

Developing a Model of Marital Commitment Based on Early Maladaptive Schemas with the Mediating Role of We-ness in Couples with Low Adjustment

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ABSTRACT

This study aimed to develop a model of marital commitment based on early maladaptive schemas, with we-ness as a mediating variable, among couples with low marital adjustment. The research was fundamental in nature and employed a descriptive–correlational approach using structural equation modeling (SEM). The statistical population included all married couples with low adjustment who referred to private counseling centers in Karaj in 2024. Using convenience sampling and based on Kline’s (2011) recommendation, 300 couples (300 men and 300 women) were selected. Data were collected through standardized questionnaires, including: the Marital Adjustment Questionnaire (Spanier, 1976), the Marital Commitment Questionnaire (Adams et al., 1997), the Short Form of the Young Schema Questionnaire for Early Maladaptive Schemas (Young, 1998), and the We-ness in Couple Relationships Questionnaire (Cruz et al., 2023). Data were analyzed using SPSS and AMOS (version 26). The findings showed a significant relationship between early maladaptive schemas and marital commitment, and that we-ness in the couple relationship mediates the effects of these variables on marital commitment. The conceptual model also demonstrated an acceptable fit based on statistical indices. The results indicate that reducing the intensity of early maladaptive schemas by strengthening we-ness can improve marital commitment.

Keywords: marital commitment; early maladaptive schemas; we-ness; marital adjustment.

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Introduction

Marriage constitutes one of the most fundamental and enduring interpersonal commitments in human life, exerting profound influence on psychological well-being, emotional security, and social stability across the lifespan. Contemporary family psychology conceptualizes marriage not merely as a social contract but as a dynamic relational system in which individual histories, cognitive schemas, emotional regulation capacities, and dyadic interaction patterns converge to determine relationship quality and durability. Empirical evidence consistently demonstrates that marital functioning significantly predicts mental health outcomes, life satisfaction, and overall quality of life (1, 2). In this context, marital commitment emerges as a central construct underpinning relationship stability, cohesion, and long-term satisfaction (3).

Marital commitment reflects a complex motivational structure encompassing emotional attachment to one's spouse, dedication to maintaining the marriage, and perceived structural constraints that encourage relationship persistence (3). High levels of commitment have been shown to buffer couples against relational stressors, reduce vulnerability to infidelity, and enhance cooperative problem-solving processes (4, 5). Conversely, diminished commitment is strongly associated with increased conflict, emotional disengagement, and risk of marital dissolution (6). Therefore, identifying the psychological mechanisms that foster or undermine marital commitment remains a critical priority for both theoretical development and clinical intervention.

Among the most influential psychological determinants of marital functioning are early maladaptive schemas—deeply entrenched cognitive-emotional patterns formed in childhood through adverse interpersonal experiences (7). These schemas shape individuals' perceptions of self, others, and relationships, exerting enduring influence on emotional responses, expectations, and interpersonal behavior (8). Research has consistently shown that maladaptive schemas—particularly those within the domains of disconnection/rejection, impaired autonomy, and other-directedness—are strongly linked to relationship dissatisfaction, communication breakdowns, and emotional withdrawal (9, 10). Individuals entering marriage with entrenched maladaptive schemas are more prone to misinterpret partner behavior, experience heightened emotional reactivity, and engage in dysfunctional interaction cycles that erode relational stability.

Recent investigations further demonstrate that the impact of early maladaptive schemas extends directly to marital commitment. Couples characterized by elevated schema activation exhibit weaker dedication to the relationship, lower trust, and increased ambivalence regarding marital permanence (8, 11). These cognitive vulnerabilities compromise emotional security and undermine the motivational foundations necessary for sustaining long-term commitment. However, the deleterious effects of maladaptive schemas do not operate in isolation; they interact with protective relational processes that may mitigate their impact.

One such protective process increasingly recognized in contemporary relationship science is the construct of *we-ness*—the subjective experience of the relationship as a shared psychological unit rather than a mere aggregation of two individuals. Rooted in philosophical conceptions of relational identity (12, 13), *we-ness* reflects a deep sense of couple identity, emotional bonding, mutual responsibility, and collective orientation toward life challenges. Empirical research demonstrates that couples with stronger *we-ness* display greater emotional intimacy, enhanced cooperation, superior conflict resolution, and more resilient relationship trajectories (14). *We-ness* has been linked directly to higher marital satisfaction, emotional security, and long-term relational stability (2).

Importantly, emerging evidence suggests that *we-ness* may serve as a crucial mediating mechanism through which maladaptive individual vulnerabilities are transformed into adaptive dyadic functioning. By fostering a shared identity and relational mindset, *we-ness* can attenuate the negative cognitive and emotional effects of maladaptive schemas, thereby preserving marital commitment even in the presence of psychological risk factors (8, 9). This buffering function is particularly salient for couples experiencing low marital adjustment, a population marked by chronic dissatisfaction, ineffective communication, and heightened emotional distress (15, 16).

Low marital adjustment represents a critical clinical condition characterized by persistent conflict, emotional estrangement, and impaired problem-solving capacities. Couples with low adjustment exhibit significantly higher vulnerability to psychological disorders, relational instability, and divorce (1, 17). Moreover, demographic and contextual variables—including work-life imbalance (6), transitional life stages such as pregnancy (18), and developmental readiness for marriage (19)—interact with individual psychological factors to exacerbate relational dysfunction. These complexities underscore the necessity of integrated models capable of capturing the multifaceted psychological architecture underlying marital commitment among distressed couples.

Schema-based approaches have recently gained substantial empirical support in couple therapy. Interventions targeting maladaptive schemas have demonstrated significant improvements in marital intimacy, emotional regulation, attachment security, and commitment (11, 20, 21). These findings highlight the malleability of deeply rooted cognitive structures when addressed through systematic therapeutic frameworks. Yet, while the direct impact of schema modification on marital outcomes is well documented, the relational mechanisms through which these cognitive changes translate into sustained commitment remain insufficiently specified.

Similarly, research on emotional schema therapy and relational skills training reveals substantial improvements in marital satisfaction and stability, particularly among women and high-conflict couples (4, 15, 22). These interventions often enhance emotional attunement and dyadic cohesion—core components of we-ness—suggesting that strengthening shared relational identity may represent a pivotal therapeutic pathway.

Despite these advances, existing literature exhibits a notable conceptual gap: few studies have simultaneously modeled early maladaptive schemas, we-ness, and marital commitment within a unified structural framework, particularly among couples experiencing low marital adjustment. Most investigations examine these constructs in isolation or in partial relational configurations, thereby limiting explanatory precision and clinical applicability (2, 8, 9). Furthermore, cross-cultural evidence from diverse populations—including Iran, Nigeria, Ethiopia, Turkey, Ghana, and Southeast Asia—demonstrates that while relational processes exhibit universal features, their expression is shaped by sociocultural context (1, 5, 15, 17, 18). Consequently, context-sensitive models are required to advance both theoretical integration and culturally responsive intervention design.

Within the Iranian context, recent scholarship has underscored the importance of addressing schema dynamics and relational identity in enhancing marital functioning. Studies conducted in Tehran and other major cities reveal that schema therapy and emotion-focused interventions significantly strengthen marital intimacy, attachment security, and commitment among distressed couples (11, 20-22). These findings provide strong empirical justification for constructing an integrated structural model tailored to couples with low marital adjustment.

From a theoretical standpoint, integrating early maladaptive schemas and we-ness within a unified model of marital commitment offers several conceptual advantages. First, it bridges individual cognitive-emotional processes with dyadic relational identity formation, capturing the transactional nature of marital functioning. Second, it elucidates the psychological mechanisms through which early experiences continue to shape adult relational trajectories (7, 10). Third, it provides a robust framework for designing targeted

interventions that simultaneously modify maladaptive cognitive structures and strengthen protective relational processes.

Clinically, such a model holds substantial promise. By identifying specific schema domains that erode commitment and delineating the mediating role of we-ness, therapists can formulate more precise treatment plans, integrating schema modification with interventions aimed at cultivating couple identity, emotional bonding, and cooperative meaning-making. This integrative approach aligns with contemporary trends in systemic, attachment-based, and cognitive-behavioral couple therapies (4, 9, 15).

Moreover, understanding these dynamics is particularly crucial for couples with low marital adjustment, who often present with entrenched negative interaction cycles, diminished hope, and resistance to change. For these couples, fostering we-ness may serve as a therapeutic catalyst, enabling partners to reinterpret conflicts as shared challenges and reorient their relationship toward mutual growth and resilience (12, 14).

Given the empirical significance of marital commitment for individual well-being, family stability, and societal cohesion, advancing knowledge in this domain carries profound implications. Divorce and chronic marital distress exert substantial economic, psychological, and social costs, affecting not only spouses but also children and broader community systems (5, 6). Therefore, refining theoretical models that enhance predictive accuracy and intervention effectiveness represents both a scientific and public health imperative.

Despite extensive research on marital processes, the absence of a comprehensive structural model that integrates early maladaptive schemas, we-ness, and marital commitment among couples with low adjustment constitutes a significant gap in the literature. Addressing this gap can substantially advance the field by providing an empirically grounded, theoretically coherent framework for understanding and treating marital dysfunction.

Accordingly, the aim of the present study is to develop and test a structural model of marital commitment based on early maladaptive schemas with the mediating role of we-ness among couples with low marital adjustment.

Methods and Materials

Study Design and Participants

The present study is a descriptive–correlational study conducted using structural equation modeling (SEM). The statistical population included all married individuals with low marital adjustment who referred to private counseling centers in Alborz Province (Karaj) in 2024–2025, identified using the Marital Adjustment Questionnaire. A convenience sampling method was used to select the study sample. Kline (2011) has suggested that at least 250 participants are required for SEM. In this study, 300 couples (300 women and 300 men) were selected as the sample.

Inclusion criteria were as follows: participants had to be 20–50 years old to allow examination of marital commitment across different stages of married life; couples had to have been married for at least one year to ensure sufficient shared marital experience; couples had to fall within the low marital adjustment range based on the marital adjustment questionnaire; participants needed at least basic literacy (reading and writing) and the ability to understand psychological concepts to complete questionnaires and participate in discussions; and participation had to be voluntary with informed consent.

Exclusion criteria included: couples with a formal diagnosis of severe psychological disorders (e.g., psychotic disorders or severe depression); couples who lacked interest or motivation to participate or complete the questionnaires; changes such as legal separation, migration to other areas, or any circumstances preventing continued participation; participation in similar studies within the past six months (to reduce potential bias); and incomplete or invalid completion of the research instruments.

Data were collected using a survey method and questionnaires. Standardized instruments included the Spanier Marital Adjustment Scale (1976), Adams et al.'s Marital Commitment Questionnaire (1997), Young's Early Maladaptive Schemas Questionnaire (1998), and the WCRQ (Cruz et al., 2023). The target population consisted of married individuals with low marital adjustment who referred to counseling centers in Karaj in 2025. Convenience sampling was used, and based on Kline's (2011) recommendation, 300 couples (300 men and 300 women) were selected. Questionnaires were completed in person in a calm setting in the presence of the researcher to ensure data quality. Before completing the questionnaires, participants were informed about the study objectives and signed informed consent forms. Ethical considerations included maintaining confidentiality, providing reports/results to educational–treatment centers upon request, assuring participants about confidentiality, fully explaining the research aims, and sharing study results with participants after completion. The instruments' acceptable validity and reliability enabled the collection of accurate and credible data on early maladaptive schemas, marital commitment, (psychological flexibility and emotion regulation as noted in the study description), and we-experience in marital life.

Data Collection

1) Spanier Marital Adjustment Questionnaire (DAS): In this study, the Spanier Marital Adjustment Scale (1976) was used. It contains 32 items scored on a 6-point Likert scale ranging from 0 (we always disagree) to 5 (we always agree). The instrument assesses four dimensions of the couple relationship: marital satisfaction, marital cohesion, marital consensus, and affectional expression. It yields four subscale scores and one total score representing overall relationship adjustment. Scores range from 0 to 160, with higher scores indicating a better and more adjusted relationship. Spanier confirmed validity in the original study and reported a Cronbach's alpha of 0.96. In Iran, Hosseinneshad (1995) standardized the scale and, with content validity confirmed, reported reliability of 0.96. In the present study, Cronbach's alpha was 0.88.

2) Marital Commitment Questionnaire: This questionnaire was developed by Adams et al. (1997) to assess spouses' commitment to their partner and marriage. It includes 44 items rated on a 5-point Likert scale from strongly disagree to strongly agree and measures three dimensions: commitment to spouse, commitment to marriage, and structural commitment (or feeling trapped). Items 11, 12, 16, 23, 28, 29, 30, 32, 34, 35, 36, and 38 are reverse-scored. Total scores range from 44 to 220, with higher scores indicating higher overall commitment. Adams et al. (1997) reported reliability coefficients of 0.91, 0.89, and 0.86 for the three subscales, respectively. Abbasi Molid et al. (2009) reported content validity using kappa (0.90) and subscale-to-total correlations ranging from 0.66 to 0.81, supporting construct validity. Additional Iranian evidence has reported acceptable internal consistency. In the present study, Cronbach's alpha was 0.76.

3) Early Maladaptive Schemas Questionnaire (Young): The original schema questionnaire was developed by Young (1998) to assess early maladaptive schemas. Short forms were later developed to assess 18 schemas. The long form has 205 items, and short forms include 75 and 90 items. Items are rated on a 6-point scale

ranging from 1 (completely untrue) to 6 (completely true). In short forms, each schema is typically assessed by 5 items, and higher scores indicate stronger maladaptive schemas. In this study, the 90-item short form was used to measure 18 early maladaptive schemas grouped into five domains: Disconnection and rejection (abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation). Impaired autonomy and performance (dependence/incompetence, vulnerability to harm/illness, enmeshment/undeveloped self, failure). Impaired limits (entitlement/grandiosity, insufficient self-control/self-discipline). Other-directedness (subjugation, self-sacrifice, approval-seeking/attention-seeking). Overvigilance and inhibition (emotional inhibition, unrelenting standards/hypercriticalness, negativity/pessimism). Extensive psychometric evaluation has been reported. Smith et al. (1995) found alpha coefficients ranging from 0.83 to 0.96 across schemas and test–retest reliability in nonclinical samples ranging from 0.50 to 0.82. Welburn et al. (2002) reported adequate internal consistency for subscales in the short form (alphas 0.76–0.93) and test–retest reliability of 0.64. Iranian studies have provided further evidence of validity and reliability; Cronbach’s alphas for the domains have been reported as 0.89, 0.76, 0.81, 0.90, and 0.75.

4) We-ness in Couple Relationship Questionnaire (WCRQ): The WCRQ was developed by Cruz et al. (2023) and includes 47 items across four subscales: couple identity (25 items), couple bonding (10 items), relational orientation (9 items), and couple similarity (3 items). Items are rated on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating greater “we-ness” in the couple relationship. Convergent validity was examined via correlations with relationship satisfaction, and divergent validity via correlations with relationship instability; reported correlations supported validity. Reliability analysis using Cronbach’s alpha yielded 0.97 for the total scale and acceptable values for all subscales. In Iran, the questionnaire was standardized by Shakarami (2024) on 359 married individuals; after factor analysis, one item was removed and a 46-item Persian version was retained with four subscales. In the present study, Cronbach’s alpha was 0.84.

Data analysis

Statistical analyses were conducted in descriptive and inferential forms. Descriptive statistics included mean, standard deviation, skewness, and kurtosis to describe study variables, as well as frequencies and percentages for demographic characteristics. Inferential analyses aimed to generalize findings from the sample to the larger population. To test hypotheses and confirm or reject them, structural equation modeling (SEM) was used. Data analyses were performed using AMOS and SPSS version 26.

Findings and Results

The results showed that the mean age of the participants was 34.4 years with a standard deviation of 9.33 years; the youngest participants were 20 years old and the oldest were 50 years old. In terms of education, 212 participants (35.3%) had a high-school diploma, 198 (33%) had an associate degree, and 190 (31.7%) had a bachelor’s degree. Descriptive findings for the study variables are presented in Table 1.

Table 1. Descriptive findings of the research variables and their subscales

Variable	Subscale	Mean	SD	Skewness	Kurtosis
Early maladaptive schemas	Disconnection and rejection	99.06	8.51	-0.208	-0.805
	Impaired limits	79.6	6.32	-0.041	-1.10

Marital commitment	Impaired autonomy and performance	47.8	4.74	0.209	-0.341
	Other-directedness	51.9	5.83	-0.099	-0.983
	Overvigilance and inhibition	50.6	4.76	0.319	-1.64
	Commitment to marriage	21.9	3.06	0.205	0.004
	Sense of commitment	27.2	3.64	-0.136	0.240
We-experience	Couple identity	43.5	5.22	0.649	0.867
	Couple bonding	33.3	4.27	-0.535	-0.065
	Relational orientation	29.9	3.84	-0.896	-0.272
	Couple similarity	15.6	2.28	-0.341	-0.445

As shown in Table 1, the descriptive statistics of the subscales of the studied variables are reported. The skewness and kurtosis values all fall within the range of -3 to +3, indicating that the distributions are normal. For assessing univariate normality, a general rule of thumb is that if skewness and kurtosis values fall outside the interval (-3, 3), the data do not follow a normal distribution (Coolican, 2009). Based on the data in Table 1, none of the indicators have skewness or kurtosis values outside this range; therefore, they can be considered normal or approximately normal.

One of the assumptions of structural equation modeling is multivariate normality. In AMOS, this is assessed using Mardia's multivariate kurtosis coefficient. Bentler (2005) suggests that values greater than 5 for Mardia's coefficient indicate non-normal data (Byrne, 2010). In the present study, Mardia's coefficient was 2.80, indicating that the assumption of multivariate normality is met. When continuous data do not deviate substantially from normality, the maximum likelihood (ML) estimation method can be used.

Another assumption in structural equation modeling is the absence of multicollinearity among predictor variables. The tolerance and variance inflation factor (VIF) indices are used to check this assumption. Tolerance values range between 0 and 1, and for each independent variable one value is reported. If this value is greater than 0.10, it indicates that the variable does not show multicollinearity with the other independent variables. Likewise, a VIF value less than 10 supports the absence of multicollinearity among the independent variables.

The initial model of the study (testing the main hypothesis: the model of marital commitment based on early maladaptive schemas with the mediating role of we-experience in couples with low marital adjustment has acceptable fit) was then evaluated. The results for the standardized model together with the main fit indices for the initial model are presented in Table 2.

Table 2. Model fit indices

Index name	Value	Acceptable range
χ^2/df	2.10	Less than 3
RMSEA (root mean square error of approximation)	0.05	Less than 0.10
CFI (comparative fit index)	0.94	Greater than 0.90
NFI (normed fit index)	0.91	Greater than 0.90
GFI (goodness-of-fit index)	0.96	Greater than 0.90
AGFI (adjusted goodness-of-fit index)	0.94	Greater than 0.90

In general, when working with AMOS, none of the fit indices alone is sufficient to determine whether a model fits or does not fit; rather, they should be interpreted jointly. The values obtained here indicate that, overall, the model has an acceptable level of fit for explaining and representing the data. In the following, the measurement model indices are first reported.

Table 3. Standardized factor loadings and significance levels for the measurement models

Scale	Component	Standardized loading	P
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Early maladaptive schemas	Disconnection and rejection	0.88	0.001
	Impaired limits	0.95	0.001
	Impaired autonomy and performance	0.96	0.001
	Other-directedness	0.86	0.001
	Overvigilance and inhibition	0.81	0.001
We-experience	Couple identity	0.69	0.001
	Couple bonding	0.70	0.001
	Relational orientation	0.65	0.001
	Couple similarity	0.53	0.001
Marital commitment	Commitment to spouse	0.77	0.001
	Commitment to marriage	0.68	0.001
	Structural commitment	0.80	0.001

As can be seen from Table 3, the factors of all three scales (early maladaptive schemas, we-experience, and marital commitment) have significant factor loadings at the 99% confidence level ($p < 0.01$). Given that the paths between variables in the tested models correspond to the research hypotheses, the remaining hypotheses are examined below using the tables of direct and indirect effects. To test these hypotheses, the indirect effect is examined.

Table 4. Standardized coefficients and significance of the indirect effect of early maladaptive schemas on marital commitment

Criterion variable	Predictor variable	Type of effect	Standardized β	Test statistic	Sig
Marital commitment	Early maladaptive schemas	Indirect (via we-experience)	-0.26	-3.90	0.001

To examine the mediating effect of we-experience in the relationship between early maladaptive schemas and marital commitment, the Sobel test was used. One method to test the significance of a mediating effect is the Sobel (1982) test, which directly evaluates the significance of the product ab relative to the standard normal distribution Z using the standard error of the mediated path. In this test, after dividing the product of the two unstandardized coefficients that form the mediator paths by the standard error of this product, the resulting ratio is compared with the standard normal distribution. If this ratio is greater than 1.96 in absolute value, the mediating effect is considered significant at the 0.05 level. The Sobel formula is:

$$z\text{-value} = ab / \text{SQRT}(b^2sa^2 + a^2sb^2 + sa^2sb^2)$$

In this equation, a is the coefficient for path a , b is the coefficient for path b , and sa^2 and sb^2 are the squared standard errors of paths a and b , respectively. The relevant paths are shown in Figure 1 (path diagram of the mediational model).

Thus, to use this formula, the unstandardized coefficients and standard errors for the two paths are required. Sobel argues that this ratio is asymptotically normally distributed and that when its absolute value exceeds 1.96, the null hypothesis is rejected at the 0.05 level for large samples. As indicated in Table 4, the hypothesis regarding the existence of an indirect effect of early maladaptive schemas on marital commitment via we-experience is confirmed at the 99% confidence level ($p < 0.01$).

Discussion and Conclusion

The present study sought to examine a structural model of marital commitment based on early maladaptive schemas with the mediating role of we-ness among couples with low marital adjustment. The findings demonstrated that the proposed model achieved satisfactory fit and that early maladaptive schemas exerted a significant indirect effect on marital commitment through we-ness. These results provide robust

empirical support for the central assumption that cognitive-emotional vulnerabilities originating in early life influence marital outcomes not merely through direct pathways, but through their impact on the development of shared relational identity and dyadic cohesion.

Consistent with theoretical formulations of marital commitment, the findings reaffirm the centrality of commitment as a stabilizing force within intimate relationships (3). The observed association between maladaptive schemas and diminished marital commitment accords with previous evidence indicating that negative core beliefs impair trust, emotional security, and cooperative engagement between partners (8, 9). Individuals characterized by strong disconnection and rejection schemas, for instance, may interpret ordinary relational challenges as confirmation of abandonment or emotional deprivation, thereby weakening their psychological investment in the relationship. Similar patterns have been reported among couples in clinical and non-clinical populations, where schema activation predicts reduced satisfaction, impaired communication, and relational withdrawal (7, 10).

The significant mediating role of we-ness constitutes one of the most important contributions of the present research. We-ness reflects the experiential shift from an “I-centered” orientation toward a shared “we” identity, encompassing emotional bonding, mutual responsibility, and collective problem solving (12, 13). The present findings indicate that even when maladaptive schemas are present, their destructive impact on marital commitment is substantially attenuated when couples possess a strong sense of we-ness. This is consistent with empirical evidence demonstrating that we-ness predicts marital satisfaction, emotional closeness, and relational resilience (2, 14). Couples who experience their relationship as a unified entity appear better equipped to reinterpret stressors as shared challenges rather than personal threats, thereby preserving commitment despite cognitive vulnerabilities.

Furthermore, the results align with research demonstrating that interventions targeting maladaptive schemas lead to improvements in marital intimacy, attachment security, and commitment (11, 20, 21). These therapeutic gains may be explained, at least in part, by the enhancement of we-ness that accompanies schema restructuring. As maladaptive beliefs lose their grip, partners become more capable of engaging in empathic dialogue, collaborative decision-making, and mutual emotional support—core components of we-ness. This process is also consistent with the outcomes reported for emotional schema therapy and attachment-focused interventions, which significantly improve marital satisfaction and emotional regulation (4, 22).

The findings further extend prior research on marital adjustment. Low marital adjustment has been consistently associated with chronic conflict, ineffective communication, and emotional disengagement (15, 16). The present model demonstrates that among such distressed couples, strengthening we-ness represents a powerful relational resource that counteracts the corrosive influence of maladaptive schemas. Similar conclusions have emerged from studies of marital satisfaction and family well-being, where relational cohesion mediates the association between individual vulnerabilities and marital outcomes (1, 2). In this regard, the current findings provide an integrated explanation for why some couples remain committed despite high levels of psychological distress.

The broader sociocultural relevance of these findings is also noteworthy. Prior research across diverse contexts—including Turkey, Ghana, Ethiopia, Nigeria, and Southeast Asia—has demonstrated that although marital processes are culturally embedded, the fundamental psychological mechanisms of commitment, emotional bonding, and cognitive vulnerability are remarkably consistent (5, 15, 17-19). The present study,

conducted in Iran, extends this body of evidence by illustrating how early schemas and we-ness interact within a Middle Eastern cultural context to shape marital commitment among couples with low adjustment.

Importantly, the results also resonate with findings concerning contextual stressors such as work-life imbalance and transitional life stages. Previous studies have shown that occupational pressures and life transitions exert significant strain on marital relationships and reduce satisfaction and commitment (6, 18). The present findings suggest that the negative impact of such stressors may be magnified when maladaptive schemas are activated and we-ness is weak. Conversely, cultivating a strong couple identity may serve as a protective buffer against external stress, enabling partners to preserve relational stability in the face of adversity.

Theoretically, the present model advances the field by integrating cognitive, emotional, and relational dimensions of marital functioning within a single explanatory framework. It demonstrates that marital commitment cannot be adequately understood through individual cognitive factors alone, nor solely through dyadic interaction patterns, but through the dynamic interplay between these domains. This integration is consistent with contemporary systemic and attachment-based perspectives, which emphasize the transactional nature of intimate relationships (4, 9).

Clinically, the findings have substantial implications. They underscore the importance of addressing early maladaptive schemas in couple therapy, while simultaneously fostering we-ness as a central therapeutic target. Interventions that merely reduce cognitive distortions without strengthening relational identity may yield incomplete or unstable gains. Conversely, therapies that cultivate emotional bonding and shared meaning without addressing deep-seated schemas may fail to produce lasting change. The present model suggests that optimal therapeutic outcomes require a coordinated approach that transforms both individual cognitive structures and dyadic relational processes.

Overall, the study provides compelling evidence that marital commitment among couples with low adjustment is shaped by a complex network of psychological forces, with we-ness serving as a pivotal mediator that converts cognitive vulnerability into relational resilience. By illuminating these mechanisms, the present research offers a powerful framework for advancing theory, guiding intervention, and ultimately enhancing the stability and quality of marital relationships.

Despite the strengths of the present study, several limitations should be acknowledged. The use of convenience sampling from private counseling centers limits the generalizability of the findings to broader populations, including couples who do not seek therapy or who reside in different cultural or socioeconomic contexts. The cross-sectional design restricts causal inference and prevents examination of long-term developmental trajectories. Reliance on self-report instruments introduces the possibility of response bias, social desirability effects, and shared method variance. In addition, the exclusive focus on couples with low marital adjustment limits the applicability of the model to more functional or newly married couples.

Future investigations should employ longitudinal designs to examine how early maladaptive schemas, we-ness, and marital commitment evolve over time and influence one another across different stages of marriage. Studies using probability sampling and diverse populations would enhance generalizability and permit cross-cultural comparisons. Incorporating multi-method assessment strategies, including observational measures and partner reports, could strengthen validity and reduce response bias.

Researchers may also explore additional mediators and moderators, such as attachment style, emotion regulation, and stress exposure, to further refine the model.

From a practical perspective, clinicians should prioritize assessment of early maladaptive schemas and relational identity when working with distressed couples. Therapeutic programs should integrate schema-focused techniques with interventions designed to cultivate we-ness, such as shared goal setting, narrative reconstruction, and emotional attunement exercises. Premarital counseling and relationship education programs may benefit from incorporating modules that foster couple identity and address cognitive vulnerabilities before maladaptive patterns become entrenched. Such comprehensive approaches have the potential to significantly enhance marital stability and long-term relational well-being.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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