Original Article: Relationship Between Personal Myth and Early Maladaptive Schemas with General Health in Third Year Male and Female High School Students in Islamshahr

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ABSTRACT

Adolescence is a critical period of life after a childhood that causes certain changes in adolescents' body, motivations, emotions, and cognition. According to Piaget, it occurs when a person moves from the stage of objective operations to formal operations of self-centeredness. At this stage, the adolescent has difficulty in distinguishing between his own abstract views and those of others. One of the states of cognitive distortion in adolescents is the personal myth that, at this stage, he thinks is at the center of everyone's attention and has an impact on individual decisions and risky behaviors that can affect the general health of adolescents. The present study investigates the relationship between personal myth, early maladaptive schemas, and general health of third-year male and female high school students in Islamshahr. For this purpose, 300 students (136 boys and 164 girls) were selected by cluster random sampling method and answered three questionnaires about personal myth, Young's early maladaptive schemas, and general health. Mean and standard deviation, pearson correlation coefficient, stepwise multiple regression, independent t-test, and multivariate analysis of variance were employed to analyze the data. The results showed a statistically positive and significant relationship between the personal myth, early maladaptive schemas, and general health, but a negative and significant relationship conceptually. According to the stepwise regression model, it was found that fourteen after the initial maladaptive schemas and personal myths were able to predict general health and were able to explain 90% of the variance of general health variables. In response to the effect of the gender variable, a multivariate analysis of variance was used. The results showed that the gender variable was influential in personal myths and early maladaptive schemas. However, no significant difference was reported between adolescent girls and boys' total general health scores.

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Introduction

There is an important essential period between childhood and adulthood in human physical and mental development, which is known as adolescence. This period represents a stage that separates the child from the adult, and the most obvious sign is the physical changes that are very noticeable. Other developments that occur during this period and are as as physical changes are cognitive changes that, in the process of development, and the positive effects that it has on the adolescent's problem-solving ability, reasoning and thinking, sometimes cause distortions. His thinking is due to the teenager focusing too much on himself and his thoughts. Adolescence is a critical period of life that begins after childhood and usually begins at the age of eleven or twelve and lasts until the age of eighteen to twenty-one. In this period, a related set of biological, psychological, and social factors cause specific changes in the body's appearance, motivations, emotions, and cognition of adolescents. One of the most critical developments in adolescence is cognitive change. Piaget assumes that the process of thinking in adolescence and adulthood is qualitatively different from thinking in childhood. Explains the flow of cognitive development in three stages: sensory-motor, objective operation, and formal operation. Piaget believes that a kind of self-centered nose occurs at the beginning of each of these stages. Thinking that is generally self-centered and related to the lack of ability to distinguish between areas of interaction of object relationships. All three stages of cognitive development expressed by Piaget have a kind of developmental task, and the nasal center itself is directly related to this task at the beginning of each stage. Incompatible schemas are cognitive and emotional patterns of self-harm formed at the beginning of growth and development in mind and are repeated in the course of life, and affect the way of interpreting experiences and relationships with others.

Alkayand (1967) developed Piaget's theory of the adolescent nasal center itself. In his theory, he states that there are two ways for adolescents to be self-centered:

- ✓ The first state or imagination of the spectators is called imaginary. The teenager always sees himself on stage and thinks that he is at the center of everyone's attention. He thinks to himself that others are fascinated, caught, and aware of him because you are fascinated, caught and aware of yourself.
- ✓ The second case of this cognitive distortion is a personal myth, which occurs due to the imagination of imaginary spectators. This means that because the teenager is very confident, others will see him, think of him, and he will be in the spotlight. He cultivates a false belief about himself and concludes that this attention is due to his specialness and uniqueness.

Alkayand (1976) states that personal myth has three dimensions:

- ✓ Absolute ability.
- ✓ Invulnerability.
- ✓ Personal uniqueness.

Schema is considered any principle of general organization essential for understanding one's life experiences. One of the serious and fundamental concepts in psychotherapy is that many schemas are formed early in life and continue to move and impose themselves on later life experiences, even if they have no other application. This is sometimes referred to as the need for cognitive coordination that is, maintaining a consistent view of oneself or others, even if that view is incorrect or distorted. With this general definition, a schema can be positive or negative, consistent or inconsistent, and it can also be formed early in life or later. The personal myth of a false belief arises from the thinking of the center of the nose and is seen especially in adolescents. As a result, the adolescent thinks that he is extraordinary. The conceptual model of schema therapy developed by Yang *et al*. (2018) is a new and integrated therapy that is mainly based on the development

of concepts and methods of classical cognitive-behavioral therapy. Schema therapy combines the principles and foundations of cognitive-behavioral schools, Gestalt attachment, object relations, constructivism, and psychoanalysis into a valuable therapeutic and conceptual model. This treatment provides a new system of psychotherapy that is especially suitable for patients with chronic and refractory psychological disorders that have hitherto been a complex issue in treatment. Clinical experience shows that patients with severe personality disorders and people with significant behavioral problems that underlie such disorders respond very well to the treatment schema. Cognitive immaturity and personal myths are issues related to adolescents' general health. It is assumed that adolescents do not yet have sufficient cognitive power to assess risks, which can endanger their general health. While cognitive immaturity, which plays a central role in personal mythology, is considered an influential factor in adolescents' risky behaviors, some adolescent health programs have addressed the effects of the nasal center's own dimensions on adolescent decision-making. Understanding the basis of personal myths in adolescent risk-taking can be essential concept for identifying and establishing preventive education programs and help increase adolescents' general health. By gaining knowledge about adolescents' personal myths and their relationship with early maladaptive schemas and public health in this group, we can understand the importance of this cognitive distortion in early maladaptive schemas and their general health and consider their effectiveness. This type of myth sought to create preventive strategies and educational programs to maintain and promote the public health of this large segment of society. Therefore, the present study seeks to answer whether there is a relationship between personal myth, early maladaptive schemas, and general health in male and female high school students?

Research Background

Naji (2011), in a study on the relationship between personal myth, high-risk behaviors, and general health in third-grade high school students in Qazvin, found that there is a significant correlation between the two variables of total personal myth and total high-risk behaviors in none of the groups There was not. There was a significant negative relationship between personal myth scores and general health in all students. In other words, with the increase in personal myth, the score of public health decreased. Given that a lower score on the general health test indicates higher general health, it can be concluded that students with higher personal myth scores also have higher general health. General health was higher in male students than female students.

Shahamat reported that there is a significant relationship between early maladaptive schemas and the three symptoms of somatization, anxiety, and there is depression. Meanwhile, the defect/defect/same schema significantly predicted all three symptoms. The results obtained are consistent with previous studies and indicate that this theoretical framework has essential therapeutic and explanatory implications for psychological disorders. Based on this, a specific profile of inconsistent schemas related to each disorder can be drawn.

A study by Alberts, Alkind, and Ginsberg (2007) on the relationship between personal myth and risk in adolescents was conducted on 119 middle school students in the UK. This study revealed that 1- Personal myth increases with age in adolescents. 2- Boys were higher than girls in terms of invulnerability. 3- There was a significant positive relationship between personal myth and risky behaviors.

The dimension of personal uniqueness was also significantly associated with depression and suicidal ideation, a relationship that was increased with age.

Research Hypothesis

Adolescents' general health can be predicted based on personal myths and early maladaptive schemas.

Method

This research is non-experimental in terms of the researcher's control over variables and is a descriptive study (correlation). The statistical population of this study, which was conducted in the academic year of 2015-2017, is composed of male and female students in the third year of high school for girls and boys in Islamshahr (3191 people). Based on the number of variables, 50 people of each gender and a total of 300 people were selected for each variable.

Research Sample

According to the research topic, which is to determine the relationship between personal myth, primary incompatible schemas with general health in male and female third-year high school students in Islamshahr, a multi-stage cluster random sampling method was used. First, several schools were selected. Then several classes were selected from each school according to the sample size presented in Table 3-1. Because in the statistical population, the ratio of total girls (1747) was higher than the ratio of total boys (1444); determining the amount of statistical sample was considered, and finally, questionnaires were provided to the subjects in each group.

Table 1: The ratio of selecting a statistical sample from the statistical population

Sample	Total students	Number Gender
164	1747	girl student
136	1444	Student boy
300	3191	Total students

Information Collection Method and Implementation Method

Then, two classes were selected from each school. The desired questionnaires were given to the subjects in the selected classes according to the number of samples specified in each group. Students' questions were answered without inducing a specific answer.

Research Tools

- ✓ In the present study, three questionnaires were used:
- ✓ Personal Myth Scale (NPFS).
- ✓ Yang Early Incompatible Schemas Questionnaire (SQ-SF).
- ✓ General Health Questionnaire (GHQ).

1- Personal Myth Scale (NPFS):

The tool used to measure personal myth in the present study is the new personal myth scale made by Lapsley (1991). This scale has 46 items that include 3 subscales and 19, 14, and 13 items, respectively.

Scoring and Interpretation Scale of the Personal Legend Scale:

This questionnaire is rated on a Likert scale from 1 for (strongly disagree) to 5 for (strongly agree). The subscales' scores are finally added together to give an overall score. The higher the score, the higher the personal legend. Reliability and Validity of the Personal Legend Measure Scale:

The reliability and validity of the Cronbach's Alpha Personal Legend Scale obtained for the subscales in the Lapsel study were reported in a sample consisting of 6 different degrees from 61% to 83%. This value was in the samples of sections 6, 8, 10, and 12 for the dimension of absolute capability (70%), invulnerability (69%), and personal uniqueness (64%). In a study by Green, Robin, Hall, and Walters, the alpha value for absolute omnipotence (81%), invulnerability (74%), and personal uniqueness (65%) were obtained. The obtained value for the subscale of absolute capability was 74%, 64%

for invulnerability, and 65% for personal uniqueness. Cronbach's alpha for the whole scale (78%) was also obtained. Naji (2011) has the Cronbach's alpha coefficient to assess the internal consistency of the questions of each subscale of the Personal Myth Questionnaire and the whole questionnaire separately. The results are presented in Table 1. As can be seen, the obtained Cronbach's alpha coefficients indicate the excellent validity of the questions of the subscales of the Personal Myth Questionnaire and the whole scale of the Personal Myth.

Table 2: Cronbach's alpha coefficient for the personal myth questionnaire

Cronbach's alpha coefficients	Subscales
0.816	All power
0.688	Invulnerability
0.606	Unmatched
0.836	The whole personal legend

Ali Reza Agha Yousefi, Hossein Zare, and Somayeh Pourbafarani (2013) [12] evaluated the reliability and validity of the personal myth measurement scale, the results of which in two scientific-research quarterly social cognition, Year 2, Issue 3, Spring and Summer 2013 under the title of Preliminary Estimation of Reliability and Validity of Personal Mythology Scales and New Imagination: Scales for measuring self-esteem among adults have been published as follows. In this study, 308 students from the Payame Noor University, Iran were selected by voluntary sampling method. Personal mythology and fantasy questionnaires (1967) were used to measure the self-esteem, Beck depression, and Zuckerman (1978) to determine simultaneous validity. The obtained data were analyzed using the Pearson correlation coefficient, Cronbach's alpha, Guttman bisection method, and factor analysis. Data analysis revealed that there is a significant inverse correlation between the personal mythology and depression. There is a direct correlation between the personal mythology and excitement. There is a direct and significant correlation between new fantasy and depression and excitement, which indicates the simultaneous validity of the scale. Also, the reliability of the personal mythology scale using the Cronbach's alpha method was 0.78, and the reliability of the fantasy scale using the Cronbach's alpha method was 0.86, and the reliability of the new fantasy scale using the Guttman halving method was 0.75. Three factors were extracted for the personal myth scale using the f

actor analysis method, and eleven were extracted for the fantasy scale. Finally, in the preliminary estimation, it was concluded that the personal mythology and new fantasy questionnaires as reliable and valid tools for evaluation. The nose itself is among adults.

2- Yang Early Incompatible Schemas Questionnaire (SQ-SF):

The original version of the Schemas Questionnaire was developed by Yang to measure early maladaptive schemas (1994) Early maladaptive schemas are hypothesized to affect the onset and persistence of psychological disorders. Factor analysis of the 205-item Schema Questionnaire confirmed Yang's proposed schemas. Schematic Schema Questionnaire (SQ-SF) was developed to measure 15 initial maladaptive schemas based on the original form. The Young Schematic Questionnaire used in this study is a short form of this test and is a 75-item self-report questionnaire designed to evaluate 15 EMS subscales.

Questionnaire sentences are categorized according to the specific schemas below:

- ✓ Emotional deprivation (sentences 1 to 5)

- ✓ Abandonment / Instability (Sentences 6 to 10)
- ✓ Distrust / misconduct (sentences 11 to 15)
- ✓ Social isolation / alienation (sentences 16 to 20)
- ✓ Defect / Shame (sentences 21 to 25)
- ✓ Failure (sentences 26 to 30)
- ✓ Dependence / Inadequacy (sentences 31 to 35)
- ✓ Vulnerability to harm and disease (sentences 36 to 40)
- ✓ Caught / unchanged self (sentences 41 to 45)
- ✓ Obedience (sentences 46 to 50)
- ✓ Sacrifice (sentences 51 to 55)
- ✓ Emotional inhibition (sentences 56 to 60)
- ✓ Stubborn criteria (sentences 61 to 65)
- ✓ Eligibility / Grand Secretary (Sentences 66 to 70)
- ✓ Inadequate self-control / self-discipline (sentences 71 to 75)

Each sentence will be graded on a 5-point Likert scale. From a score of 1 for the option does not apply to me at all to a score of 5 for the option describes me exactly. The high score in this questionnaire indicates the existence of more maladaptive schemas in the individual. Reliability and validity of Yang's early maladaptive schemas questionnaire examination of psychometric properties of Yang Schematic Questionnaire included reliability and validity. Psychometric properties (SQ-SF) were studied in a sample of students from Tehran universities. In factor analysis, eleven factors were extracted using the principal components method. The relationship between subscales (SQ-SF) and (Scl25) was also investigated in this study. The results demonstrated that the questionnaire (SQ-SF) has sufficient structural validity in the student community.

3- General Health Questionnaire (GHQ):

The General Health Questionnaire was first developed by Goldberg (2020) The main questionnaire had 60 questions. However, the abbreviated forms of 30 questions, 28 questions, and 12 questions were used in various studies. According to researchers, various forms of the public health questionnaire have high validity and efficiency, and the efficiency of the 12-question form is almost the same as the 60-question form. Goldberg and Hiller designed the 28-question form of the Mental Health Questionnaire through the implementation of factor analysis on its long form. The questions in this questionnaire examine a person's mental state in the last month. They include symptoms such as abnormal thoughts and feelings and aspects of observable behavior that emphasize the situation here and now. How to score and interpret the public health questionnaire The 28-item general health questionnaire consists of 4 subtests with 7 questions. The questions of each subtest are listed in order and sequence: questions 1 to 7 related to the subtest of physical symptoms, questions 8 to 14 related to the subtest of anxiety and insomnia, questions 15 to 21 related to the subtest of social dysfunction and Questions 22 to 28 are related to the depression subtest. All items of the general health questionnaire have 4 options, and there are two types of scoring methods for these options. One method is GHQ scoring, in which the test options are scored as (1,1,0,0), and as a result, the individual score will vary from zero to 28. The second method is the Likert scoring method, according to which the test options are scored as (1,2,3,4), and as a result, the individual's overall score will vary from zero to 84.

Data Analysis Method

Descriptive indices (frequency distribution, mean, and standard deviation) were used to describe the data. Pearson correlation coefficient, multivariate analysis of variance, stepwise regression, and independent t-test were utilized to analyze the data. Data analysis was performed using the SPSS statistical software.

Research Findings

The contents of this research are presented in two parts. The first part is related to the descriptive information of the sample group. Describing the collected data is an essential step in grounding inferential processes. Hence, the description of the obtained data is examined first. Tables and graphs have been used for easy interpretation and descriptive information. In the second part, inferential analyzes are performed, and the scores obtained from personal myth questionnaires, early maladaptive schemas, and general health are discussed. Then, to test the research hypotheses, Pearson correlation coefficient, stepwise regression, multivariate analysis of variance, and independent t-test are used.

Descriptive Analysis of Statistical Data

Table 3 presents the sample distribution by gender of the sample. Table 3 reveals that 54.66% of the statistical sample have girl, and 45.33% have boy.

Table 3: Frequency distribution and frequency percentage of the sample by gender

Abundance	Frequency percentage	Level	variable
54.66	164	Girl	Gender
45.33	136	Boy	
100	300	Total	

Table 4 presents the mean and standard deviation of the variables of the dimensions of incompatible schemas by gender. As can be seen, the mean score of the dimension of emotional deprivation in female adolescents (15.67) and its standard deviation is equal to (4.29), and the average score of the dimension of emotional deprivation in male adolescents (14.15) and its standard deviation equal to with (2.98). Other results related to the mean and standard deviation of variables by gender can be seen in the table.

Table 4: Mean and standard deviation of the dimensions of the initial incompatible schemas

Standard deviation	Average	Gender	Variable
4.29	15.67	Girl	Cut / Rejection
2.98	14.15	Boy	Abandonment/ Instability
5.02	15.95	Girl	Distrust / misconduct
4.98	15.45	Boy	Social isolation
2.10	14.21	Girl	Shame / defect
4.34	15.52	Boy	Social discomfort
3.09	15.93	Girl	Break
3.66	16.37	Boy	Dependence/ Inadequacy
2.95	15.22	Girl	Vulnerability to disease
3.79	13.72	Boy	Caught / not delivered
3.59	14.33	Girl	Obedience
4.34	14.37	Boy	Sacrifice
2.69	13.73	Girl	Emotional deterrence
3.72	13.88	Boy	Strict criteria / troubleshooting
3.81	13.17	Girl	Eligibility / Grand
4.41	13.50	Boy	Secretary

4.33	16.31	Girl	Cut / Rejection
30/3	15.01	Boy	Abandonment / Instability
3.14	15.09	Girl	Distrust / misconduct
3.95	15.22	Boy	Social isolation
2.35	13.95	Girl	Shame / defect
3.55	14.17	Boy	Social discomfort
2.49	13.46	Girl	Break
3.63	13.89	Boy	Dependence / Inadequacy
2.77	14.25	Girl	Vulnerability to disease
3.51	14.38	Boy	Caught / not delivered
3.51	15.19	Girl	Obedience
4.53	16.98	Boy	Sacrifice
4.29	15.16	Girl	Emotional deterrence
5.21	15.65	Boy	Strict criteria / troubleshooting
3.49	13.32	Girl	Eligibility / Grand
4.29	13.49	Boy	Secretary

Table 5 presents the mean and standard deviation of the total score and personal myth and general health dimensions. As can be seen, the average total score of personal myth in female adolescents (112.40) and its standard deviation is equal to (14.61), and the average total score of personal myth in male adolescents (115.07) and its standard deviation is equal to (15/81). The average total score of general health in female adolescents (42.14) and its standard deviation is equal to (7.46), and the average total score of general health in male adolescents (43.17) and its standard deviation is equal to (8.25). Other results related to the mean and standard deviation of the variables are presented in Table 5.

Table 5: Mean and standard deviation of dimensions and total score of personal myth and public health

Standard deviation	Average	Gender	Variable
7.24	44	Girl	All power
10.05	47.24	Boy	Unmatched
10.25	32.58	Girl	Invulnerability
11.13	33.16	Boy	The total score of a personal legend
7.87	35.54	Girl	Total general health score
7.63	34.62	Boy	Variable
14.61	112.40	Girl	All power
15.81	115.07	Boy	Unmatched
7.46	42.14	Girl	Invulnerability
8.52	43.17	Boy	

Assuming the data is normal

Kolmogorov-Smirnov test was used to check the normality. The results are presented in Table 4-4.

Table 6: Test results - Kolmogorov - Smirnov to check the normality of research variables

Kolmogorov-Smirnov test		Criterion variable
Significance level	Z	
0.83	**0.622**	**The total score of a personal legend**
0.65	**0.825**	**Total general health score**
0.14	**1.85**	**Total score of inconsistent schemas**

Table 6 show that the variable distribution of the studied criteria is normal. The calculated value of Z is not significant, and its non-significance indicates the normality of the distribution of variables.

Research Hypothesis Test

1- Based on personal myths and early maladaptive schemas, adolescents' general health can be predicted. The stepwise regression method was used to investigate the role of each dimension of personal myth and maladaptive schemas in predicting public health, the results of which are presented in Table 7.

Table 7- Stepwise regression of personal myth dimensions and initial maladaptive schemas on general health

The stepwise regression model in Table 7 showed that fourteen dimensions of nineteen dimensions of maladaptive schemas and personal myths could predict general health. In total, these 14 dimensions were able to explain 90% of the variance of general health variables. In the first step, the self-control dimension alone explained 23% of the variance in general health, which increased to 36% after the introduction of the second variable, i.e., the release dimension, where the share of the component was 13% of the variance in general health. In the third step, with the addition of the dependency-inefficiency variable, the amount of explanation increased to 45%, where the contribution of the mentioned component in explaining the variance of the general health variable was to explain 9% of its variance. Other results can be seen in the table. As can be seen, all the effects of explaining the variables on public health are significant at the level of 0.001.

Discussion and Conclusion

In any research, the researcher conducts research in regular steps and, after collecting data, analyzes them statistically and then draws conclusions. Still, the conclusion alone is not enough, and the researcher must interpret the results obtained. The correct interpretation shows the extent to which the results can be generalized to the community and how general and general planning in the community can be designed based on it. In this section, the research findings are first discussed and concluded, and then at the end, the limitations and research suggestions in this field are presented. This study aimed to investigate the relationship between personal myths, early maladaptive schemas, and general health in adolescence. Adolescence is associated with changes, including the developments of this period, which can be referred to in addition to physical changes. It is cognitive changes that the process of development and the positive effects on adolescent thinking, sometimes cause distortions in the individual's thinking, which is due to the adolescent's excessive focus on himself and his thinking and causes interpersonal problems in the person. It causes harm to a person's physical and mental health. Some of these perceptions, which appear as personal myths, can create maladaptive patterns in the adolescent's mind and change the adolescent's attitude towards himself and his environment. Those schemas at the beginning of growth and development in mindare formed to affect themselves. Almost 5% of all children and

adolescents experience the diagnostic criteria for a mental disorder during this period of their lives. More than 20% of people before the age of 16 have clinical symptoms of one of these disorders. In this study, we investigated the effects of different dimensions of each of the expressed variables. The study's statistical population includes high school students in Islamshahr who were studying in the 94-93 academic year. The present research sample included 300 third-year high school students in this city who were selected by a multi-stage cluster random sampling method. Sample size. Because the ratio of total girls was higher than the ratio of total boys in the statistical population, this issue has been taken into account in determining the statistical sample. Finally, to collect the data, by obtaining the necessary permits from the officials of the Education Department of Islamshahr city, by referring to selected schools, they distributed three questionnaires on the personal myth measurement scale, Yang Early maladaptive schemas (SQ-SF) and public health. (GHQ). Descriptive indices (frequency distribution, mean, and standard deviation) were used to describe the data. Pearson correlation coefficient, multivariate analysis of variance, multiple regression, and independent t-test were used to analyze the data. The results revealed a statistically positive and significant relationship between personal myth, early maladaptive schemas, and general health, but a negative relationship and meaning in terms of concept. According to the multiple regression model, it was found that the dimensions of early maladaptive schemas and personal myths were able to explain and predict 90% of the variance of general health variables. In response to the gender variable, a multivariate analysis of variance was used, which considered the results of the gender variable to be effective in personal myths and early maladaptive schemas. However, no significant difference was reported about the general health. Hypothesis based on personal myths and maladaptive schemas, adolescents' general health can be predicted. The results of examining this hypothesis, according to Table 6, show that different dimensions of early maladaptive schemas and personal myths was able to predict the general health and explain a total of 90% of the variance of public health variables. The variables of restraint, abandonment, inadequacy dependence and three explain 23%, 13%, and 9% of the variance of public health, respectively. All the effects of explaining the variables to public health at the level of 0.001 were meaningful. The results of this study are in line with the results of other studies, including Mamitha Naji (2011) on the relationship between personal myth, high-risk behaviors, and public health in the third year of high school students in Qazvin, which states the difference between personal myth scores and public health in All students have a significant negative relationship, is consistent. Based on the results of this study and other studies, it can be concluded that Hypothesis One: The general health of adolescents can be predicted based on personal myths and maladaptive schemas. It was also found that there is a difference between adolescent girls and boys in personal myths, maladaptive schemas, and general health.

Conclusion

- ✓ According to the study's statistical population, it has been challenging to control other influential variables.
- ✓ Considering that the present study sample is adolescents, therefore, caution should be exercised in generalizing the results to other age groups.
- ✓ The present study is correlational. Therefore, relationships cannot be explained causally.
- ✓ Simultaneous implementation of three questionnaires causes fatigue and directs students' thoughts.

Suggestions

- ✓ Since the present study results showed a relationship between personal myths and early maladaptive schemas with general health in third third-year male and female high school students in Islamshahr. It is recommended that parents pay proper attention to this issue to minimize the incidence of mental disorders in adolescence.

- ✓ Since the results showed that there is a significant correlation between the components of personal myths (omnipotence, uniqueness, and invulnerability) and early maladaptive schemas with adolescents' general health, it is suggested to families that cultivating appropriate barley emotions in which communication is direct, clear, transparent and growing will minimize the occurrence of traumatic events.
- ✓ Educational officials can take steps to minimize the adverse effects on students by providing appropriate solutions according to the variables affecting personal myths.

Suggestions for Future Research

- ✓ Future researchers are advised to consider the relationship between personal myths and early maladaptive schemas in predicting general health in adolescents in the present study and the contribution of these variables to other behavioral patterns that are of particular importance in adolescence.
- ✓ Future researchers are advised to consider other mediating variables in personal myths that can play an essential role in developing adolescent behaviors independently of other variables.
- ✓ Since many variables are related to personal myths, only few studies have been conducted on personal myths in Iran. Given its importance to students, it is worthwhile for more researchers to investigate the relationship between these variables and personal myths.
- ✓ It is suggested that this research be done in samples taken from different communities, for example, among students of different grades.

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