Schema Prevalence and Variation: A Study of 7500 Young Schema Questionnaires from Iranian Telegram Bot Users

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A r t i c l e I n f o

A B S T R A C T

This study aimed to investigate the prevalence and variation of early maladaptive schemas across gender and age groups in a large sample of Iranian participants using data collected via a Telegram bot. The study employed a descriptive, cross-sectional design, analyzing data from 7,659 participants who completed the Young Schema Questionnaire-Short Form (YSQ-SF). The YSQ-SF assesses 18 maladaptive schemas, and the total count of maladaptive schemas was calculated for each participant. Data were collected anonymously through an automated bot on Telegram from 2014 to the present. Statistical analyses were performed using SPSS version 26, including descriptive statistics, independent t-tests, and one-way ANOVA to explore differences across gender and age groups. The analysis revealed that Emotional Deprivation, Abandonment/Instability, and Vulnerability to Harm or Illness were the most prevalent schemas among participants. Females reported significantly higher maladaptive schema counts than males (t = -3.26, p = 0.001). Age group comparisons indicated that the 0-18 age group had the highest mean maladaptive schema count (M = 6.26, SD = 3.61), followed by the 19-35 group (M = 4.83, SD = 3.67), with the lowest count observed in participants aged 55 and above (M = 3.98, SD = 3.56; F = 67.61, p < 0.001). The findings suggest a decline in maladaptive schemas with increasing age and significant gender-specific patterns. The study highlights the widespread prevalence of early maladaptive schemas in the Iranian population and underscores demographic variations influenced by gender and age. These findings have important implications for culturally tailored interventions, particularly for younger individuals and women who exhibit higher schema counts. Further research is needed to explore longitudinal and qualitative aspects of schema development in diverse populations.

Keywords: Early maladaptive schemas, telegram users, gender differences, age differences, Iranian population, psychological assessment, Young Schema Questionnaire

1. Introduction

Early maladaptive schemas, as proposed in schema therapy, are deeply ingrained cognitive and emotional patterns that develop in childhood and persist into adulthood, often shaping an individual's perception of self and others (Ahmadzadeh Samani et al., 2021). These schemas, which are believed to arise from unmet core emotional needs, are considered critical predictors of various psychological problems (Cudo et al., 2024). Their relevance spans diverse domains, including mood disorders, interpersonal dysfunction, and personality disorders, making them a cornerstone of contemporary psychological research and intervention (Balsamo et al., 2015; Bilge & Balaban, 2021).

The theoretical framework of early maladaptive schemas has gained considerable attention for its ability to explain the underlying mechanisms of psychological distress and maladaptive behaviors. Research highlights that these schemas act as mediators in the relationship between adverse childhood experiences and psychological outcomes. For instance, Estévez et al. (2019) demonstrated the mediator role of schemas in the link between childhood sexual abuse and impulsive symptoms in female survivors, emphasizing their centrality in understanding long-term trauma effects (Estévez, 2019). Similarly, Nicol et al. (2021) identified schemas as significant predictors of self-injury behaviors in young individuals, further underscoring their role in maladaptive coping mechanisms (Nicol et al., 2021).

Gender differences in the prevalence and expression of schemas have also been a focus of scholarly investigation. Shorey, Anderson, and Stuart (2011) found that men and women differ significantly in the types and intensities of schemas they exhibit, with women often showing higher levels of schemas related to emotional deprivation and subjugation (Shorey et al., 2011). This finding aligns with Arabpour et al. (2018), who explored gender-specific coping styles and schema patterns in an Iranian sample. Their results highlighted the necessity of a gender-focused approach in schema therapy, especially in culturally distinct populations like Iran (Arabpour et al., 2018). Additionally, Namavari (2023) reported differences in schema profiles among individuals with gender identity disorder compared to the general population, illustrating the influence of identity and societal norms on schema development (Namavari, 2023).

The cultural dimension of schemas is particularly pertinent in the Iranian context, where societal expectations and traditional values significantly shape individual psychology. Jahanbakhshi and Kalantarkousheh (2012)

examined the association between schemas and marital aspirations in Iranian university students, revealing that schemas such as failure and emotional deprivation were negatively correlated with the desire for marriage (Jahanbakhshi & Kalantarkousheh, 2012). This cultural lens is further expanded by Rezakhaniha and Ashkan (2022), who linked schemas to the tendency for extramarital relationships in Iranian women, highlighting the interplay between personal beliefs and societal pressures (Rezakhaniha & Ashkan, 2022).

Adolescents and young adults, as key developmental stages, have been identified as critical periods for the entrenchment of schemas. Ahmadzadeh Samani et al. (2021) demonstrated the effectiveness of schema-focused interventions in improving distress tolerance and psychological flexibility among female students with maladaptive schemas (Ahmadzadeh Samani et al., 2021). These findings resonate with Amirpour (2014), who explored the role of schemas in predicting neurotic perfectionism in middle-school students, emphasizing the early onset of schema-related behaviors. Similarly, Seyedmousavi et al. (2021) highlighted the role of schemas in influencing the use of virtual social networks among female students, suggesting a potential avenue for intervention in the digital age (Amirpour, 2014).

The role of schemas extends beyond individual psychopathology to interpersonal and societal domains. Shorey et al. (2013) explored the impact of schemas on depression in opioid-dependent adults, showing that schemas persisted as significant predictors even after controlling for gender differences (Shorey et al., 2013). Estévez et al. (2024) found associations between schemas and gambling motives in women with gambling disorders, further illustrating the broad applicability of schema theory in understanding addictive behaviors (Estévez et al., 2024).

In addition to their role in pathology, schemas are integral to personality development and emotional regulation. Hosseini et al. (2016) examined the effectiveness of social support in conjunction with schema-focused approaches, demonstrating significant improvements in mental health outcomes among female students in romantic relationships (Hosseini et al., 2016). Similarly, Yousefi et al. (2016) highlighted the predictive power of schemas, alongside personality traits and attachment styles, in symptoms of love trauma syndrome, further bridging the gap between schema theory and broader psychological constructs (Yousefi et al., 2016).

Despite the wealth of literature on schemas, there remains a need for large-scale, population-based studies that explore schema prevalence and variation across demographics, particularly in non-Western societies like Iran. Existing studies have primarily focused on clinical or educational settings, often with limited sample sizes. For instance, Balsamo et al. (2015) examined the mediating role of schemas in co-rumination and depression among young adults, but their findings were restricted to specific populations (Balsamo et al., 2015). Similarly, Bilge and Balaban (2021) investigated personality disorders and schemas, highlighting the moderating role of gender, yet their sample lacked cultural diversity (Bilge & Balaban, 2021).

This study aims to fill this gap by analyzing a large dataset of schema scores collected through a Telegram bot from Iranian users since 2014. By examining schema prevalence and its variation across age and gender, this research seeks to provide a comprehensive understanding of how schemas manifest in a culturally distinct population.

2. Methods and Materials

2.1. Study Design and Participants

This study was designed as a descriptive, cross-sectional analysis to explore the prevalence and variation of maladaptive schemas in Iranian participants. The dataset consisted of responses from 7,659 individuals who completed the Young Schema Questionnaire (YSQ) through an automated bot on Telegram, a widely used messaging application in Iran. Participants included a diverse range of age groups and genders, with data collection spanning from 2014 to the present. To ensure anonymity and unbiased responses, the bot collected data in a fully automated and anonymous manner, minimizing human intervention.

2.2. Measures

2.2.1. Early Maladaptive Schemas

The primary data collection tool utilized in this study was the Young Schema Questionnaire-Short Form (YSQ-SF), which is designed to assess the presence and intensity of 18 early maladaptive schemas as outlined in schema therapy. The YSQ-SF consists of 90 items, with five items dedicated to each schema. Respondents rate each item on a six-point Likert scale ranging from 1 (completely untrue of me) to 6 (describes me perfectly), with higher scores indicating greater endorsement of the schema. The subscales include

Emotional Deprivation, Abandonment, Mistrust/Abuse, Social Isolation, Defectiveness/Shame, Failure, Dependency/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, Subjugation, Self-Sacrifice, Emotional Inhibition, Unrelenting Standards/Hyper-Criticalness, Entitlement/Grandiosity, and Insufficient Self-Control/Self-Discipline. Each subscale provides an independent score, and maladaptive schemas are identified when specific thresholds are met for individual schemas. The YSQ-SF has been validated extensively in Iranian contexts, demonstrating high reliability and validity. Internal consistency for the total scale and subscales has been confirmed, with Cronbach's alpha coefficients exceeding 0.85 for most subscales. Test-retest reliability studies conducted in Iran have also shown significant stability of the scores over time. Construct validity has been established through exploratory and confirmatory factor analyses, supporting the tool's ability to measure the intended maladaptive schemas accurately. Additionally, cultural adaptations were made during its validation in Iran to ensure the items were contextually relevant and linguistically appropriate for Iranian participants (Khorrami Nobandi & Yaghoubi Pour, 2024; Sara Aman Alah Khani, 2024).

2.3. Data Analysis

Data analysis was conducted using SPSS version 26. Descriptive statistics, including means, standard deviations, skewness, and kurtosis, were calculated for schema scores and maladaptive schemas count. Inferential analyses included independent t-tests to compare schema counts between males and females and one-way ANOVA to examine differences across age groups. Where significant differences were found, post hoc tests were performed to further explore group-level variations. Visualizations such as bar charts were employed to highlight the results, ensuring clarity in presenting the findings. Assumptions for statistical tests, including normality and homogeneity of variances, were evaluated to maintain the rigor and reliability of the analysis. This methodological approach provided a comprehensive understanding of the prevalence and variation of maladaptive schemas within the Iranian population.

3. Findings and Results

The study included a total of 7,659 participants, with the majority being female (75.69%, n = 5,798) compared to male

participants (23.01%, n = 1,762). In terms of age distribution, the largest group was the 19-35 age group, comprising 58.23% of the sample (n = 4,461), followed by the 36-55 age group (28.82%, n = 2,209). The 0-18 age group accounted for 11.26% (n = 862), while participants aged 55 and above represented a small proportion (1.62%, n = 124). This demographic composition highlights a predominance of young adults and females in the study, offering a focused lens on schema prevalence within these groups.

Table 1

Mean (SD), Skewness, and Kurtosis for Schema Types

Schema Type	Mean (SD)	Skewness	Kurtosis
Emotion Deprivation Score	15.94 (6.92)	0.19	-1.01
Abandonment/Instability Score	14.85 (6.60)	0.54	-0.63
Mistrust/Abuse Score	14.59 (6.27)	0.51	-0.52
Social Isolation Score	13.38 (6.48)	0.72	-0.35
Defectiveness/Shame Score	10.80 (6.04)	1.21	0.81
Failure Score	12.57 (6.73)	0.88	-0.14
Dependency Score	10.32 (5.49)	1.34	1.48
Vulnerability Score	11.46 (6.34)	1.06	0.38
Undeveloped Self Score	11.30 (6.09)	1.06	0.46
Subjugation Score	13.07 (6.68)	0.72	-0.39
Self-Sacrifice Score	17.27 (6.46)	0.08	-0.85
Emotional Inhibition Score	14.90 (6.99)	0.43	-0.84
Unrelenting Standards Score	19.90 (6.29)	-0.26	-0.76
Entitlement Score	17.54 (5.70)	0.11	-0.55
Insufficient Self-Control Score	16.52 (6.21)	0.22	-0.73

Table 1 provides a comprehensive overview of the central tendency, variability, and distribution characteristics for each schema type.

Table 2

Distribution of Maladaptive Schemas Count

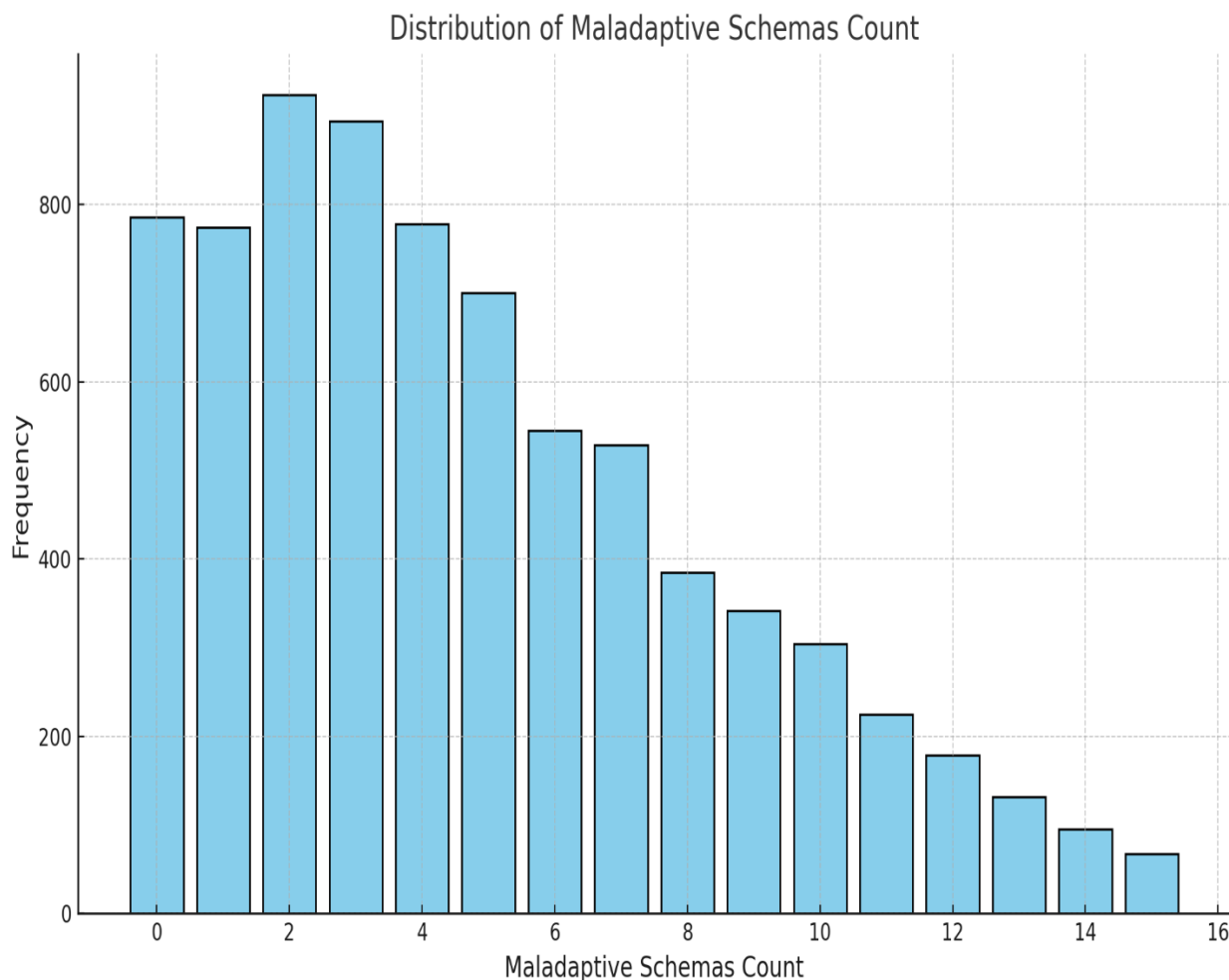| Maladaptive Schemas Count	Frequency	Percentage (%)
0	786	10.26
1	774	10.11
2	924	12.06
3	894	11.67
4	778	10.16
5	732	9.55
6	681	8.89
7	620	8.09
8	535	6.98
9	465	6.07
10	373	4.87
11	275	3.59
12	209	2.73
13	143	1.87
14	97	1.27
15	54	0.71
16	19	0.25
17	1	0.01

Figure 1

Distribution of Maladaptive Schemas Count

Distribution of Maladaptive Schemas Count

Table 2 provides the frequency and percentage of participants grouped by their maladaptive schemas count. The most common maladaptive schemas count is 2, observed in 924 participants (12.06%), followed by a count of 3 (11.67%). Approximately 10% of participants have no maladaptive schemas, while nearly 9% have counts between 6 and 7. The distribution gradually decreases for counts higher than 8, with only 0.25% of participants reporting a count of 16 and a single participant reporting a count of 17. This distribution suggests that most participants fall within the range of 1-7 maladaptive schemas.

Table 3

Comparison of Maladaptive Schemas Count Across Gender

Gender	Mean (SD)	Sample Size	t-statistic	p-value
Male	4.53 (3.58)	1,762	-3.26	0.0011
Female	4.85 (3.70)	5,798		

Figure 2

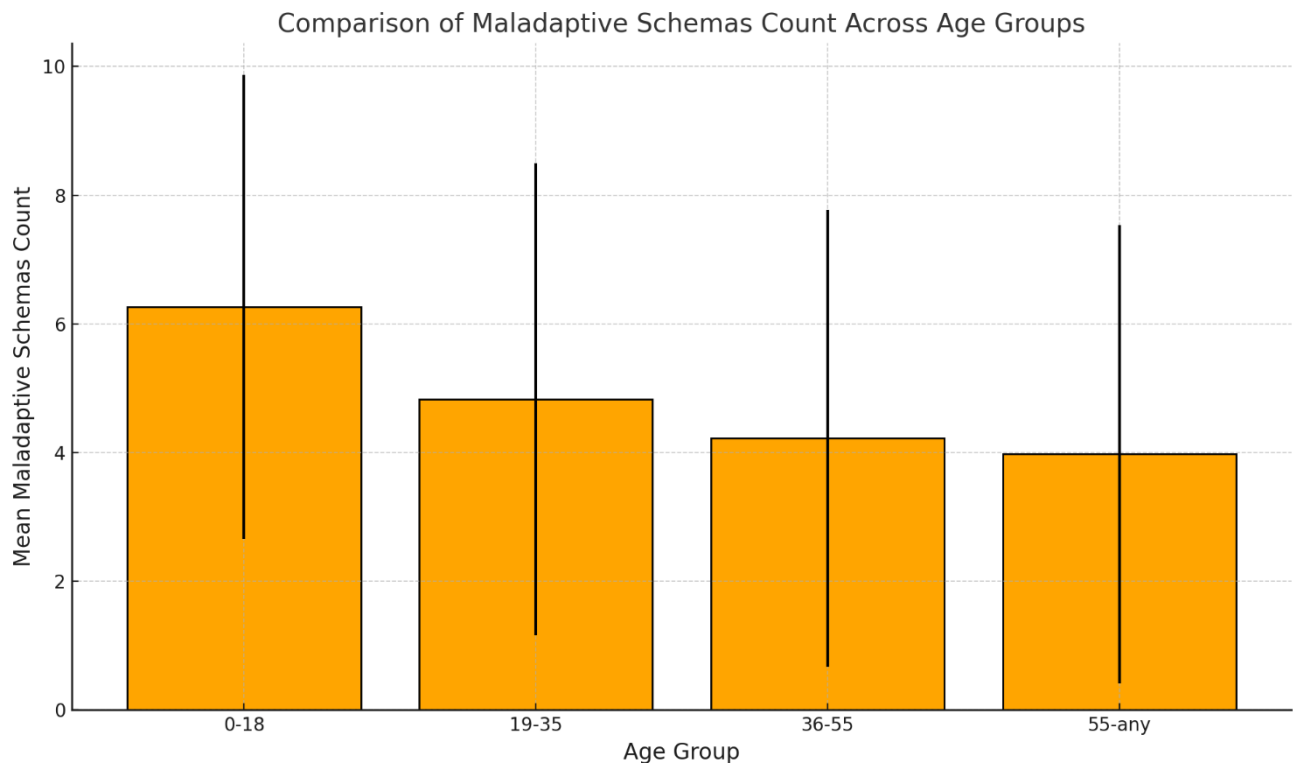*Comparison of Maladaptive Schemas Count Across Gender*
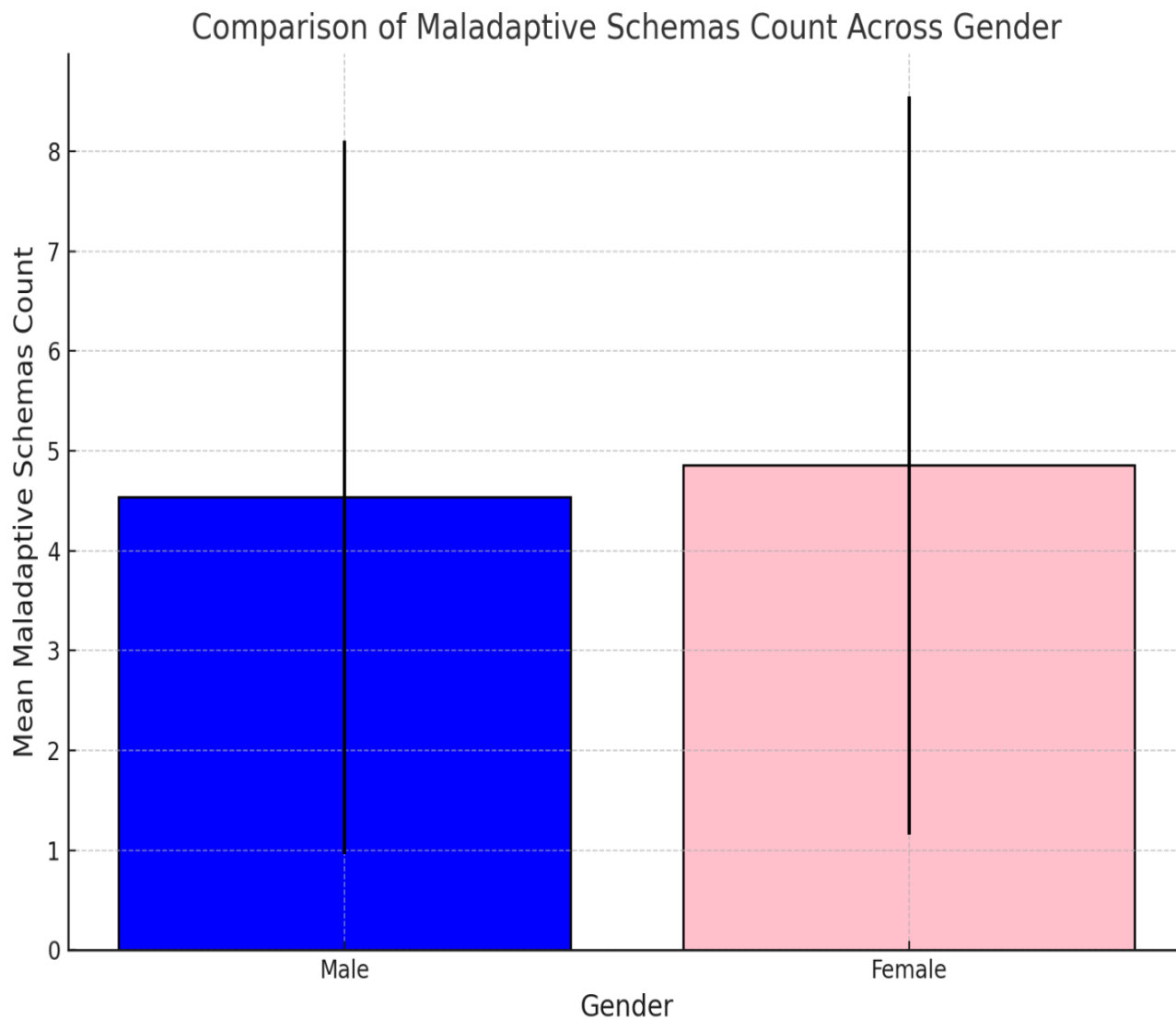
An independent t-test was conducted to compare the maladaptive schemas count between males and females. The results indicate a statistically significant difference in the mean maladaptive schemas count between the two genders (t = -3.26, p = 0.0011). Female participants had a higher mean maladaptive schemas count (M = 4.85, SD = 3.70) compared to male participants (M = 4.53, SD = 3.58). The findings suggest that females in this sample exhibit slightly more maladaptive schemas on average than males.

Table 4

Age Group Comparison of Maladaptive Schemas Count

Age Group	Mean (SD)	Sample Size	F-statistic	p-value
0-18	6.26 (3.61)	862	67.61	3.83×10^{-43}
19-35	4.83 (3.67)	4,461		
36-55	4.22 (3.55)	2,209		
55-any	3.98 (3.56)	124		

Figure 3

Age Group Comparison of Maladaptive Schemas Count

A one-way ANOVA was conducted to compare the maladaptive schemas count across different age groups. The results revealed a statistically significant difference in the mean maladaptive schemas count between age groups (F = 67.61, p < 0.001).

The 0-18 age group had the highest mean maladaptive schemas count (M = 6.26, SD = 3.61), followed by the 19-35 group (M = 4.83, SD = 3.67). The 36-55 group and 55-any group showed progressively lower mean counts, at M = 4.22 and M = 3.98, respectively. This suggests a declining trend in maladaptive schemas count with increasing age.

4. Discussion and Conclusion

The current study aimed to investigate the prevalence and variation of early maladaptive schemas among Iranian participants, using a large dataset collected via an automated Telegram bot. The findings revealed several significant patterns in schema distribution across gender and age groups, shedding light on demographic variations in maladaptive schemas within the Iranian population.

The descriptive analysis showed that the most prevalent maladaptive schemas included Emotional Deprivation, Abandonment/Instability, and Vulnerability to Harm or Illness. These results align with previous studies that identified these schemas as central to psychological distress and dysfunction. For instance, Ahmadzadeh Samani et al. (2021) found that Emotional Deprivation and Vulnerability were particularly pronounced in Iranian students, emphasizing their relevance in culturally specific contexts (Ahmadzadeh Samani et al., 2021). Similarly, Hosseini et al. (2016) highlighted the prominence of these schemas in shaping mental health outcomes in romantic relationships, further supporting their prevalence in the Iranian population (Hosseini et al., 2016).

Gender differences were notable, with females reporting a significantly higher mean maladaptive schema count compared to males. This finding is consistent with prior research that underscores gender-specific patterns in schema expression. Arabpour et al. (2018) observed that women tend to exhibit higher levels of schemas related to emotional deprivation and subjugation, which may be reflective of societal and cultural norms that impose distinct expectations on women (Arabpour et al., 2018). Shorey et al. (2011) also reported that women in treatment-seeking samples had heightened levels of schemas tied to feelings of inadequacy and dependency, which aligns with the results of the present

study (Shorey et al., 2011). Additionally, the findings of Cudo et al. (2024), which linked early maladaptive schemas to anxiety and depression, further suggest that women may internalize schemas differently due to gendered coping mechanisms (Cudo et al., 2024).

Age differences revealed a significant decline in maladaptive schema counts with increasing age, with the 0-18 age group showing the highest mean count. This trend is supported by developmental theories suggesting that schemas are more pronounced during adolescence and early adulthood due to ongoing identity formation and heightened sensitivity to interpersonal relationships (Nicol et al., 2021). Studies such as those by Amirpour (2014) and Jahanbakhshi and Kalantarkousheh (2012) have similarly highlighted the prevalence of maladaptive schemas in younger populations, linking them to perfectionism and marital aspirations, respectively (Amirpour, 2014; Jahanbakhshi & Kalantarkousheh, 2012). The gradual decline in schema counts with age observed in this study may reflect adaptive processes, such as increased emotional regulation and resilience, which mitigate the impact of schemas over time.

The role of cultural context in schema prevalence cannot be overlooked. The high rates of Emotional Deprivation and Abandonment/Instability in this study are consistent with findings by Rezakhaniha and Ashkan (2022), who noted that societal expectations and familial structures in Iran often contribute to feelings of neglect and instability (Rezakhaniha & Ashkan, 2022). Furthermore, Namavari (2023) highlighted the influence of cultural norms on schema development in individuals with gender identity disorder, demonstrating how societal values can shape psychological patterns (Namavari, 2023). These findings underscore the need for culturally informed approaches to schema therapy, particularly in collectivist cultures like Iran where family and social dynamics play a pivotal role in psychological well-being.

The results also align with studies examining the broader implications of schemas on behavior and mental health. Balsamo et al. (2015) identified early maladaptive schemas as mediators between co-rumination and depression, emphasizing their foundational role in shaping emotional vulnerabilities (Balsamo et al., 2015). Similarly, Estévez et al. (2024) found that schemas were significantly associated with addictive behaviors, such as gambling, further illustrating their pervasive impact on various domains of functioning (Estévez, 2019). The present study's findings contribute to this body of literature by demonstrating the

widespread prevalence of schemas in a non-clinical, culturally distinct population.

Despite these contributions, it is important to interpret the findings within the context of the study's limitations. The reliance on self-reported data from the Young Schema Questionnaire introduces the potential for response bias, as participants may underreport or overreport their schemas based on social desirability or self-perception. Additionally, while the use of a Telegram bot facilitated large-scale data collection, it may have limited accessibility for individuals without internet access or familiarity with the platform, potentially excluding certain demographic groups. The cross-sectional design of the study also precludes causal inferences about the relationships between age, gender, and schema prevalence, necessitating caution in generalizing the results to broader populations.

Future research should address these limitations by employing longitudinal designs to track changes in schema prevalence over time and across different life stages. Such studies could provide deeper insights into the developmental trajectory of schemas and their long-term impact on mental health and behavior. Moreover, qualitative methods could complement quantitative findings by exploring the lived experiences of individuals with high maladaptive schema counts, particularly in culturally distinct contexts like Iran. Expanding the study to include diverse populations, such as individuals from rural areas or different socioeconomic backgrounds, would enhance the generalizability of the findings and provide a more comprehensive understanding of schema patterns.

In practice, the findings of this study underscore the importance of integrating schema-focused approaches into therapeutic interventions, particularly for younger individuals and women who exhibit higher schema counts. Clinicians should consider the cultural and demographic nuances of schemas when designing treatment plans, ensuring that interventions are tailored to the specific needs of the population. Schools and universities could play a proactive role by implementing psychoeducational programs aimed at identifying and addressing maladaptive schemas in adolescents and young adults. Additionally, community-based initiatives that promote emotional support and resilience could help mitigate the impact of schemas, fostering healthier coping mechanisms and psychological well-being across the lifespan.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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