experience stressful relationships because their behavior pattern is anger and at the same time clinging to others. Ambivalent people have weak self-concept and disturbed communication and have an obsessive love with negative thoughts and are immersed in these negative thoughts and feelings and as a result lack skills to deal with incidents.

The result of this study showed that secure attachment style has a negative effect on early maladaptive schemas (β = -0.166; P < 0.01) and ambivalent attachment style has a negative effect on early maladaptive schemas (β = -0.136; P < 0.01). P>0) but avoidant attachment style had no direct effect on early maladaptive schemas. The results of various studies showed that there is a significant relationship between attachment styles and emotional schemas (Farsijani et al., 1400; Edwards and Wepperman, 2019; Kaya and Aydin, 2021). Also, Ghafari (2013) in a study showed that secure attachment style in students has an inverse relationship with early maladaptive schemas, while anxious and avoidant attachment has a positive relationship with early maladaptive schemas. One of the primary functions of attachment is to regulate emotional experiences in interpersonal relationships. People with a secure attachment style seek social support when faced with emotional stress, while people with an insecure attachment style (avoidant and ambivalent) resort to other methods for emotional self-regulation, such as withdrawal, which has a significant impact on the formation of initial maladaptive schemas. Secure individuals, with the satisfaction of security and social connection from their parents, usually do not experience a level of rejection and isolation. With the ability to separate from the family, they show independent performance and by having a sense of responsibility towards others or orientation towards long-term life goals, they set goals and achieve realistic goals. People with a secure attachment style have less early maladaptive schemas. Also, according to Young et al. (2003), failure to satisfy the emotional need of secure attachment to others leads to the benefit of insecure attachment style, which is the primary cornerstone of the formation of dysfunctional schemas. Such people suffer from more maladaptive schemas. In people with insecure attachment styles, the needs of security, stability, empathy, sharing of feelings, acceptance and respect will not be satisfied in a predictable way by benefiting from the maladaptive schema of cut and rejection. It leads to the formation of cut and rejection schema in these people.

In a general summary, the results of this study showed that there is a relationship between individual trauma and students' initial maladaptive schemas with the mediation of attachment styles. Experiencing violence in childhood leads to the formation of a negative view of oneself and disrupts a person's ability to accept and exchange love and affection in a healthy way. When adults who have witnessed or been victims of violence in childhood enter intimate relationships, they may be hindered from forming healthy attachments because of the belief that people are not predictable, trustworthy, or valuable, and fear of re-experiencing the trauma. A child's attachment style provides a pattern for his future interactions that are likely to be followed in adult relationships (Bowlby, 1973). These internal models or mental representations are formed in the early years of life and often influence the formation of adult relationships and early maladaptive schemas. There is a relationship between social trauma and early maladaptive schemas of college students with the mediation of attachment styles. In parents who have experienced some form of trauma, unresolved traumatic memories may emerge, leading to psychological pain associated with these traumatic memories affecting their emotional and protective systems. Activation of emotional attachment systems in parents and lack of comforting response from important people can lead to feelings of anger and fear in parents. This disrupts their response to their children's attachment needs. The combination of anger and fear that arises in this way causes fear in children and starts their defensive escape reaction. After this, increasing distance from parents additionally activates their emotional attachment system, which is independent of parental behavior. This makes the parent figure that leads to disturbed behavior seen as both a source of fear and a solution. Therefore, the experience of social trauma increases the risk of depression and other problems that reflect on the role of caregiver and the quality of the relationship with the child. Due to the less sensitivity of caregivers, the child has a greater chance of developing some insecure attachment styles, which can result in the formation of maladaptive schemas.

Considering that the results of this research and other related researches have shown that having negative experiences in childhood play a big role in creating the initial maladaptive schemas and since maladaptive schemas can be the source of many problems in the personal and social life of people; Therefore, providing a suitable environment from childhood can be a great help in reducing mental and personality disorders in the society. Not using the random sampling method due to the spread of the corona virus was one of the limitations of the present study, which is recommended to include the random sampling method in the next similar research.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

Agu, N. C. (2021). Exploring Adult Attachment in Intimate Relationships Among Women Who Were Exposed to Intimate Partner Violence in Childhood: A Convergent Mixed Methods Approach (Doctoral dissertation, University of South Florida).

Ahadi, B. (2009). The relationship between feelings of loneliness and self-esteem with students' attachment styles. Psychological studies. 5(1). 112-95. [In Persian]

Akbari, E., Mahmoud Alilou, M., Khanjani, Z., Poursharifi, H., Fahimi, S., Amiri Pichaklai, A., & Azimi, Z. (2012). Comparison of students with love failure with and without clinical symptoms in early maladaptive schemas and parenting patterns. Iranian Journal of Psychiatry and Clinical Psychology. 18 (3). 184-194. [In Persian]

Bach, B., Lockwood, G., & Young, J. E. (2018). A new look at the schema therapy model: organization and role of early maladaptive schemas. Cognitive behaviour therapy, 47(4), 328-349.

Baldwin, M. W. (1995). Relational schemas and cognition in close relationships. Journal of Social and Personal relationships, 12(4), 547-552.

Baugh, L. M., Cox, D. W., Young, R. A., & Kealy, D. (2019). Partner trust and childhood emotional maltreatment: The mediating and moderating roles of maladaptive schemas and psychological flexibility. Journal of Contextual Behavioral Science, 12, 66-73.

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T.,... & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. Child abuse & neglect, 27(2), 169-190.

Ebrahimi, H., Dejkam, M., & Seghat-ul-Islam, T. (2013). Childhood traumas and suicide attempts

in adulthood. Iranian Journal of Psychiatry and Clinical Psychology. 19(75). 282-275. [In Persian]

Edwards, E. R., & Wupperman, P. (2019). Research on emotional schemas: A review of findings and challenges. Clinical Psychologist, 23(1), 3-14.

Farrokhzadian, A. A., Rezaei, F., & Sadeghi, M. (2020). The mediating role of emotional schemas in the relationship between childhood trauma and generalized anxiety disorder. Clinical psychology and personality. 17(2). 101-89. [In Persian]

Farsijani, N., Pourshahriar, H., Malihi, E., & Rezvandel Ramzi, F. (2021). Structural equation model of the relationship between attachment styles and psychological distress: the mediating role of emotional schemas. Development of psychology. 10(4). 65-76. [In Persian]

Ghaffari, F. (2012). The mediating role of early maladaptive schemas in connection with attachment styles and psychological toughness of students. Islamic Azad University - Islamic Azad University Maroodasht Branch - Faculty of Educational Sciences and Psychology. [In Persian]

Gobout, N., Morissette Harvey, F., Cyr, G., & Bélanger, C. (2020). Cumulative childhood trauma and couple satisfaction: Examining the mediating role of mindfulness. Mindfulness, 11, 1723-1733.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of personality and social psychology, 52(3), 511.

Hogan, K. (2020). Childhood trauma and adult romantic relationships (Doctoral dissertation).

Kaya, Y., & Aydin, A. (2021). The mediating role of early maladaptive schemas in the relationship between attachment and mental health symptoms of university students. Journal of Adult Development, 28, 15-24.

Kaya, Y., & Aydin, A. (2021). The Mediating Role of Early Maladaptive Schemas in the Relationship Between Attachment and Mental Health Symptoms of University Students. Journal of Adult Development, 28, 15-24.

Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. Educational and psychological measurement, 30(3), 607-610.

Nicol, A., Mak, A. S., Murray, K., Walker, I., & Buckmaster, D. (2020). The relationships between early maladaptive schemas and youth mental health: A systematic review. Cognitive Therapy and Research, 44(4), 715-751.

Pakdaman, Sh. (2014). Investigating the relationship between attachment and sociability in adolescence. Journal of Psychological Sciences. 3(9). 25-47.

Pedović, I., & Hedrih, V. (2019). Social Trauma and Emotional Attachment. Facta Universitatis, Series: Philosophy, Sociology, Psychology and History, 027-037.

Shakenia, F., Kajbaf, M. B., & Golkari, T. (2017). Comparison of coping strategies and quality of attachment of students with and without obsessive-compulsive disorder. Child's mental health. 4(2). 135-145. [In Persian]

Taj, F., Pourabrahim, T, Sadeghi, M. S., & Khoshkonesh, A. (2013). The relationship between attachment styles and self-actualization in psychotherapists in Tehran. Career and Organizational Consulting Quarterly. 5(16). 45-28. [In Persian]

Taşören, A. B. (2022). Childhood maltreatment and emotional distress: The role of beliefs about emotion and psychological inflexibility. Current psychology, 1-12.

Thimm, J.C. (2010). Personality and early maladaptive schemas: A five-factor model perspective. Journal of Behavior Therapy and Experimental Psychiatry, 41, 373-380.

Tubert, R. (2006, September). Social trauma: The pathogenic effects of untoward social conditions. In International Forum of Psychoanalysis (Vol. 15, No. 3, pp. 151-156). Taylor & Francis Group.

Waller, G., Meyer, C., & Ohanian, V. (2001). Psychometric properties of the long and short versions of the Young Schema Questionnaire: Core beliefs among bulimic and comparison women. Cognitive Therapy and Research, 25(2), 137-147.

Yakın, D., Gençöz, T., Steenbergen, L., & Arntz, A. (2019). An integrative perspective on the interplay between early maladaptive schemas and mental health: The role of self-compassion and emotion regulation. Journal of clinical psychology, 75(6), 1098-1113.

Young, J. E. (1998). Young schema questionnaire short form. New York: Cognitive Therapy Centre.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). Schema therapy: A practitioner's guide. guilford press.