Investigating the Relationship between Early Maladaptive Schemas and Quality of Life with Mediating Religious Commitment in Isfahan Women

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ABSTRACT

The purpose of this study was to investigate the relationship between primary maladaptive schemas and quality of life with mediation of religious commitment in Isfahan women. This descriptive-analytic study was carried out using correlation method of path analysis. The subjects in this study were 200 people who were selected by random sampling method. They responded to the Stenberg Love Triangle Questionnaire (1994), the Vertigton and Associates Religious Commitment Test (2003), and the Gender Scheme for Men and Women (Andersen et al., 1999). To analyze the data, in addition to descriptive (mean and standard deviation), correlation coefficient and path analysis using AMOS-16 software were used for fitting the hypothesized model. The results of this study showed that there is a significant negative relationship between the initial maladaptive schema and religious commitment (both internal commitment and intermediate commitment), and also there is a significant negative relationship between the subscales of the initial maladaptive schema and quality of life. The results also showed that religious commitment affects the negative relationship between early maladaptive schemas and quality of life, and in this case, it plays a mediating role. According to the results of this study, it is concluded that there is a significant negative relationship between the early maladaptive schemas and the quality of life. Religious commitment plays a mediating role, and it affects the negative relationship between these two variables.

INTRODUCTION

Since marriage begins with marriage and family formation, marriage can be considered as one of the most important decisions in every person's life. The existence of a happy marriage is a place of intercourse and the exchange of positive emotions and feelings between couples, and the formation of a normal family plays an important role in the health, quality of life and well-being of the whole society [1]. However, satisfaction with marriage is one of the most important determinants of the quality of life and mental health of each person [2]. The lives of married people and families are influenced by the quality of life, including the understanding of individuals from their place of life in terms of culture, the value of the system in which they live, their goals, expectations, standards and priorities, so this dimension is quite individual It is not visible to others and is based

on the perception of people from different aspects of life [3]. Family experts believe that low quality of life and marriage can lead to various psychosocial factors such as depression, hostility and anger [4]. The quality of life and the evaluations that a person has enjoyed in his high-quality life in recent years has gained a great deal of value. The World Health Organization defines the quality of life as "a perception that individuals have a position in their lives, the cultural context and value system in which they live, perceptions that are in relation to their goals, expectations and interests [5]. Quality of life is multifaceted, relative, influenced by time and individual and social values. The factors influencing it are changed with periods of time, geographical location and cultural conditions. . There is no doubt that the realities, the objective conditions, and the material state of the individual's life also play a decisive role (Gollamin, 2007). One of the areas of quality of life is the quality of marital life. Although in recent decades the concept of quality marital life has been increasingly used in marital research and many studies have been done on this subject, there is little consensus on conceptualizing and measuring it (Jesus Ånezhad, 2008). A person's consent from marital life is considered as his consent from the family, and satisfaction from the family is understood as the satisfaction of life, thereby facilitating the growth and excellence and the material and spiritual progress of society (Justice and Rudzwan, 2010). Different cognitive factors are effective in dissatisfaction and marital maladaptation. A type of cognition that is important in marital relationships is schematics [6]. According to Yang (1999), some people create early maladaptive schemes for negative childhood experiences that affect their way of thinking and their feelings and behavior in later intimate relationships and other aspects of their lives.

Yang argues that schemas arise because of the lack of basic emotional needs of childhood These needs are: secure attachment to others, self-regulation, adequacy and identity, freedom in expressing health needs and excitements, self-esteem and recreation, realistic and self-restraint constraints (Yang et al., Hamid Pour's translation and Endoz, 1386). Early maladaptive schemas point to deep negative beliefs about themselves and others and the world which may have been developed during the first years of life [7]. Early maladaptive schemas are habitual learning patterns that are significantly inefficient. Throughout a person's life

it is hard to make it; they are raised in childhood and adolescence and about oneself and relationships with others, memories, feelings, and cognitive and physical senses [8].

On the other hand, there is a rich, but complex set of relationships between family and religious backgrounds [9]. Because religion and the family emphasize similar values, researchers predict a close relationship between the two of them [10].

According to religious teachings, one of the most important issues that provide a place for peace and satisfaction with marital life is the adherence of couples to religious orders or to distance themselves from religious duties due to their family [11].

Evidence suggests that religious attitudes can be effective in marital relationships, because religion includes guidelines for life, and provides a system of beliefs and values that can affect marital life. Religiosity seems to be a key factor in increasing commitment [12].

Rowfs defines religion in the form of individual beliefs and individual behavior in relation to supernatural values and convincing values. Religion can be a fundamental part of the marital relationship of many couples and may affect marital stability throughout the life span.

Some researchers have shown that religious values are a prerequisite for marriage success and stability. Research conducted over the past 25 years clearly shows that religion and spirituality are among the most prominent factors in the realization of healthy marriage. Spiritual beliefs regarded as a predictor of marital satisfaction and intimacy of couples. The results of the study, Hosseindukht et al. [13], and the role of spiritual intelligence in quality of life, showed that spiritual intelligence plays an effective role in predicting quality of life. Research has been done on the relationship between attachment styles and religious commitment with marital intimacy have shown that religious commitment reduces the relationship between avoidant attachment style and marital intimacy. But there is a negative relationship between anxiety attachment style and marital intimacy. [14,15]. Endouz and Hamidpour (2008) concluded that The more maladaptive the schemas are, the lower the marital satisfaction And reported that secure attachment style has a

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meaningful relationship with maladaptive schemas.

Calwight et al. (2005) in their study, there was a significant relationship between the symptoms of emotional disturbances (depression, anxiety and anger) and early maladaptive schemas.

Halverson et al. [16] by studying 140 patients with clinical depression and non-depressed people achieved a significant difference in relation to early maladaptive schemas.

Regarding the presented issues, the main question of the present research is whether it is possible to predict the quality of life of the early maladaptive schemas and whether the religious commitment of individuals in this regard can be as intermediate between these two variables?

So far, the variables studied in this study have been studied by many studies, but so far, no systematic study of their relationship should be considered. Considering that the relationship between the variables studied has not been found in any valid research. And studying the effect of the relationship between these variables has not been addressed. Therefore, this lack of research on the relationship between the variables studied by itself is an immediate reason for discovering this issue.

MATERIALS AND METHODS

The present study is a correlation method of structural equation (path analysis). Path analysis is a method to study the direct and indirect effects of independent variables (exogenous) and dependent variables or intermediary variables (internalized). The path analysis is not used to discover the causes, but it is used in models that are based on theoretical knowledge and considerations (Kralinger and Phedazar, 1982, Sari, 2009). The statistical population of this study was all married women in Isfahan who were at the time of research in this city. Using random sampling method, 200 people were selected and the questionnaire was distributed among them.

Tools
Quality of Life Questionnaire (SF-12) to assess the quality of life, there are a number of questionnaires, including the questionnaire of 192 questions (Saatchi and colleagues translation), short form questionnaires and WHOQOL-BREF

and WHOQOL-100 questionnaires for 100 questions, questionnaire 36 and 26 questions. One of the most frequently asked questionnaires for measuring quality of life is its 12 questions this questionnaire describes the quality of life in terms of general understanding of their health (phrase 1), physical function (phrases 2 and 3), physical health (phrases 4 and 5), Emotional problems (phrases 6 and 7), physical pain (phrase 8), social function (phrase 9), vitality and vital energy (phrase 11), and mental health (terms 10 and 12).

Young Scheme Short Form (SF-YSQ)
To measure the early maladaptive schemas, a questionnaire with Yang (2005) with 75 questions, a 6-point Likert scale (totally incorrect = 1 to completely true = 6), and 15 sub-scales including emotional deprivation, exclusion / abandonment, Conflict / misbehavior, social isolation, defect / shame, failure, dependence / disadvantage, vulnerability to disadvantage, trap / obesity, selflessness, emotional inhibition, harsh criteria, desirability, self-control and inadequate self-fulfillment Prepared and ready to run. Each of the five questions of this questionnaire is related to a schema and to calculate scores, the average score is calculated in each 5 questions. In each of the schemas that a person earns more, the schema is considered as his preferred schema. The first comprehensive research on the psychometric properties of these schemas was made by Smith, Jones and Yangutlach (1995, quoted by Lotfi, 2006), and the Cronbach's alpha coefficient in the non-cluster population for scaling the scale of this questionnaire is between 0.5 and 82 / 0. The researchers also showed that, Young Schema Questionnaire has a high correlation with psychological distress scales of personality disorders, and therefore, it is desirable (Smith et al., 1995, quoted by Lotfi, 2006). This questionnaire was translated and prepared in Iran Ahi (2006) and its internal consistency has been 0.92 and 0.89 in the male group according to the Cronbach's alpha. In the present study, Cronbach's alpha was 0.80 for emotional deprivation, 0.87 for extermination / abandonment, 0.87 for mistrust / abuse, 0.77 for social isolation, 0.70 for social isolation, for defect / shame 0.83 for failure, 0. 84 for failure, 0.71 for dependency / 0.71 for defiance, 0.70 for obedience, 0.7 for self-sufficiency, 0.71 for self-sufficiency, 0, for stubborn criteria of 0.78, for equalization of 0.66, for defective self-restraint and for lack of sufficient discipline equal to 0.71 and for the whole questionnaire was 0.9. One example of the

questionnaire is as follows: I am basically different from others.

Religious Commitment Questionnaire

The Religious Commitment Test was developed by Vertigton *et al.,* in 2003 to measure the religious commitment of individuals. Religious Commitment Questionnaire has two subscales of individual religious commitment (individual valuation of religious beliefs and adherence to and sanctity) (6 terms; phrases 1, 3, 4, 5, 7 and 8) and interpersonal religious commitment (inclination Religious activities for religious activities (4 sentences; phrases 2, 6, 9, 10). This test has a total of 10 terms that the subject must be in a 5-point Likert scale of 1 (does not apply to me in any way) Up to 5 (it works perfectly for me).

Determine the amount of your agreement or opposition with each of them. In order to obtain the overall test score, you must aggregate the score of all 10 sentences, and in order to obtain the score for each sub-scale, you must combine the score of the related terms for that subscript. The total alpha coefficient of the test is 0. 93, the sub-scale of religious commitment in the individual is 0.92, and the sub-scale of interpersonal religious commitment is 0.87, indicating an optimal internal consistency of the test. The reliability coefficient of the Religious Commitment Questionnaire was also tested using a re-test method of three weeks for the total score of 0.87, a sub-scale of interpersonal religious commitment of 0.86 and a sub-scale of interpersonal religious commitment of 0.83. In order to verify the validity of the construct and the criterion of the Religious Commitment Questionnaire, the correlation of this test with three criteria: a) the religious commitment of self-report (structural validity); b) the amount of participation in religious ceremonies and cooperation with religious institutions (criterion validity); and c) Religiousness (criterion validity) was investigated. Correlation between Religious Commitment Questionnaire and self-report form of religious commitment, participation in religious ceremonies and cooperation with religious institutions and individual reports of religiousness were significant, indicating the validity of the criterion and the structure of the test. Correlation between Religious Commitment Questionnaire and Batson Empathy Scale also indicates the convergent validity of this tool.

RESULTS

Table 1 shows the mean and standard deviation of maladaptive schema subscales, the religious quality of life in women.

Pearson correlation coefficient between variables of research showed that there is a negative relationship between middle commitment and emotional deprivation, abandonment, distrust of maltreatment, social isolation, alienation, defect / shame, dependence / deficiency, vulnerability, obedience, emotional inhibition and self-restraint. In other words, by increasing each maladaptive schematic subscale, the mediation commitment in the individual significantly decreases . Also, there is a significant negative relationship between internal commitment and distrust-misbehavior, defect / shame, dependency / disability, cohesiveness, desirability and self-restraint. In other words, by increasing each maladaptive schematic subscale, the mediation commitment in the individual significantly decreases. There is also a negative significant relationship between internal commitment and disrespect-mistreatment, defect / shame, dependency / lack of ability, covet, desirability and self-restraint. In other words, with increasing each maladaptive scalar subscale, internal commitment in a person is significantly decreased, and the relationship there is a significant negative relationship between quality of life and disrespect-maltreatment, social isolation-alienation, defect / shame, dependence / deficiency, entanglement and emotional inhibition. By increasing each maladaptive scalar subset, quality of life in a person significantly decreases.
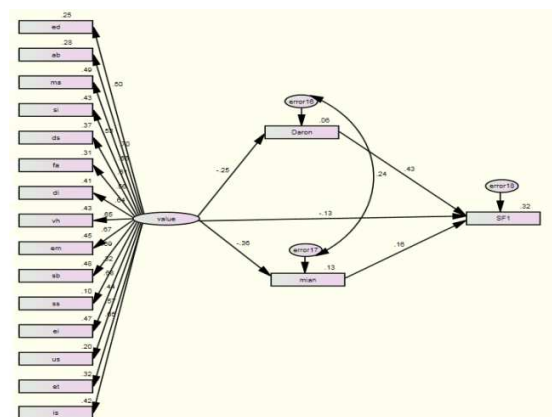

Figure 1: The relationship between primary adjustment schema and quality of life with the role of interrelationship with religious commitment (Standard Coefficient)

Table 1: Average, standard deviation of the research components for women

Internal commitment	Flaw / shame	Social isolation – alienation	Disrespect-Abuse	Abandonment	Emotional deprivation	
11.97	14.53	12.24	9.16	7.09	14.02	**Mean**
6.3	6.4	5.7	4.4	2.8	5.5	**standard deviation**
Middle commitment	**Obey**	**Caught**	**Vulnerability**	**Dependency / incompetence**	**defeated**	
8.82	7.89	10.36	10.56	11.35	7.99	**Mean**
4.4	3.6	5.3	5.2	4.8	3.2	**standard deviation**
Quality of life	Continence	Deserved	Stubborn criteria	Emotional inhibition	Sacrifice	
18.27	11.61	18.27	16.25	13.82	32.93	**Mean**
5.8	5.4	6.3	5.6	4.9	5.64	**standard deviation**

Table 2: Results of Pearson correlation coefficients among research variables

Flaw / shame	Social isolation - alienation	Disrespect-Abuse	Abandonment	Emotional deprivation	
**-0.2	-.17	**-0.2	-0.14	-0.07	Internal commitment
**-0.22	*-0.19	**-0.26	**-0.24	*-.22	Middle commitment
**-0.19	*-0.22	**-0.28	-0.1	-0.15	Quality of life
-0.02	*-0.22	-0.18	**-0.21	-0.1	Internal commitment
**-0.28	-0.13	**-0.25	**-0.31	-0.16	Middle commitment
-0.08	*-0.23	-0.1	**-0.25	-0.09	Quality of life
Obey	Caught	Vulnerability	Dependency / deficiency	defeated	
**-0.22	**-0.26	0.03	-0.15	-0.05	Internal commitment
**-0.20	-0.18	-0.1	**0.27	-0.15	Middle commitment
-0.18	-0.18	-0.05	**0.28	-0.17	Quality of life

The role of the mediators of religious commitment in the relationship between quality of life and the maladaptive schema was investigated through structural equation modeling.

The standard coefficient between primary maladaptive schema and middle commitment was 0.36 with a statistic of -0.23 and the standard coefficient between the maladaptive initial schema and internal commitment of -0.25 with a statistic of 2.4, and between the middle commitment and the quality of life of 0.16 With a statistic of 1.99 and between the internal commitment and the quality of life of 0.43 with a statistic of 5.6 in the level of 0.05. As a result, the effects of the initial maladaptive schema on quality of life, considering the intermediate role of internal commitment, are -0.11 and The effects of the initial maladaptive schema on quality of life, considering the mediating role of the mediating commitment, are -0.06. Given the ratio x^2 / df whose value is 1.133 and this value is smaller than 3, this model has a good fit. These findings are shown in Fig. 1.

Also, the root mean square error in the proposed model is 0.035, which is less than 0.08.

The degree of components of the fitness index, the adjusted fitness index, the standard fitness index, and the comparative fitness index are equal to 0. 9, 0.84, 85/0 and 0.85, which should be close to one, and this condition is also in The model is there.

Regarding the indicators and outputs of the Eames software, it can be said that the data are consistent with the model and the indicators provided indicate that in general the model is suitable and the experimental data so well match.

Table 3: Results of Path Analysis of the Relationship between Primary Maladaptive Schema and Quality of Life with the Intermediate Role of Religious Commitment

Result	Significance level	Critical ratio	Standard regression coefficient			
There is a meaningful relationship	0.000	4.234	0.532	**Abandonment**	**<---**	
There is a meaningful relationship	0.000		0.503	**Emotional deprivation**	**<---**	
There is a meaningful relationship	0.000	4.933	0.699	**Disrespect-Abuse**	**<---**	
There is a meaningful relationship	0.000	4.753	0.657	**Social isolation - alienation**	**<---**	
There is a meaningful relationship	0.000	4.589	0.610	**Flaw / shame**	**<---**	**Maladaptive schema**
There is a meaningful relationship	0.000	4.32	0.557	**defeated**	**<---**	
There is a meaningful relationship	0.000	4.112	0.638	**Dependency / deficiency**	**<---**	
There is a meaningful relationship	0.000	4.749	0.654	**Vulnerability**	**<---**	
There is a meaningful relationship	0.000	4.366	0.671	**Caught**	**<---**	
There is a meaningful relationship	0.000	4.908	0.692	**Obey**	**<---**	
There is a meaningful relationship	0.002	2.894	0.322	**Sacrifice**	**<---**	
There is a meaningful relationship	0.000	5.406	0.682	**Emotional inhibition**	**<---**	
There is a meaningful relationship	0.000	3.736	0.445	**Stubborn criteria**	**<---**	
There is a meaningful relationship	0.000	4.404	0.568	**Deserved**	**<---**	
There is a meaningful relationship	0.000	4.757	0.65	**Continence**	**<---**	
There is a meaningful relationship	0.001	-3.241	-0.365	**Middle commitment**	**<---**	Maladaptive schema
There is a meaningful relationship	0.017	-2.369	-0.254	**Internal commitment**	**<---**	Maladaptive schema
There is no meaningful relationship	0.175	-1.358	-0.126	**Quality of life**	**<---**	Maladaptive schema
There is a meaningful relationship	0.014	2.851	0.162	**Quality of life**	**<---**	Middle commitment
There is a meaningful relationship	0.000	5.162	0.433	**Quality of life**	**<---**	Middle commitment

DISCUSSION

The purpose of this study was to investigate the relationship between early maladaptive schemas and quality of life with mediation of religious commitment in Isfahan women. Pearson correlation coefficient between research variables showed that there is a significant relationship between the mean commitment and the inter-organizational and sub-scales of maladaptive preconditions. In other words, by increasing each maladaptive schematic subscale, the mediation commitment in the individual significantly decreases. There is also a significant negative correlation between quality of life and sub-scales of early maladaptive schemas. By increasing each

maladaptive scalar subscale, quality of life in a person significantly decreases.

Also, the study of the mediating role of religious commitment in the relationship between quality of life and initial maladaptive schema indicated that The standard coefficient between primary maladaptive schema and intermediate commitment was -0.36 with a -03.24 and the standard coefficient between the initial maladaptive schema and the internal commitment of -0.25 with a -2.4 and between mediating commitment and quality of life of 0.16 with a statistic of 1.99 and between the internal commitment and quality of life of 0.43 With a statistic of 5/16, the level of 0.05 is significant. As a result, the effects of the initial maladaptive

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schema on quality of life, considering the intermediate role of internal commitment (-0.11), and the effects of the original maladaptive schema on quality of life, considering the mediating role of the mediating commitment, is -0.06. So this model has a good fit.

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