

Investigating the Relationship between Early Maladaptive Schemas and Marital Satisfaction in Married Women

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Received: 13 September 2026, Revised: 28 September 2026, Accepted: 13 October 2026, Online First: 23 October 2026

ABSTRACT

Objective: The objective of this study was to examine the relationship between early maladaptive schemas (EMSs) and marital satisfaction among married women. **Methodology:** This study was applied in purpose and descriptive-correlational in method. The statistical population consisted of married female students at the Islamic Azad University, Mashhad Branch, during the 2023–2024 academic year. A sample of 210 participants was selected via convenience sampling. Data were collected using the Young Schema Questionnaire–Short Form (YSQ-SF) and the ENRICH Marital Satisfaction Questionnaire. Statistical analysis was performed using Pearson correlation coefficients and multiple regression analysis. **Findings:** The results demonstrated a significant inverse relationship between all 15 components of early maladaptive schemas and marital satisfaction ($p < 0.01$). Regression analysis revealed that early maladaptive schemas accounted for 37.7% of the variance in marital satisfaction ($R^2 = 0.377$). Furthermore, the strongest negative correlations with marital satisfaction were observed for the schemas of “Mistrust/Abuse,” “Social Isolation/Alienation,” and “Abandonment/Instability.” **Conclusion:** These findings confirm that the presence and activation of early maladaptive schemas are associated with reduced marital satisfaction in married women. These schemas generate self-defeating cognitive-emotional patterns that disrupt interpersonal interactions and diminish marital quality. Consequently, identifying and restructuring these schemas within psychological interventions, pre-marital counseling, and couple therapy is essential for enhancing mental health and family stability.

Keywords: Early Maladaptive Schemas, Marital Satisfaction, Married Women, Couple Therapy, Family Health.

INTRODUCTION

Marriage is a sacred covenant through which the family is formed, and it has existed among nations, peoples, and societies in almost all times and places since the beginning of human life, having been emphasized by most religions. Marriage is a desirable human bond that gives meaning to life (Montazeri, 2022). No society can claim to be healthy unless it is composed of healthy families, and no social harm can arise without the influence of the family (Zabihi & Maasoumi, 2022). Therefore, in order to have a healthy society, attention must be paid to the health of the first social unit, namely the health of the family (Montazeri, 2022).

One of the determining factors of family health is marital satisfaction. The stability and solidity of the family depends on marriage and a stable and fundamental marital relationship. That is, any instability and weakness in marital satisfaction, or the absence of a successful marriage, in addition to disrupting the psychological tranquility of couples,

also disrupts the survival and durability of the family, and its impact on society recurs in turn (Hasan-Esfahani et al., 2022). Marital satisfaction is the extent of couples' affection for one another and their positive attitude toward being married, which depends on factors including personality issues, interpersonal communication, conflict resolution, financial management, leisure activities, sexual relationship, parenting, egalitarian roles, and religious orientation. This satisfaction is achieved from the congruence between the individual's expected and current states in marital relations. In fact, marital satisfaction is a positive and pleasurable attitude that the wife and husband hold toward the various aspects of their relationship in life (Tabakhi et al., 2022).

The results of various studies, including Tabakhi et al. (2022) and Zabihi and Maasoumi (2022), indicate that marital satisfaction among married women is low; therefore, paying attention to the psychological needs of married women and addressing the factors

influencing them, including their early maladaptive schemas, is necessary.

Since the early 1980s, a strong movement toward combining the distinctive features of different psychological approaches has emerged, with the aim of developing more comprehensive theoretical models and more efficient therapeutic methods. In this vein, Young's theory of early maladaptive schemas and schema therapy, as an integrative and novel approach, is effective in explaining and treating a considerable portion of chronic Axis I and Axis II disorders, as well as interpersonal problems, including marital problems (Naseri Kand, 2022). From Young's perspective, the early maladaptive schemas are self-damaging emotional and cognitive patterns that form in the mind during early development and persist throughout the course of life. In life, the individual passes through sensitive stages and phases (Aghili and Hejazi, 2022). In Iran, in recent years, schema therapy theory has also received the attention of many researchers and therapists working in the field of family and couples' therapy (Valizadeh, 2016–17). Schemas do not include behaviors; rather, behaviors are part of the coping responses that originate from schemas. According to the researchers, schemas hold special importance in the discussion of individual behavior. From Young's perspective, schemas are the deep and firm beliefs of the individual about the self and the world, which are developed through the teachings of the early years of life. Those schemas whose formation leads to the emergence of psychological problems are called early maladaptive schemas (Shakhmgar, 2017). Among the early maladaptive schemas, the early maladaptive schemas that are among the most characteristic features of personality disorders predict all the symptoms of personality disorders, a portion of borderline and antisocial personality disorders, and differentially predict personality disorder subgroups even after controlling for depression and anxiety (Terapinin, 2018).

When married women experience emotional/physical deprivation, they feel sad and depressed but are unaware of the cause. With some exceptions... In adulthood, they no longer expect to receive emotional support or even expect to be understood, or this expectation decreases in them. Even if they do receive emotional support, they may feel that they are not loved or supported. They are able to share their feelings with others and may lose hope for the possibility of an emotionally supportive relationship. Often, there is a sense of "feeling misunderstood," and they may also develop a feeling of being betrayed (Darya et al., 2021). They also feel unknown, feeling unfulfilled and unimportant to care for; they feel unseen, uncared for, and unimportant. Fundamentally, they feel that they do not exist and that their existence does not matter, and they are unable to connect with those around them (Rastgoo et al., 2021). They have low insight into their problems because their needs are not have been met for a long time (Mahmoudpour et

al., 2019). Also, they have maladaptive behaviors that discourage people from providing for their needs, or they lead them toward choosing people who are unable to express affection (Mohammadi and Rastou, 2017). Like children, individuals with a history of emotional deprivation are unable to make decisions on their own and experience emotional maturity until they receive the necessary approval from another person; admitted they also cannot receive the necessary approval from themselves, but there are many things they can do to help themselves (Darba et al., 2021).

Another common symptom in emotional deprivation is the tendency to hide feelings; emotional deprivation leads to the tendency to hide emotions and a tendency to avoid expressing emotional needs. The need for attention and love in a person with emotional deprivation habit is accustomed to deprivation. Their The expression in specific situations can be sudden or impulsive, and the prolonged neglect of needs in emotionally deprived individuals eventually reaches a state of urgency. The intense feeling of deprivation about what you need leads impulsive impulses, an excessive expression of needs that can lead to passive aggression, guilt, or complete isolation. Since accumulated needs are expected to be met in a short period of time and in an unhealthy manner, they are highly likely to remain unacknowledged and accompanied by frustration (Mohammadi et al., 2017). Individuals with emotional deprivation have never felt emotionally supported, do not expect their emotional and material needs will be met in their relationships, have no one to withdraw/trust to for advice and guidance, do not truly understand their own feelings or needs, and feel that there is a gap in their life; something is missing but they are unsure of what (Mohammadi and Rastagh, 2016). They rarely express their feelings to others; for most of their childhood, people did not interact with them emotionally, and, as children, their feelings and emotions were dismissed, and their caregivers. They left them at an emotional distance throughout their childhood days (Darya et al., 2021). Furthermore, individuals with emotional deprivation tend to see others as selfish or to deliberately imagine their behaviors. For an emotionally deprived individual, neutral behaviors of others may signify that they do not matter. The fact is that others have limitations in dividing their attention (Mohammadi et al., 2017).

Therefore, early maladaptive schemas are among the factors that lead to reduced levels of marital satisfaction in women and elevate psychological distress. Consequently, the question that the present study seeks to answer is formulated as "What is the relationship between early maladaptive schemas and marital satisfaction in women?"

Theoretical Framework

Marital Satisfaction

Marital satisfaction, defined as the congruence between intrapersonal expectations and interpersonal

experiences regarding the quality of a relationship, reflects the degree of happiness, pleasure, and optimal functioning experienced by couples across various domains of shared life (Jahan et al., 2017; Skreen et al., 2018). The stability of this construct depends less on the mere absence of external environmental stressors than on couples' coping mechanisms, response styles, and interactive patterns when confronting interpersonal conflicts (Pournaghash, 2019). Over the family life cycle, marital satisfaction frequently follows a U-shaped trajectory—declining during the early years of marriage and child-rearing phases, and rising again during the empty-nest stage as adult children achieve independence (Vassler & Mueller, 2019; Levenson, 1994, as cited in Babaei Amiri, 2020; Goodarzi et al., 2020).

From an etiological standpoint, marital satisfaction represents the dynamic interplay among demographic characteristics (e.g., age, educational attainment, and number of children), individual and psychological factors (personality structure, quality of sexual interactions, financial conditions, and gender-role attitudes), interpersonal processes (communication skills, conflict-resolution styles, attachment patterns, and mutual commitment), and developmental environmental stressors (Howson et al., 2019; Samadipour et al., 2016; Nami & Mazlounin, 2017). This multidimensional complexity has led theorists across diverse paradigms to conceptualize its underlying mechanisms. Combs (1991) posits marital adjustment as the cornerstone of family stability, psychological well-being, and spousal longevity (Karimi & Arefi, 2020). From a family systems perspective, Bowen identifies deficits in self-differentiation and emotional fusion with the family of origin as primary roots of chronic marital conflict (Barker, 1996; Amini & Heidari, 2016). Within the same systemic framework, Minuchin and Whitaker emphasize the necessity of functional boundaries within the spousal subsystem, flexible role allocation, and adaptive interpersonal processes to mitigate destructive coalitions and sustain relational trust (Amanati & Letafati, 2018).

At the cognitive and communicative levels, Gottman underscores expanding “love maps,” cultivating mutual admiration, turning toward each other, and accepting spousal influence as core pillars of relational stability (Shafie & Etemadi, 2017; Eslami & Ahmadi, 2019), whereas Ellis's rational emotive behavior approach highlights the deterministic role of irrational beliefs in marital distress. Furthermore, Sternberg's triangular theory of love conceptualizes marital satisfaction as an emergent property of the dynamic balance among motivational (passion), emotional (intimacy), and cognitive (commitment) dimensions, alongside relational investment (Maleki et al., 2017; Parshti, 2019). These psychological dimensions are further complemented by assortative mating models and Nye's (1978) social exchange theory, wherein sociocultural similarity minimizes interpersonal

friction (Talaiezadeh, 2016; Lorincová et al., 2019; Kamali et al., 2018), and an equitable balance between perceived relational rewards and costs prevents feelings of deprivation and subsequent marital dissolution (Parvizi et al., 2016; Piadeh Kouhsar et al., 2018). Ultimately, this intricate matrix of dimensions is comprehensively captured in Olson's ENRICH model across 12 core domains, including conflict resolution, financial management, sexual relationship, effective communication, and egalitarian role sharing (Foroughi, 2016).

Early Maladaptive Schemas

The construct of the “schema” possesses profound historical roots in philosophy and cognitive psychology, conceptualized as a fundamental cognitive framework that organizes human experience and perceptions. Owing to the inherent drive to maintain cognitive consistency, schemas tend to perpetuate over time even when they become dysfunctional (Riso et al., 2007; Nematollahi & Azad Yekta, 2016). Extending Beck's cognitive model into the domain of personality pathology, Young conceptualized Early Maladaptive Schemas (EMSs) as broad, pervasive, and self-defeating emotional, cognitive, and somatic patterns regarding oneself and interpersonal relationships that originate during early developmental stages and elaborate throughout adulthood (Young et al., 2003; Izadi et al., 2018). The etiology of EMSs stems from an intricate interaction between a child's innate temperament and adverse early life experiences within the nuclear family—specifically, the core frustration of needs, early traumatization and victimization, parental overprotection and indulgence, and the selective internalization or identification with significant caregivers. These dynamics ultimately culminate in the chronic thwarting of five universal core emotional needs: secure attachments, autonomy and competence, freedom to express authentic needs and emotions, spontaneity and play, and realistic limits and self-control (Darya et al., 2021; Sepehri & Kiani, 2020; Saboonchi et al., 2020; Feleghkar et al., 2019).

According to Young's schema model, eighteen early maladaptive schemas are systematically clustered into five broader developmental domains. The first domain, **Disconnection and Rejection**, arises from the frustration of needs for safety, stability, and nurturance, encompassing the schemas of *Abandonment/Instability*, *Mistrust/Abuse*, *Emotional Deprivation* (across the dimensions of nurturance, empathy, and protection), *Defectiveness/Shame*, and *Social Isolation/Alienation*, which fundamentally disrupt the capacity to establish secure and intimate bonds (Mehrpouya et al., 2022; Mohammadi & Fathi-Ashtiani, 2017). The second domain, **Impaired Autonomy and Performance**, emerges from early impediments to separation-individuation and independent functioning, consisting of *Dependence/Incompetence*, *Vulnerability to Harm or Illness*, *Enmeshment/Undeveloped Self*, and *Failure*

(Sangani et al., 2019; Manouchehrabadi et al., 2022). The third domain, **Impaired Limits**, reflects deficient internal limits, reciprocal responsibility, and long-term goal orientation, subsuming *Entitlement/Grandiosity* and *Insufficient Self-Control/Self-Discipline* (Shekhmgar, 2017). The fourth domain, **Other-Directedness**, is grounded in conditional acceptance and manifests as an excessive focus on meeting the desires of others at the expense of one's own needs, comprised of *Subjugation* (of needs and emotions), *Self-Sacrifice*, and *Approval-Seeking/Recognition-Seeking* (Shafie et al., 2022; Manouchehrabadi et al., 2022). Finally, the fifth domain, **Overvigilance and Inhibition**, results from the suppression of spontaneous feelings and impulses in favor of rigid internalized rules, encompassing *Negativity/Pessimism*, *Emotional Inhibition*, *Unrelenting Standards/Hypercriticalness*, and *Punitiveness* (Darba et al., 2021; Abedi et al., 2020; Nematollahi & Azad Yekta, 2016).

The functional dynamics of EMSs operate through two opposing clinical processes: *schema perpetuation* and *schema healing*. Schema perpetuation is maintained through a self-reinforcing feedback loop of selective cognitive distortions, self-defeating behavioral repertoires, and dysfunctional interpersonal coping styles that recreate childhood developmental adversities (Hedayat et al., 2019). Conversely, schema healing represents a progressive, multi-modal process aimed at attenuating the frequency, affective intensity, and somatic arousal associated with the schema, while establishing adaptive cognitive and behavioral alternatives (Aghili & Hejazi, 2022; Ahmadi et al., 2021). Furthermore, maladaptive coping responses—conceptualized as state-dependent behavioral, cognitive, and affective mechanisms deployed to mitigate the emotional pain elicited by schema activation—are distinct from the underlying schema structures themselves (Valizadeh, 2016; Sangani et al., 2019). Functioning as psychological counterparts to the evolutionary survival responses of freeze, flight, and fight, these reactions are operationalized into three primary coping styles: **Schema Surrender** (passive resignation and experiential confirmation through toxic relationships), **Schema Avoidance** (cognitive, behavioral, and emotional withdrawal via avoidance, isolation, or substance use), and **Schema Overcompensation** (counter-attacking through aggression, grandiosity, extreme perfectionism, or excessive control). Although these coping strategies conferred survival utility in childhood, in adulthood they paradoxically perpetuate schema stability, exacerbate interpersonal impairment, and sustain psychological distress (Ahmadi et al., 2021; Abedi et al., 2020).

Methodology

The present study is applied in terms of purpose and descriptive-correlational in terms of data collection method, as its primary aim is to examine the

relationship between early maladaptive schemas and marital satisfaction among married women. The statistical population of this study comprised all married female students of Islamic Azad University, Mashhad Branch, in the academic year 2023–2024 ($N=460$). Based on the Krejcie and Morgan table, the sample size was estimated at 210 participants, who were selected through convenience (non-probability) sampling. Inclusion criteria consisted of being married, being enrolled at Islamic Azad University, Mashhad Branch, and willingness to participate in the study. The questionnaires were administered online, and the data obtained from 210 completed questionnaires served as the basis for the final analyses.

For data collection, in addition to a demographic characteristics questionnaire (including age, employment status, and educational level), two main instruments were employed. The first was the **Young Schema Questionnaire–Short Form (YSQ-SF)**, a 75-item self-report instrument developed by Young (1990) that assesses 15 early maladaptive schemas (each comprising 5 items) on a 5-point Likert scale (ranging from “not at all true of me” to “describes me perfectly”). The score for each schema ranges from 5 to 25, with higher scores indicating greater severity of the maladaptive schema. The psychometric evidence for this scale is favorable; Welburn et al. (2002) reported Cronbach's alpha coefficients for the subscales ranging from 0.76 to 0.93, and Calvete et al. (2005) reported values between 0.61 and 0.85. In the Iranian population, Abbas while Sadoughi et al. (2008) reported a total Cronbach's alpha of 0.94 and subscale coefficients ranging from 0.62 to 0.90.

The second instrument was the **Enriching and Nurturing Relationship Issues, Communication and Happiness (ENRICH) Marital Satisfaction Questionnaire–Short Form**, developed by Olson (1998). Comprising 47 items, it measures 12 subscales of marital dynamics (including idealistic distortion, marital satisfaction, personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, children and marriage, family and friends, egalitarian roles, and religious orientation) on a 5-point Likert scale (ranging from “strongly agree” to “strongly disagree,” with reverse scoring applied to specified items); higher scores on this scale indicate greater marital satisfaction. The content and face validity of the Persian version were confirmed by Soleimanian (1994), and its reliability was reported as a Cronbach's alpha of 0.95. Mirkheshti (1996) also confirmed the content validity of the scale following cultural adaptation. Furthermore, the significant correlations of this scale with family satisfaction ($r=0.41-0.60$) and life satisfaction ($r=0.32-0.41$) were reported.

0.41r = 0.32–0.41r=0.32–0.41) support its construct and criterion validity.

Throughout the implementation of the study, ethical principles were fully observed; accordingly, the objectives of the study were communicated to participants prior to completing the instruments, complete confidentiality of information and the omission of names and identifying details were guaranteed, participation was based on informed consent and was entirely voluntary, and participants were offered the opportunity to receive the overall results of the study upon request.

Finally, the collected data were analyzed at both descriptive and inferential levels using SPSS software. In the descriptive section, measures of central tendency (mean), measures of dispersion (standard deviation), and frequency distribution tables were employed. In the inferential section, Pearson correlation coefficient and multiple regression analysis were used to examine the relationship between the variables and to predict marital satisfaction based on early maladaptive schemas.

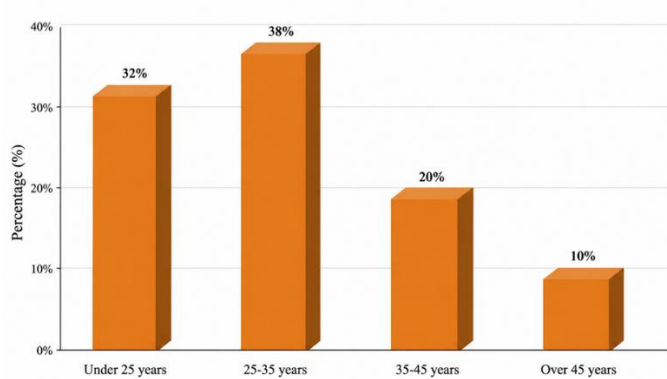
Findings

In this section, the data are described using tables and figures. First, the demographic characteristics are described; these characteristics include individual attributes such as gender, age, and educational level. Subsequently, the status of the variables within the sample is addressed. It should be noted that SPSS software was used to construct the tables and figures.

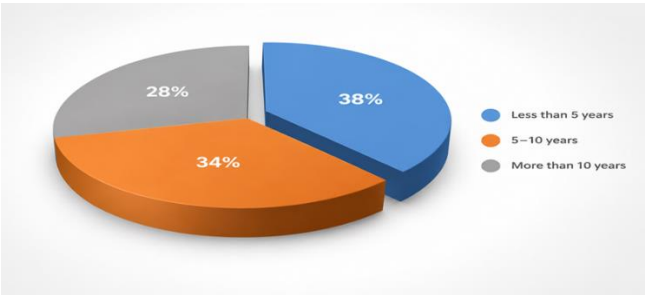
Table 1. Gender of Respondents

Gender	Frequency	Percentage
Female	210	100
Male	0	0
Total	210	100

As presented in Table 4-3, the age distribution of the respondents indicates that the largest proportion of participants (80 individuals, 38%) fell within the 25–35 age group. This was followed by the under-25 age group, comprising 67 participants (32%), and the 35–45 age group, comprising 42 participants (20%). The smallest proportion belonged to the over-45 age group, with 21 participants (10%). Accordingly, the majority of the sample consisted of young and middle-aged women, which is consistent with the demographic characteristics of the target population.



As illustrated in the figure, 32% of the respondents were under 25 years of age, 38% were between 25 and 35 years old, 20% were between 35 and 45 years old, and the remaining 10% were over 45 years of age.



As illustrated in the figure, 48% of the respondents had a marriage duration of less than 5 years, 28% had a marriage duration of 5 to 10 years, and the remaining 24% had a marriage duration of more than 10 years.

Table 2. Descriptive Statistics Deprivation | 15 Components

Variable	Component	Me an	S D	Varia nce
Early Maladap tive Schemas	Emotional Deprivation	15.5 0	1.0 3	1.061
	Abandonment/Insta bility	16.2 0	1.8 9	3.57
	Mistrust/Abuse	14.7 0	1.6 8	2.82
	Social Isolation/Alienation	14.2 0	1.3 3	1.77
	Defectiveness/Shame	15.3 0	1.4 5	2.10
	Failure	15.4 0	1.1 2	1.254
	Dependence/Incom petence	15.7 5	1.7 0	2.89
	Vulnerability to Harm or Illness	16.0 1	1.9 0	3.61
	Enmeshment/Unde veloped Self	15.5 0	1.6 0	2.56
	Subjugation	14.8 0	1.7 0	2.89
	Self-Sacrifice	15.2 0	1.2 0	1.44
	Emotional Inhibition	14.2 5	1.2 0	1.44
	Unrelenting Standards	15.5 0	1.6 0	2.56
	Entitlement/Grandi osity	14.7 0	1.4 0	1.96
Marital Satisfacti on	Insufficient Self- Control	14.9 0	1.7 0	2.89
	Idealistic Distortion	13.5 0	2.6 4	6.969
	Marital Satisfaction	11.5 0	1.8 3	3.35

	Personality Issues	10.90	1.69	2.86
	Marital Communication	11.50	1.75	3.06
	Conflict Resolution	11.60	1.90	3.61
	Financial Management	10.80	1.80	3.24
	Leisure Activities	12.20	1.90	3.61
	Sexual Relationship	11.60	1.95	3.80
	Children and Marriage	11.75	2.03	4.12
	Family and Friends	10.85	2.15	4.62
	Egalitarian Roles	10.50	1.95	3.80
	Religious Orientation	10.90	1.75	3.06

Interpretation. As shown in Table 4-2, among the early maladaptive schemas, *Abandonment/Instability* recorded the highest mean ($M = 16.20$, $SD = 1.89$), followed by *Vulnerability to Harm or Illness* ($M = 16.01$, $SD = 1.90$), whereas *Social Isolation/Alienation* exhibited the lowest mean ($M = 14.20$, $SD = 1.33$). Within the marital satisfaction domain, *Idealistic Distortion* yielded the highest mean ($M = 13.50$, $SD = 2.64$), while *Egalitarian Roles* showed the lowest mean ($M = 10.50$, $SD = 1.95$). The relatively high variance of *Idealistic Distortion* ($SD = 2.64$) indicates considerable dispersion among participants on this subscale.

Hypothesis Testing

Sub-Hypothesis 1: There is a significant relationship between early maladaptive schemas and marital satisfaction among married women.

To evaluate this hypothesis, linear regression analysis and Pearson product-moment correlation coefficients were calculated.

1. Regression Model Summary

Table 2 summarizes the regression metrics indicating the overall predictive capacity of early maladaptive schemas on marital satisfaction.

Table 2. Model Summary for Regression of Marital Satisfaction on Early Maladaptive Schemas

Predictor	Criterion	RRR	R ²	Adjusted R ²	SESE
Early Maladaptive Schemas	Marital Satisfaction	-.614* -.614* -.614*	.377 .377 .377	.370 .370 .370	.612 .612 .612

* Significant at $p < .05$

Description: As shown in Table 4-6, the correlation coefficient is $R = -.614$, indicating a significant, inverse relationship between early maladaptive schemas and marital satisfaction ($p < .05$). The coefficient of determination ($R^2 = .377$) demonstrates that 37.7% of the variance in marital satisfaction is explained by early maladaptive schemas.

2. Analysis of Variance (ANOVA)

To evaluate the statistical significance and linearity of the regression model, an Analysis of Variance (ANOVA) was conducted (Table 4-7).

Table 3. ANOVA Results for the Regression Model

Source of Variation	Sum of Squares (SS)	df	Mean Square (MS)	F	p-value
Regression	6598.4106598	111	6598.4106598	29.31	<.001
Residual	25412.44025412	208	122.175122175		
Total	32010.85032010	209			

Description: The ANOVA test results confirm that the regression model is statistically significant ($F(1, 208) = 29.31$, $p < .001$), confirming the assumption of linearity.

3. Correlation Between Schema Dimensions and Marital Satisfaction

Table 4 details the bivariate Pearson correlation coefficients between each schema subscale and marital satisfaction.

Table 4. Pearson Correlations Between Early Maladaptive Schemas and Marital Satisfaction

	Schema Dimension	Correlation with Marital Satisfaction (r)	p-value
1	Emotional Deprivation	-.57	<.01
2	Abandonment / Instability	-.62	<.01
3	Mistrust / Abuse	-.66	<.01
4	Social Isolation / Alienation	-.64	<.01
5	Defectiveness / Shame	-.58	<.01
6	Failure	-.55	<.01
7	Dependence	-.53	<.01

	Incompetence		.01<.01
8	Vulnerability to Harm or Illness	-.41-.41-.41	<.01<.01<.01
9	Enmeshment / Undeveloped Self	-.51-.51-.51	<.01<.01<.01
10	Subjugation	-.39-.39-.39	<.01<.01<.01
11	Self-Sacrifice	-.31-.31-.31	<.01<.01<.01
12	Emotional Inhibition	-.54-.54-.54	<.01<.01<.01
13	Unrelenting Standards	-.57-.57-.57	<.01<.01<.01
14	Entitlement / Grandiosity	-.56-.56-.56	<.01<.01<.01
15	Insufficient Self-Control	-.52-.52-.52	<.01<.01<.01

Interpretation. As detailed in Table 4, all 15 early maladaptive schema subscales showed statistically significant, inverse relationships with marital satisfaction ($p < .01$). The strongest negative correlations were identified for *Mistrust/Abuse* ($r = -.66$), *Social Isolation/Alienation* ($r = -.64$), and *Abandonment/Instability* ($r = -.62$). Conversely, weaker associations with marital satisfaction were observed for *Vulnerability to Harm or Illness* ($r = -.41$), *Subjugation* ($r = -.39$), and *Self-Sacrifice* ($r = -.31$), with coefficients falling below the .50 threshold.

Conclusion. These results provide empirical confirmation for **Sub-Hypothesis 1**, demonstrating that higher activation of early maladaptive schemas is significantly associated with lower levels of marital satisfaction among married women.

Discussion

It was determined that early maladaptive schemas (EMSs) are significantly related to marital satisfaction in married women.

Vaseghi et al. (2022), in a study titled “*Developing a Structural Model of the Relationship Between Early Maladaptive Schemas, Emotion Regulation, and Marital Satisfaction with the Mediating Role of Resilience in Married Women Attending Islamic Lifestyle Counseling Centers*,” concluded that early maladaptive schemas have a direct effect on marital satisfaction, which is consistent with the present study.

Darya et al. (2021), in a study titled “*The Relationship Between Early Maladaptive Schemas, Marital Satisfaction, and Quality of Life in Women with Substance-Dependent Spouses*,” found that the schemas of emotional deprivation, abandonment, dependency, and emotional inhibition significantly and negatively predicted 40% of the variance in marital satisfaction, which is consistent with the present study.

Rastgoo et al. (2021), in a study titled “*The*

Relationship Between Early Maladaptive Schemas, Happiness, and Marital Satisfaction in Married Women,” found that the predictor variables of emotional deprivation, failure, and vulnerability to harm were negative predictors, while happiness was a significant positive predictor of marital satisfaction, which is consistent with the present study. **Mahmoudpour et al. (2020)**, in a study titled “*The Relationship Between Early Maladaptive Schemas, Marital Satisfaction, and Psychological Distress in Infertile Women in Tehran*,” found that there is a significant relationship between marital satisfaction and the schemas of abandonment, defectiveness, dependence, subjugation, emotional inhibition, and unrelenting standards, which is consistent with the present study. **Saboonchi et al. (2020)**, in a study titled “*The Structural Pattern of Marital Satisfaction Based on Attachment Styles and Early Maladaptive Schemas with the Mediating Role of Sensation Seeking*,” concluded that the structural pattern can predict marital satisfaction based on attachment styles and early maladaptive schemas with the mediating role of sensation seeking and possesses desirable value, which is consistent with the present study. **Hedayat et al. (2019)**, in a study titled “*The Role of Early Maladaptive Schemas in Predicting Marital Satisfaction among Female Police Force Employees in Kermanshah*,” found that the domains of early maladaptive schemas are significantly associated with marital satisfaction, which is consistent with the present study. **Kashi (2019)** and **Aghamohammad-Kashi (2019)**, in their research regarding the relationship between early maladaptive schemas, marital commitment, and marital satisfaction, both found that a significant relationship exists between these variables, which is consistent with the present study. **Izadi et al. (2018)**, in a study titled “*The Relationship Between Early Maladaptive Schemas, Attachment, and Marital Satisfaction in Divorce Applicants*,” found that attachment components (anxiety and closeness) and marital satisfaction have a significant negative relationship, and these two variables together explained 12% of the variance in marital satisfaction, which is consistent with the present study. **Mohammadi and Fathi (2017)**, in a study titled “*Early Maladaptive Schemas and Marital Satisfaction in Couples*,” found that there is a significant inverse relationship between the two variables, such that an increase in schemas leads to a decrease in marital satisfaction, which is consistent with the present study. **Deldadeh Mehreban et al. (2017)**, in a study titled “*The Effectiveness of Early Maladaptive Schemas on the Marital Satisfaction of Married Students*,” found a significant negative relationship between early maladaptive schemas and marital satisfaction. Furthermore, multiple correlation results indicated that the hypothesis regarding the significant mediating effect of early maladaptive schemas on the relationship between marital satisfaction of married students at Islamic Azad

University, Sari, was confirmed, which is consistent with the present study. **Darba et al. (2021)**, in a study titled “*The Relationship Between Early Maladaptive Schemas, Marital Satisfaction, and Quality of Life in Women with Substance-Dependent Spouses*,” found that the schemas of emotional deprivation, abandonment, dependency, and emotional inhibition significantly and negatively predicted the variance in marital satisfaction, which is consistent with the present study. Finally, **Mohammadi et al. (2017)**, in a study titled “*Early Maladaptive Schemas and Marital Satisfaction as Predictors of Marital Commitment*,” found a significant inverse relationship between early maladaptive schemas and marital satisfaction, which is consistent with the present study.

Therefore, the explanation that can be provided for this hypothesis is as follows: when women possess **emotional deprivation**, they experience a lack of affection, empathy, and support. When they have high levels of **abandonment/instability**, they experience mistrust regarding receiving affection and establishing connections with others, to the extent that they feel significant people in their lives cannot provide the necessary emotional support and encouragement. Furthermore, when they have high levels of **mistrust/abuse**, they constantly expect that others will hurt, mistreat, humiliate, lie to, or exploit them. When they experience high **social isolation/alienation**, they feel disconnected from the world, different from others, or lack a sense of belonging to a specific group or society. When they have high **defectiveness/shame**, they exhibit excessive sensitivity to criticism, rejection, blame, shyness, inappropriate comparisons, insecurity in the presence of others, and feelings of shame regarding internal flaws and defects. When they experience high **failure**, they believe they are failures or will fail in the future, viewing failure as inevitable. When they have high **dependence/incompetence**, they believe they cannot manage daily responsibilities to an acceptable degree without significant help from others. When they have high **vulnerability to harm or illness**, they possess an excessive fear that a catastrophe is imminent and could occur at any moment, feeling unable to prevent it, with these fears focused on one or more aspects. When they are caught in high **enmeshment/undeveloped self**, they have intense emotional closeness and excessive intimacy with significant others (often parents) at the expense of their individuality or natural social development, often believing they cannot function or be happy without external support. When they score high on **emotional inhibition**, they exhibit excessive suppression of anger, aggression, positive impulses, vulnerability, or the ability to express feelings openly, while emphasizing excessive rationality and ignoring emotions. When they have high **unrelenting standards**, they must exert tremendous effort to meet lofty standards of behavior and performance, usually to avoid criticism. When they have high **entitlement/grandiosity**, they believe they are

superior to others, claim special rights, and feel no obligation to follow the principles of reciprocal social relations. Finally, when they have **insufficient self-control**, they face persistent difficulties in appropriate self-restraint, inability to tolerate frustration in pursuit of personal goals, or an inability to control impulses and emotions. Consequently, these individuals are predominantly stress-inducing and experience anxiety within marital life, which in turn reduces their marital satisfaction. Therefore, early maladaptive schemas are among the factors that lead to a reduction in the level of marital satisfaction in women and increase psychological distress.

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