

The Effect Of The Schema Therapy-Based Psycho-Education Program On The Depression And Happiness Levels Of Teachers *

Şema Terapi Temelli Psiko-eğitim Programının Öğretmenlerin Depresyon ve Mutluluk Düzeyine Etkisi *

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ABSTRACT

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The Cognitive Therapy Theories focus on cognitive structures based on past experiences called schemas in the treatment of clients. It can be argued that the information organized in the form of schemas can facilitate the lives of individuals enabling the systematic use of the information that already exists in the memory, and the new information can be organized around the existing schemas. However, maladaptive schemas developing in the early period of life cause individuals to make erroneous processes and eventually make wrong decisions. For this reason, it is extremely important to know the maladaptive schemas creating negations for individuals and to make preventive efforts for individuals to overcome the negations caused by these maladaptive schemas. In the present study, the effects of the psychoeducation program prepared according to the principles of Schema Therapy on the depression and happiness level of teachers were examined in the framework of the general objectives that were mentioned above. In the present study, the pre-test, post-test, follow-up test, and repeated measurement experimental design (single group repeated measurement) was used. According to the results of this study, it was observed after the Schema Therapy-Based Psychoeducation Program that was applied to the schema therapy group that the program was significantly effective in reducing the depression levels of the experimental group participants, and this effect was permanent in the follow-up tests that were performed afterward. It was also seen that the Schema Therapy-Based Psychoeducation Program was significantly effective in increasing the happiness levels of the experimental group participants, and this effect was permanent in the follow-up tests.

Keywords: *schema therapy, depression, happiness*

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ÖZET

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Danışanlarının tedavisinde Bilişsel (Kognitif) Terapi Kuramları şema (schema) olarak adlandırılan geçmiş yaşantıları temel alan bilişsel yapılar üzerinde durmaktadır. Şemalar şeklinde örgütlenen bilgilerin, kişilerin yaşamlarını kolaylaştırabileceği ve bellekte var olan bilgilerin sistematik bir biçimde kullanılmasını sağlayacağı, yeni gelen bilgilerin de mevcut şemalar çevresinde organize edilebileceği söylenebilir. Yaşamın erken döneminde gelişen uyumsuz şemalar ise bireylerin hatalı bazı işlemler yapabilmelerine ve yanlış kararlar alabilmelerine neden olmaktadır. Bu nedenle bireyler için olumsuzluk yaratan uyumsuz şemaların bilinmesi ve bireylerin bu uyumsuz şemalardan kaynaklı olumsuzlukları atlama için önleyici çalışmaların yapılması son derece önemlidir. Yukarıda belirtilen genel amaçlar çerçevesinde, bu çalışmada Şema Terapi ilkelerine göre hazırlanmış psikoeğitim programının öğretmenlerin depresyon ve mutluluk düzeyine etkisi incelenmiştir. Çalışmada ön-test, son test, izleme testli tekrarlı ölçümlü deneysel desen (tek gruplu tekrarlı ölçüm) kullanılmıştır. Bu çalışmanın sonuçlarına göre; şema terapi grubunda uygulanan şema terapi temelli psikoeğitim programının ardından deney grubu katılımcılarının depresyon düzeyini azaltma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğu görülmektedir. Ayrıca şema terapi temelli psikoeğitim programının deney grubu katılımcılarının mutluluk düzeyini artırma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğu görülmektedir.

Anahtar Kelimeler: *şema terapi, depresyon, mutluluk*

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INTRODUCTION

Unlike many other species, human beings are born vulnerable and require the care of others during their developmental period. At the beginning of this developmental period, namely, the quality of relations in early childhood affects the human relations, psychological health, academic success, and social adaptation of the person in further ages (Nia et al, 2014; Kocatürk & Çiçek, 2021). In other words, childhood experiences are the source of the compatible or problematic behaviors of that person in the future (Jakop et al., 2014).

Neurobiological studies showed that behaviors that stem from the relations of people with each other are largely derived from previous life experiences, and are largely governed by the unconscious (Roediger, 2015). Many studies also emphasized that early memories are a data bank for psychological problems in adult life. In addition to the previous studies that examined the relations between early childhood years and problematic behaviors, there are also some other studies, which show that positive emotions and a trusted medium in childhood have positive results in adulthood (Brewin et al., 1993; Canavarró & Pereira, 2007; Jakop et al., 2014).

Cognitive Therapy Theories focus on cognitive structures based on past experiences called “schemas” in the treatment of clients. According to the cognitive model, schemas were seen as the main source of the emotional and behavioral problems of individuals and were later called “basic beliefs” (Derubies et al., 2001). Young (1990), who conduct studies in the field of cognitive therapy, developed the Schema-Focused Therapy to be used in the treatment of clients.

Young stated that maladaptive schemas develop when the normal developmental needs of a child are not met. These maladaptive schemas, called “early maladaptive schemas”, are among the most important concepts of this schema therapy approach (Farrell et al., 2016). Early maladaptive schemas, which are normally in sleep in individuals, cause strong emotions such as fear, sadness, anger, shame, and guilt when activated in the face of a challenge in daily life (Young et al., 2017).

It is necessary to better understand the inner sides of individuals to make a change that will make individuals feel better and happier. These inner sides are defined as “Modes” in Schema Therapy (Rafaeli et al., 2013). Among the most important reasons preventing people from being well is that they suffer from various psychological disorders such as depression. For this reason, it is extremely important to identify and eliminate the factors causing psychological disorders for people to enjoy life, be at peace with themselves, others, and the world, and lead a happy and peaceful life (Beck, 1979). One of the methods that are employed in the elimination of these disorders is psychoeducational studies based on a certain theory or philosophical basis.

Importance of the Study

When the complex relation network in today's world, high emotional density, and the negative effects of relations on individuals are evaluated, it is obvious that recognizing the problems that stem from this situation, and planning prevention studies become important. For this reason, it is extremely important to know the maladaptive schemas causing negations for individuals and to conduct preventive studies for individuals to overcome the negations caused by these maladaptive schemas.

The teaching profession is risky because it negatively affects the mental health of teachers because of being under intense stress at school (Girgin & Baysal, 2005; Işıksan, 2004). Depression and unhappiness have individual and organizational outcomes (Khan et al., 2006). Unfortunately, the problems emerging as a result of a teacher's mental health disorder or unhappiness not only concern the teacher but are also reflected on students, school, parents, and their immediate environments. If this is not intervened, deterioration can be faced in the quality and quantity of the educational services provided by teachers (Girgin & Baysal, 2005). For this reason, a study or intervention for the mental health of teachers will contribute not only to the teachers but also to the educational system of the country (Kırılmaz et al., 2003; Tanhan, et al., 2020).

Purpose of the Study

An accurate understanding of the problems has an important place in solving the problems faced in people's lives. Following a path based on the cause-effect relation and which is understood properly through the sources can facilitate the solution of the problem significantly. Developing a literature-based psychoeducation program and evaluating the experimental results can be one of the effective methods (Büyüköztürk, 2017).

This method was followed in this study, and a comparison of the Schema Therapy-Based Psychoeducation Program on the depression and happiness of teachers and comparisons were made in this respect. When the 8-week Schema Therapy-Based Psychoeducation Program was being developed, the above-mentioned basic philosophy of schema therapy was developed by considering the early maladaptive schemas, responses to coping with maladaptive schemas, the moods the individuals had, and their needs.

The present study included the findings on the results of the psychoeducation program prepared according to the principles of Schema Therapy in the framework of the general purposes mentioned above. According to the method of this study, 2 hypotheses were developed related to depression and happiness.

Hypothesis 1- The depression levels of the subjects participating in the Schema Therapy-Based Psychoeducation Program will decrease at significant levels, and this decrease will be long-term.

Hypothesis 2- There will be a significant increase in the happiness levels of the subjects participating in the Schema Therapy-Based Psychoeducation Program, and this increase will be long-term.

In the present study, the purpose of the researcher was to raise awareness, skills, and attitudes to help the participants reduce the negative consequences of depression and unhappiness. The purpose of the psychoeducation program developed in this study was to provide experiences to raise awareness and skills to decrease the effects of depression and unhappiness. The theoretical background of the psychoeducational program that was developed by the researcher and the target behaviors and processes related to each session were discussed in detail in the study.

METHOD

Information on the model of the study, the creation of study groups, the selection of the participants, the measurement tools employed, and the techniques used in the analyses of the data are given in this part.

Study Design

The pre-test, post-test, follow-up test, and repeated measurement experimental design (single group repeated measurement) were used in this study to determine the effects of the psychoeducation program prepared in line with the schema therapy principles on the depression and happiness levels of teachers. This pattern had a 1x3 factorial design. It is tested in this model whether the mean scores of two or more related measurement sets differ from each other at significant levels (Büyüköztürk, 2017).

The measurements made in the model of the present study and the symbolic notation of the processes are given in Table 1. The equivalents of the letters in Table 1 in the experimental process and the symbolic image of the model are given as follows (Karasar, 2016):

G- Group

R- Randomness in the creation of the group

X- The tried level of the independent variable

O- Measurement (observation) 1-Beck Depression Inventory, 2-Oxford Happiness Inventory

Table 1

Symbolic Notation of the Study Design

Creation of Group	Group	Pre-Test	Procedure	Post-Test	Observation Test
R	Scheme Therapy Group	O 1-2	X1 (Method 1)	O1-2	O1-2

As seen in Table 1, there was only one experimental group in the design of this study, and after the pre-test applied to the experimental group, the psychoeducation program, which was the independent variable in this study, was applied. After this step, post-test and follow-up tests were administered to the group, and the effectiveness of the psychoeducation program was evaluated.

Study Group

The study group consisted of teachers who worked in the city of Batman. Approximately one thousand teachers were contacted with the Random Method throughout the city to determine the participants of the study, and as a result of the pre-test, they were informed that they would receive an 8-week training after certain criteria and evaluations. After this information was provided, 342 people volunteered to fill the pre-test form. The application was made voluntarily. A total of 148 (44%) were female and 194 (56%) were male among the 342 participants who participated in the pre-test.

The mean of the total scores of all teachers who participated in the pre-test application in the Beck Depression Inventory (BDI) and Oxford Happiness Inventory (OMS) was determined before the study group was created. The results of the analysis are shown in Table 2.

Table 2

Mean Total Scores of All Participants Received from BDI and OHS

	n	Minimum	Maximum	\bar{x}	SD
BDI Total Score	342	0,00	44.00	11.277	8.702
OHI Total Score	342	47.00	160.00	109.324	21.213

As seen in Table 2, the mean of the scores the participants had in the BDI pre-test was \bar{x} = 11.277. The mean of the scores the participants had from OHI was \bar{x} =109.324.

Separate analyzes were made for both the Beck Depression Inventory and the Oxford Happiness Inventory before the experimental groups of the study were determined.

The developer of the Beck Depression Inventory stated that higher scores in the inventory meant a higher indicator of depressive symptoms. For many practitioners who used the inventory, “0-9 points” refer to minimal depression symptoms in the normal range, “10-16 points” mild depression symptoms, “17-29 points” moderate depression symptoms, and “30-63 points” refer

to severe depression. According to Şahin (1988), who conducted the Turkish adaptation of the inventory, a score of 17 or higher from the inventory could distinguish depression with a probability of over 90%.

When the total scores in the Beck Depression Inventory were examined, it was found that 167 people had minimal depression symptoms in the normal range “0-9 points”, 74 people had mild depression symptoms with “10-16 points”, 89 people had moderate depression symptoms with “17-29 points”, and 12 people had severe depression symptoms with “30-63 points”. The criterion of experiencing at least moderate depression was determined as the first prerequisite for being included in the experimental group. At least 89 people who were in the mid-level depression score range in the Beck Depression Inventory met the first prerequisite for being included in the experimental group.

The developer-defined high happiness as a high total score in the scoring of the inventory, low happiness as a low score, and did not specify any extreme values in the Oxford Happiness Inventory. For this reason, the total score obtained in the inventory was subjected to Cluster Analysis in this study. Two-Step Clustering Analysis is among the multivariate statistical methods to divide a heterogeneous sampling into homogeneous subgroups calculating the descriptive measures of the homogeneous groups separately (Kayri, 2007).

Three categories were created after the Cluster Analysis regarding the total happiness score; low, moderate, and high. Participants in the low level of happiness category were taken as candidates for the experimental groups. However, at this step, the condition was sought for the same individual to have at least a moderate level of depression and a low happiness level.

It was found in the Cluster Analysis that the total score obtained in the Oxford Happiness Inventory was low-level happiness (93 people, 27.2%), with an average of 83 points, moderate happiness with an average of 107 points (141 people, 41.2%), and high-level happiness with an average of 133 points (108 people, 31.6%).

It was determined for the third prerequisite that these two conditions (depression-unhappiness) be experienced simultaneously. When the inventory scores of the volunteering participants were evaluated, it was found that there were a total of 31 people who met this third condition. A total of 8 men and 8 women were randomly selected from a total of 31 people who met the third condition, and the group was formed from 16 people after examining the inventory scores.

Data Collection Tools

Two different inventories were used to determine the effects of the Schema Therapy-Based Psychoeducation Program, which was the independent variable of the study, on depression and happiness levels.

The Oxford Happiness Questionnaire. Oxford Happiness Questionnaire (OSQ): The questionnaire is a 29-item and 6-point Likert type (1-I strongly disagree, 6-Totally agree) measurement tool developed by Hills and Argyle (2002) to measure happiness. Hills and Argyle stated that the internal consistency coefficient (Cronbach's alpha) of the scale was 0.91. An 8-factor structure with an eigenvalue above 1 was obtained on the scale. However, they concluded that it would be appropriate to use the scale as a single factor due to the problems in interpreting and naming the factors in question. Doğan and Sapmaz (2012) made the Turkish adaptation of the scale with university students. The mean score obtained from the scale was found to be 0.119 (SD=20.13) for the application of the sample. The score range of the scale was determined as "53-168". High scores on the scale indicate a high level of happiness. As the score decreases, it means that the level of happiness also decreases.

Beck depression inventory (BDI). The Beck Depression Inventory (BDI) is a four-point Likert inventory with a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The scale was updated by Beck et al. (1988) and took its current form. The range of points that can be obtained from the scale is from 0 to 63. A higher score means an increase in depressive symptoms and a lower score means a decrease in depressive symptoms. The results obtained by bringing together the studies using the Beck Depression Inventory showed that the Cronbach alpha internal consistency coefficient of the scale was 0.86 for the psychiatric sample and 0.81 for the non-psychiatric sample (Beck et al., 1988). The validity and reliability studies of the scale were carried out by Şahin (1988, 1989). As a result of the study conducted on a psychiatric sample, the correlation coefficient between the scale and the MMPI-D scale was 0.63 (Şahin, 1988). In the same study, it was stated that 17 points or more from the scale could distinguish clinical depression with a probability of over 90%.

Procedures Applied to the Study Group

A psychoeducation program was developed and implemented by the researcher in this study, which aimed to intervene in the depression and low happiness levels that were experienced by the participants. The psychoeducation program that was prepared in the study was designed to be applied with a group because contacting each individual with high depression and low happiness levels was not suitable in terms of time and other opportunities.

The main purpose of these schema therapy-based psychoeducational sessions that were developed in this study was to decrease the depression levels of the individuals and make them

happier by realizing this change. The psychological infrastructure of the Schema Therapy-Based Psychoeducation Program that was prepared by the researcher, the establishment of relevant targets, its aims, the training process, and the evaluation of the functionality of the program at the end of the process was discussed in detail in the study process.

A meeting was held with the teachers who were selected to the Experimental Group based on the total score obtained from the Beck Depression Inventory and the Oxford Happiness Inventory (OSQ) after the pre-test application and before the psychoeducation sessions, and the teachers were informed about the process. After the sessions commenced, general information on psychoeducational programs was given. Then, the experimental group participants met once a week for 8 weeks. The mean duration of these sessions varied between 80-100 minutes. The last session was planned as an evaluation session for the psychoeducation process.

FINDINGS AND COMMENTS

In this section, the findings on the results of the psychoeducation program that was prepared according to the Schema Therapy principles and was applied to the participants are given. According to the applied method of this study, there were two Hypotheses on depression and happiness.

Hypothesis 1- There will be a significant decrease in the depression level of the subjects participating in the Schema Therapy-Based Psychoeducation Program, and this decrease will be long-term.

Hypothesis 2- There will be a significant increase in the happiness level of the subjects participating in the Schema Therapy-Based Psychoeducation Program, and this increase will be long-lasting.

The findings on the effectiveness of the Schema Therapy-Based Psychoeducation Program are given under two headings; findings on depression and findings on happiness.

The Effects of Schema Therapy-Based Psychoeducation Program on Depression Levels

The mean and standard deviation values of the pre-test, post-test, and follow-up test scores of the experimental group in the Beck Depression Inventory are given in Table 3.

Table 3

Mean and Standard Deviation Values of the Pre-Test, Post-Test, and Follow-Up Test Scores of the Experimental Group Received from the Beck Depression Inventory

Groups	Pre-Test			Post-Test			Observation Test		
	N	\bar{X}	SD	N	\bar{X}	SD	N	\bar{X}	SD
Experimental Group	16	19.937	5.976	13	9.153	2.192	13	10.538	1.506

As seen in Table 3, there were 16 participants in the experimental group in the Beck Depression Inventory in the pre-test. However, the scores of 13 participants were included in the analysis in the post-test and follow-ups because of the loss of participants in the experimental group.

When the table is evaluated, it is seen that the mean score of the experimental group participants in the Beck Depression Inventory pre-test application before the psychoeducation program was $\bar{X}=19.937$, and the mean score in the same test after the psychoeducation program was $\bar{X}=9.153$, and $\bar{X}=10.538$ in the follow-up test. In this respect, after the Schema Therapy-Based Psychoeducation Program that was applied to the experimental group, it was observed that the depression levels of the experimental group participants decreased. The One-Way ANOVA results in the repeated measures that were applied to determine the significance of the differences between the mean scores of the experimental group in the Beck Depression Inventory are given in Table 4.

Table 4

One-Way ANOVA Results of the Experimental Group in Pre-test, Post-test, and Follow-up Test Scores in Beck Depression Inventory

Source of variance	Sum of squares	SD	Sum of squares mean	F	P	Significant difference
Intergroup Measurement	85.744	12	7.145			
	865.846	2	432.923	163.658	.000	1-2-1-3
Error	63.487	24	2645			
Total	1015.437	38				
	1 Pre-Test		2 Post-Test		3 Observation Test	

It was found that there were significant differences between the pre-test, post-test, and follow-up test scores of the experimental group participants ($F(2.24)=163.658, p<.01$). The post-test mean score ($\bar{X}=9.153$) and the follow-up test mean score ($\bar{X}=10.538$) were significantly lower than the pre-test mean score ($\bar{X}=19.937$). However, the difference between the post-test and follow-up test scores was found to be insignificant, which shows that the Schema Therapy-Based Psychoeducation Program was effective in reducing the depression levels of the experimental group participants at significant levels, and this effect was permanent in the follow-up tests.

The Effects of Schema Therapy-Based Psychoeducation Program on Happiness Levels

The mean and standard deviation values of the pre-test, post-test, and follow-up test scores of the experimental group in the Oxford Happiness Inventory are given in Table 5.

Table 5

Mean and Standard Deviation Values of the Pre-Test, Post-Test, and Follow-Up Test Scores of the Group in the Oxford Happiness Inventory

Groups	Pre-Test			Post-Test			Observation Test		
	N	\bar{X}	SD	N	\bar{X}	SD	N	\bar{X}	SD
Experimental group	16	86.625	2.264	13	106.538	6.728	13	103.923	5.469

As seen in Table 5, there were 16 participants in the experimental group in the Oxford Happiness Inventory pre-test application. However, the scores of 13 participants were included in the analyses in the post-test and follow-up applications because of the loss of participants in the experimental group.

When the table is examined, it is seen that although the mean scores of the experimental group participants in the Oxford Happiness Inventory pre-test application before the psychoeducation program were $\bar{X}=86.625$, the mean scores in the same test after the psychoeducation program was $\bar{X} =106.538$ and $\bar{X}=103.923$ in the follow-up test.

In this respect, after the Schema Therapy-Based Psychoeducation Program was applied to the experimental group, it was observed that the happiness levels of the experimental group participants increased.

The One-Way ANOVA results for repeated measurements applied to determine the significance of the differences between the mean scores of the experimental group in the Oxford Happiness Inventory are given in Table 6.

Table 6

One-Way ANOVA Results of the Experimental Group in the Pre-test, Post-test, and Follow-up Test Scores in Oxford Happiness Inventory

Source of variance	Sum of squares	SD	Sum of squares mean	F	P	Significant difference
Intergroup	584.410	12	48.701			
Measurement	3249.590	2	1624.795	49.882	.000	1-2.1-3
Error	781.744	24	32.573			
Total	4615.744	38				
	1 Pre-Test		2 Post-Test	3 Observation Test		

It was found that there were significant differences between the pre-test, post-test, and follow-up test scores of the experimental group participants ($F(2,24)=49.882, p<.01$). The post-test mean score ($\bar{X}=106.538$) and the follow-up test mean score ($\bar{X}=103.923$) were significantly lower than the pre-test mean score ($\bar{X}=86.625$). However, the difference between the post-test and follow-up test scores was found to be insignificant, which shows that the Schema Therapy-Based Psychoeducation Program was effective in increasing the happiness level of the experimental group participants at significant levels, and this effect was permanent in the follow-up tests.

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

Depression and unhappiness are conditions, which might cause many problems in the daily lives of people. Correct methods and psychoeducation programs to be developed in this context can contribute to solving this problem of individuals for the treatment of depression. The Schema Therapy-Based Psychoeducation Program was prepared and implemented in the scope of this study to intervene in the depression and unhappiness experienced by the teachers.

In this context, after the Schema Therapy-Based Psychoeducation Program that was applied in the schema therapy group, it was shown that the program was significantly effective in reducing the depression levels of the experimental group participants, and this effect was permanent in the follow-up tests that were performed afterward. It also showed that the Schema Therapy-Based Psychoeducation Program was significantly effective in increasing the happiness levels of the experimental group participants, and this effect was seen to be permanent in the follow-up tests.

After the literature review, no studies were detected that examined the direct effects of psychoeducational programs prepared in line with schema therapy principles on the depression and happiness levels of teachers. For this reason, the results of this study were discussed in line with the findings of similar or different intervention studies that were conducted with different study groups.

As a result of the literature review, although the relations between early maladaptive schemas and happiness (Yalçın et al., 2018) and early maladaptive schemas and depression (Taşçı, 2014) were partially examined, no experimental studies were detected in which the effects of the Schema Therapy-Based Psychoeducation Program were examined on the level of happiness and depression of individuals were examined together. For this reason, it is considered that this study will make an important contribution to the literature in this respect.

According to the results of this study, there was an increase in happiness levels besides decreased depression among the participants. Similarly, it was found in the study that was

conducted by Halvorsen et al. (2009) that individuals who were diagnosed with depression had higher scores in 12 early maladaptive schemas than those who were not diagnosed. Similarly, in the study that was conducted by Shah and Waller (2000) and Cooper et al. (2005), the levels of 9 maladaptive schemas were found to be higher in depressed individuals.

Although strong relations were detected between maladaptive schemas and depression, limited group studies were conducted on the effectiveness of Schema Therapy on depression. In the study that was conducted by Renner et al. (2016) with 25 individuals who were diagnosed with chronic depression, it was reported that Schema Therapy reduced depressive symptoms at significant levels. At the end of the Schema Therapy that was applied to 12 individuals who were diagnosed with chronic depression by Malogiannis et al. (2014), the depression levels of 7 individuals decreased at significant levels. In another study that was conducted by Heileman et al. (2011) applying Schema Therapy to 8 women, it was found that the depression levels of the women showed significant regressions at the end of the therapy. Similar findings were obtained in this study, and it was found that the Schema Therapy-Based Psychoeducation Program decreased depression levels and increased happiness levels.

Khoshnood et al. (2015) aimed to investigate the effects of Schema Therapy on increasing the happiness and mental health levels of Type 2 Diabetes patients. This quasi-experimental study was conducted with the pre-test and post-test design. Oxford Happiness Inventory and Mental Health Questionnaire were applied to the study groups as pre-test and post-test, respectively, and significant differences were detected between the two study groups in the study, and it was also found that Schema Therapy increased happiness and mental health scores at significant levels.

In a conclusion, when the findings obtained in this study on the effects of the Schema Therapy-Based Psychoeducation Program on depression and happiness levels are compared with the results of the studies in the literature, it is seen that the findings of the previous studies support our findings.

It was reported in the literature that the number of studies on schema therapy is insufficient in our country. Discussing such issues and sharing the results can contribute to families and educators as well as field workers. It is considered that these segments will gain a certain awareness with the increased number of such studies. Also, it is considered that it will create an idea for the solution of the problems experienced by people.

The Schema Therapy-Based Psychoeducation Program, whose direct effects were seen on the happiness and depression levels of the teacher group with this study, can be applied to different groups, and the results can be determined.

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GENİŞLETİLMİŞ ÖZET

Giriş

Pek çok türün aksine insanoğlu savunmasız doğar ve gelişim süreci boyunca başkalarının bakımına ihtiyaç duyar. Bu gelişim sürecinin başında, yani erken çocukluk dönemindeki ilişkilerin niteliği o kişinin ileriki yaşlardaki insan ilişkilerini, psikolojik sağlığını, akademik başarısını ve sosyal uyumunu etkiler. Başka bir ifadeyle belirtmek gerekirse, çocukluk çağı yaşantıları, o kişinin ileriki yaşlarda uyumlu veya problemlili davranışlarının kaynağı durumundadır. Erken çocukluk yılları ile problemlili davranışlar arasındaki ilişkiyi irdeleyen çalışmaların yanında, çocuklukta yaşanan olumlu duyguların ve güven ortamının yetişkinlik yıllarına ait olumlu sonuçlarının olduğunu gösteren araştırmalar da bulunmaktadır. Bu çalışmada şema terapi temelli psikoeğitim programının öğretmenlerin depresyon ve mutluluk ve düzeyine etkisi incelenmiştir. 8 haftalık şema terapi temelli psikoeğitim programı geliştirilirken şema terapinin temel felsefesi, erken dönem uyumsuz şemalar, uyumsuz şemalarla başa çıkma tepkileri, kişinin içinde bulunduğu modlar ve kişilerin ihtiyaç alanları göz önünde bulundurularak geliştirilmiştir. Araştırmacı, bu çalışmada katılımcılara depresyon ve mutsuzluğun olumsuz sonuçlarını azaltmalarında yardımcı olmak amacıyla farkındalık, beceri ve tutum kazandırmayı hedeflemiştir.

Yöntem

Bu çalışmada, Şema Terapi ilkeleri doğrultusunda hazırlanmış psikoeğitim programının, öğretmenlerin depresyon ve mutluluk düzeyine etkisini görmek amacıyla, ön-test, son test, izleme testli tekrarlı ölçümlü deneysel desen (tek gruplu tekrarlı ölçüm) kullanılmıştır. Bu desen 1x3 faktöriyel desendir. Bu modelde iki ya da daha çok ilişkili ölçüm setlerine ait ortalama puanların birbirinden anlamlı şekilde farklılaşıp farklılaşmadığı test edilmiştir. Uygulama gönüllülük esasına dayalı olarak yapılmıştır. Ön-test uygulamasına katılan 342 kişinin 148' i (%44) kadın, 194' ü (%56) erkektir. Depresyon düzeyini belirlemek için, Beck ve arkadaşları tarafından Depresyonun duygusal, bilişsel ve motivasyonel bileşenlerini değerlendirmek üzere oluşturulan ve "Beck Depresyon Ölçeği" ölçeği kullanılmıştır. Mutluluk düzeyini belirlemek için, Hills ve Argyle tarafından bireylerin mutluluğunun ölçülmesi için geliştirilmiş Oxford Mutluluk Ölçeği kullanılmıştır. Ölçek puanlarının incelenmesiyle belli ölçülere göre depresyon düzeyi yüksek, mutluluk düzeyi düşük olma kriterini aynı anda sağlayan toplam 31 kişiden rastgele yöntemle 8 erkek, 8 kadın seçilmiş ve deney grubu 16 kişiden oluşturulmuştur.

Bulgular

Deney grubu katılımcılarının psikoeğitim programı öncesi Beck Depresyon Ölçeği ön-test uygulamasında aldıkları puanların ortalaması $\bar{X}=19,937$ iken, psikoeğitim uygulaması ardından aynı testten aldıkları puanların ortalamasının $\bar{X}=9,153$, izleme testinden ise $\bar{X}=10,538$ olduğu

görülmektedir. Buna göre deney grubuna uygulanan şema terapi temelli psikoeğitim programının ardından deney grubu katılımcılarının depresyon düzeyinde azalma olduğu görülmektedir. Deney grubu katılımcılarının ön test, son test ve izleme testi puanları arasında anlamlı bir fark olduğu bulunmuştur ($F(2, 24)=163,658, p<.01$). Son test ortalama puanı ($\bar{X}=9,153$) ve izleme testi ortalama puanı ($\bar{X}=10,538$), ön-test ortalama puanına ($\bar{X}=19,937$) göre anlamlı derecede daha düşüktür. Öte yandan son test ve izleme testi puanları arasındaki fark anlamlı bulunmamıştır. Bu bulgu, şema terapi temelli psikoeğitim programının deney grubu katılımcılarının depresyon düzeyini azaltma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğunu göstermektedir. Deney grubu katılımcılarının psikoeğitim programı öncesi Oxford Mutluluk Ölçeği ön test uygulamasında aldıkları puanların ortalaması $\bar{X}=86,625$ iken, psikoeğitim uygulaması ardından aynı testten aldıkları puanların ortalamasının $\bar{X}=106,538$, izleme testinden ise $\bar{X}=103,923$ olduğu görülmektedir. Deney grubu katılımcılarının ön test, son test ve izleme testi puanları arasında anlamlı bir fark olduğu bulunmuştur, $F(2, 24)=49,882, p<.01$. Son test ortalama puanı ($\bar{X}=106,538$,) ve izleme testi ortalama puanı ($\bar{X}=103,923$), ön-test ortalama puanına ($\bar{X}=86,625$) göre anlamlı derecede daha yüksektir. Öte yandan son test ve izleme testi puanları arasındaki fark anlamlı bulunmamıştır. Bu bulgu, şema terapi temelli psikoeğitim programının deney grubu katılımcılarının mutluluk düzeyini artırma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğunu göstermektedir.

Tartışma ve Sonuç

Öğretmenlerin yaşadıkları depresyon ve mutsuzluklarına müdahale amacıyla, bu çalışma kapsamında şema terapi temelli bir psikoeğitim programı hazırlanmış ve uygulanmıştır. Buna göre deney grubunda uygulanan şema terapi temelli psikoeğitim programının ardından deney grubu katılımcılarının depresyon düzeyini azaltma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğunu göstermektedir. Ayrıca şema terapi temelli psikoeğitim programının deney grubu katılımcılarının mutluluk düzeyini artırma noktasında anlamlı düzeyde etkili olduğu ve sonrasında yapılan izleme testlerinde bu etkinin kalıcı olduğunu göstermektedir. Bu çalışma literatürdeki çalışmalar ile karşılaştırıldığında bu çalışmanın bulgularını destekleyici nitelikte olduğu görülmektedir. Fakat Ülkemizde şema terapi temelli araştırma sayılarının yetersiz olduğu görülmektedir. Şema terapi temelli çalışmaların ele alınması ve sonuçların paylaşılması, alan çalışanlarının yanında, aileler ve eğitimcilere de katkı sunabilir. Bu araştırma ve çalışma sayılarının çoğalmasıyla birlikte, belli bir farkındalık oluşabilir ve kişilerin yaşadığı sorunların çözümüne yönelik fikir oluşturabilir. Bu çalışmayla, öğretmen grubunun mutluluk ve depresyon düzeylerine doğrudan etkileri olduğu görülen ve şema terapi temelli psikoeğitim programı farklı gruplar üzerinde de uygulanıp sonuçları ortaya konabilir.