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Prediction of Covert Relational Aggression Based on Early Maladaptive Schemas and Fear of Intimacy in Married Women

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A B S T R A C T

Objective: The present study was conducted with the aim of examining the role of early maladaptive schemas and fear of intimacy in the emergence of covert relational aggression in married women.

Methods and Materials: The study design was correlational, and data were collected using both library and field methods through standardized questionnaires. The statistical population consisted of married women residing in Tehran, from which a sample of 350 participants was selected using cluster sampling from districts 22, 1, 7, and 8. Data were analyzed at descriptive and inferential levels using the Kolmogorov–Smirnov test, multiple linear regression, and correlation analysis in SPSS version 23.

Findings: The results of multiple regression analysis showed that only fear of intimacy could significantly predict covert relational aggression ($\beta = 0.428$, $p < 0.001$), whereas early maladaptive schemas did not have a significant role in predicting this variable. Moreover, the results of the two subsidiary hypotheses indicated that there was a significant relationship between early maladaptive schemas and covert relational aggression, as well as between fear of intimacy and covert relational aggression. Consequently, fear of intimacy can be considered an influential factor in the occurrence of covert aggression.

Conclusion: It is suggested that psychological interventions aimed at reducing fear of intimacy be incorporated into programs designed to improve the quality of couples' relationships.

Keywords: *aggression, covert relational aggression, early maladaptive schemas, intimacy, fear of intimacy*

1. Introduction

Marriage represents one of the most significant interpersonal relationships in adulthood, serving as a foundation for intimacy, emotional support, and personal development. However, alongside its potential for fulfillment, marriage can also become a context for the emergence of relational conflicts and maladaptive behaviors, such as covert relational aggression, which may undermine marital stability and individual well-being (Masoumi Tabar et al., 2024). Covert relational aggression, unlike overt aggression, manifests through indirect behaviors such as

emotional withdrawal, social undermining, and reputational damage. These behaviors are often subtle and disguised under the appearance of normal relational interactions, yet they can generate long-term psychological harm within couples (Cramer, 2015). Understanding the predictors of covert relational aggression has therefore become an essential endeavor in both clinical and counseling psychology, with early maladaptive schemas and fear of intimacy being prominent psychological constructs that have received increasing scholarly attention (Hamidi Kian et al., 2021).

Covert relational aggression is particularly insidious because it does not always involve explicit acts of hostility; rather, it often operates through passive-aggressive or manipulative strategies that erode trust and closeness over time (Clifford, 2013). For example, emotional withdrawal can prevent partners from resolving conflicts, while damaging the partner's reputation within family or social networks can weaken external support systems. Previous studies highlight that such aggression is associated with emotional dysregulation, depressive symptoms, and marital dissatisfaction (Cramer, 2015; Parrott et al., 2022). This suggests that covert aggression is not merely an isolated behavior but an outcome rooted in deeper psychological vulnerabilities, such as insecure attachment, maladaptive cognitive schemas, and unresolved emotional conflicts (Afshin et al., 2024; Heydari et al., 2015).

One of the critical frameworks for explaining covert relational aggression is schema theory, which emphasizes the role of early maladaptive schemas as enduring cognitive and emotional patterns formed during childhood that shape perceptions of self, others, and relationships (Solvati & Yekeyezdan Doost, 2022). These schemas, such as those involving abandonment, mistrust, defectiveness, or emotional deprivation, can strongly influence how individuals respond to intimacy and conflict in adulthood (Sifizadeh et al., 2019). When triggered in marital contexts, maladaptive schemas may contribute to covert aggressive behaviors by fostering fear, resentment, or avoidance tendencies (Makarianpour & Ghorbani, 2022). Indeed, research has shown that individuals with stronger maladaptive schemas are more prone to relational aggression and difficulties in managing marital conflicts (Majdi et al., 2021). Moreover, maladaptive schemas are not only predictive of relational dysfunction but are also relevant for therapeutic interventions, as schema therapy provides structured techniques for modifying these entrenched patterns (Rada et al., 2022).

Fear of intimacy represents another psychological factor that can fuel covert relational aggression. Intimacy requires vulnerability, emotional openness, and trust; however, for individuals with high fear of intimacy, closeness may be perceived as threatening, leading them to withdraw emotionally or adopt defensive behaviors (Khudamoradi & Esmaeili, 2019). Such defensive strategies may include covert forms of aggression, such as withholding affection or subtly undermining the partner's credibility. Fear of intimacy has been linked with insecure attachment patterns, difficulties in emotion regulation, and reduced marital satisfaction (Heydari et al., 2015). For example, empirical findings indicate that women with insecure attachment are more likely to experience shame, guilt, and fear of intimacy, which can indirectly influence relational aggression (Gharibi et al., 2024). Other research highlights that interventions aimed at reducing fear of intimacy, such as marital enrichment programs or empathy training, can improve sexual functioning and overall relationship quality (Khudamoradi & Esmaeili, 2019).

The interplay between maladaptive schemas and fear of intimacy in predicting covert relational aggression has become an area of growing scholarly interest. Some studies indicate that early maladaptive schemas contribute directly to fear of intimacy, which in turn mediates the likelihood of covert aggression (Majdi et al., 2021; Sifizadeh et al., 2019). For instance, individuals with schemas of mistrust or abandonment may develop heightened fear of intimacy, leading them to adopt relational avoidance or aggression as coping strategies (Yoo & Hong, 2024). Other findings suggest that specific schemas, particularly those related to disconnection and rejection, are significant predictors of intimacy difficulties and covert forms of aggression (Makarianpour & Ghorbani, 2022). This highlights the need for comprehensive models that account for both direct and indirect pathways linking schemas, intimacy fears, and relational aggression (Koppers et al., 2021).

Psychological interventions targeting these constructs provide evidence for their clinical relevance. Schema therapy, for example, has demonstrated effectiveness in addressing maladaptive cognitive-emotional patterns underlying relational dysfunction (Solvati & Yekeyezdan Doost, 2022). A study on married women with persistent depressive disorder revealed that schema-focused interventions improved intimacy and reduced dysfunctional beliefs (Malekimajd et al., 2024). Similarly, cognitive-behavioral therapy has been effective in reducing covert relational aggression and strengthening resilience among

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women facing marital conflicts (Roshampour, 2022). Other approaches, such as yoga therapy, have been shown to reduce maladaptive schemas and emotional inhibition in depressed women, further emphasizing the interconnectedness of these psychological constructs (Saeedi Asl & Rabati, 2021).

Cross-cultural research also underscores the importance of considering contextual and sociocultural factors in understanding relational aggression. For example, studies in Iranian contexts reveal high levels of covert relational aggression and fear of intimacy, particularly among married women, suggesting that cultural expectations regarding gender roles, emotional expression, and marital obligations may exacerbate these dynamics (Din Doost & Aghamohammadian Shoar Baf, 2022). At the same time, research in Western contexts highlights the influence of stressors such as heavy drinking and pandemic-related pressures on intimate partner aggression (Parrott et al., 2022). These findings collectively point to the universality of covert aggression phenomena while also revealing culturally specific risk factors (Timoshkin, 2023).

Relational aggression is not only relevant at the interpersonal level but also has broader implications for family systems. Marital aggression, even when covert, can affect parenting behaviors, child emotional development, and intergenerational transmission of maladaptive relational patterns (Frankel et al., 2015). For instance, parental conflict and covert aggression may influence how parents respond to infants' negative emotions, thereby shaping children's emotional regulation capacities. Over time, these patterns may perpetuate cycles of aggression and emotional dysfunction within families (Masoumi Tabar et al., 2024). This underscores the need to address covert relational aggression not only for marital satisfaction but also for broader family well-being.

The significance of fear of intimacy as a predictor of relational aggression has been further confirmed in empirical studies. For instance, one investigation demonstrated that self-compassion indirectly reduced covert aggression and fear of intimacy through the mediating role of guilt (Hamidi Kian et al., 2021). Another study found that empathy training significantly lowered fear of intimacy among women with insecure attachment, demonstrating the potential for targeted interventions (Gharibi et al., 2024). Collectively, these findings indicate that fear of intimacy represents a crucial mechanism linking individual vulnerabilities, such as schemas and attachment insecurities, with relational aggression.

It is important to note that covert relational aggression does not exist in isolation but often co-occurs with other relational and psychological difficulties. For example, individuals engaging in covert aggression frequently report higher levels of depression, anxiety, and maladaptive coping (Cramer, 2015). Furthermore, intimate partner aggression, whether covert or overt, has been associated with contextual stressors such as economic hardship, social isolation, or substance abuse (Parrott et al., 2022). This highlights the multifactorial nature of aggression within marriage and the importance of adopting integrative approaches in both research and therapy.

The present study seeks to contribute to this growing body of literature by examining the predictive role of early maladaptive schemas and fear of intimacy in covert relational aggression among married women. Methods and Materials

1.1. Study design and Participant

The present study, based on its purpose, was an applied research. According to the research design, it was correlational, and in terms of data collection, it was quantitative. From a temporal perspective, it was a cross-sectional study. The statistical population consisted of all married women residing in Tehran. Considering the geographical dispersion of the statistical population, the sample was selected using cluster random sampling, with households clustered by geographic region. For this purpose, four districts (22, 1, 7, and 8) were randomly selected. Finally, questionnaires were distributed in neighborhood centers, residential complexes, and schools in these areas.

To estimate the sample size, since the total population was uncountable, Klein's (2007) suggested formula was used. According to this formula, the minimum sample size in correlational studies is calculated using the equation $(15 > p > 5) + 50 \leq n \times m$, where n represents the sample size, p is a constant number between 5 and 15, and m is the number of components of the variables. In this study, five components were considered for early maladaptive schemas (disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and hypervigilance/inhibition), two components for covert relational aggression (emotional withdrawal and social reputation damage), and one component for fear of intimacy. Thus, the number of components was nine, resulting in a minimum sample size of 185 participants. To ensure better

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generalization of results, a sample size of 300 participants was determined.

Inclusion criteria: The conditions for participation in the study included the absence of current psychological disorders, a minimum of high school education, no history of diagnosed psychological disorders or psychiatric hospitalization, no use of psychiatric medications, being within the age range of 30 to 50 years, and providing informed consent to participate in the study.

Exclusion criteria: Conditions for exclusion included a history of divorce and remarriage, a history of debilitating physical illness or diagnosed psychiatric disorders, substance abuse or addiction to alcohol or psychotropic drugs, unwillingness to participate in the study, incomplete questionnaires, and prior participation in psychotherapy classes or couples therapy interventions.

1.2. Measures

Covert Relational Aggression Scale: The Covert Relational Aggression Scale was developed by Nelson and Carroll (2006) to assess emotional withdrawal and social reputation damage in marital relationships. The scale consists of 12 items rated on a 5-point Likert scale ranging from 1 (very little) to 5 (very much). This questionnaire measures two dimensions: emotional withdrawal and social reputation damage. Kramer (2015) reported Cronbach's alpha coefficients ranging between 0.84 and 0.79 for men and 0.82 and 0.84 for women. In Iran, Khazaei, Navabi Nejad, Farzad, and Zehrakar (2016) validated the questionnaire, reporting that exploratory factor analysis showed the 12-item scale accounted for 56% of the variance. Confirmatory factor analysis also demonstrated good model fit. The Cronbach's alpha coefficient was 0.85, with convergent validity of 0.47 and discriminant validity of -0.42, all significant at $p \leq 0.01$. Overall, the results confirmed that Nelson and Carroll's (2006) scale has appropriate validity and reliability for measuring covert relational aggression among couples.

Early Maladaptive Schemas Questionnaire: The Early Maladaptive Schemas Questionnaire was developed by Young, Klosko, and Weishar (2003) based on clinical observations and includes both long and short forms. The long form is a self-report questionnaire with 205 items designed to assess 16 early maladaptive schemas. However, the short form is more widely used due to its efficiency while maintaining the characteristics of the original version. The Young Schema Questionnaire–Short Form (YSQ-SF) was developed by Young in 1988 to measure 15 schemas and consists of 75 items rated on a 6-point Likert scale (completely untrue, mostly untrue, more true than untrue, slightly true, mostly true, completely true). Each schema is measured by five items, and the mean score represents the respondent's level in that schema. The 15 schemas include: (1) emotional deprivation, (2) abandonment/instability, (3) mistrust/abuse, (4) social isolation, (5) defectiveness/shame, (6) failure, (7) dependence/incompetence, (8) vulnerability to harm or illness, (9) enmeshment/undeveloped self, (10) subjugation, (11) self-sacrifice, (12) emotional inhibition, (13) unrelenting standards, (14) entitlement, and (15) insufficient self-control/self-discipline. The study of Schmidt, Joiner, Young, and Telch (1995) reported Cronbach's alpha coefficients ranging from 0.83 (for undeveloped self) to 0.96 (for defectiveness/shame), with test–retest reliability between 0.50 and 0.82 in nonclinical populations, indicating high reliability and internal consistency. In Iran, Divandari, Ahi, Akbari, and Mahdavian (2009) standardized the questionnaire on 387 university students in Tehran, reporting Cronbach's alpha coefficients of 0.97 for women and 0.98 for men.

Fear of Intimacy Scale: The Fear of Intimacy Scale was developed by Descutner and Thelen (1991). This 35-item questionnaire measures fear of intimacy in close and romantic relationships using a 5-point Likert scale ranging from 1 to 5. The minimum and maximum possible scores are 35 and 175, respectively. The psychometric properties of the scale have been confirmed in international research. The Persian version of the scale was validated in a sample of 623 married men and women from the general population. Cronbach's alpha coefficient was 0.91, indicating strong internal consistency. The test–retest correlation between scores of 116 participants over a two- to four-week interval was $r = 0.74$, which was significant and demonstrated satisfactory reliability (Besharat, 2011). Concurrent, convergent, and discriminant validity were also confirmed through correlations with the Marital Status Questionnaire, Romantic Relationship Scale, and Mental Health Scale. Pearson correlation coefficients between fear of intimacy and romantic dependence ($r = -0.43$) and psychological well-being ($r = -0.47$) were significant. Similarly, correlations with romantic insecurity ($r = 0.45$), marital problems ($r = 0.48$), and psychological distress ($r = 0.51$) were all significant at $p < 0.001$, confirming the validity of the scale.

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1.3. Data Analysis

In this study, data were analyzed at both descriptive and inferential levels. Descriptive statistics such as frequency, percentage, mean, and standard deviation were reported. For inferential analysis, the Kolmogorov–Smirnov test was used to examine the normality of variable distributions, and if necessary, skewness and kurtosis indices were considered. Hypotheses were then tested using multiple linear regression and correlation analysis. All analyses were conducted using SPSS version 23.

2. Findings and Results

Based on the results in Table 1, the mean score of fear of intimacy (79.140) indicates a relatively moderate to high level of this trait among married women, whereas covert relational aggression, with the lowest mean (27.660), is at a lower level. The highest mean belongs to early maladaptive schemas (171.348), which reflects their high intensity in the studied population. The high standard deviation values for all three variables also indicate considerable individual differences among participants.

Table 1

Descriptive statistics of research variables

Variable	N	Minimum	Maximum	Mean	Standard Deviation
Fear of intimacy	350	35	149	79.140	22.505
Covert relational aggression	350	12	54	27.660	8.364
Early maladaptive schemas	350	75	333	171.348	47.644

According to the results in Table 2, the Kolmogorov–Smirnov and Shapiro–Wilk tests for all three variables (fear of intimacy, covert relational aggression, and early maladaptive schemas) were significant, and therefore the normality of the data was rejected. Although skewness and kurtosis indices indicated that the distribution of variables did not deviate severely from normality, given the significance of the tests, nonparametric methods such as Spearman's test were deemed more appropriate for analyzing the relationships between the variables.

Table 2

Results of Kolmogorov–Smirnov and Shapiro–Wilk tests

Variable	N	Shapiro–Wilk	Kolmogorov–Smirnov	Skewness	Kurtosis
Fear of intimacy	350	0.000	0.005	-0.104	-0.363
Covert relational aggression	350	0.001	0.005	0.145	-0.537
Early maladaptive schemas	350	0.000	0.027	0.914	1.185

According to the results in Table 3, multiple linear regression analysis showed that fear of intimacy and early maladaptive schemas were able to predict covert relational aggression in married women. The correlation coefficient ($R = 0.451$) and coefficient of determination ($R^2 = 0.204$) indicated that approximately 20% of the variance in covert relational aggression was explained by the predictor variables. The adjusted coefficient of determination (0.199) and the Durbin–Watson statistic (1.934) also confirmed good model fit and the absence of autocorrelation in errors. The results of the ANOVA test with $F = 44.384$ and a significance level of 0.000 confirmed the significance of the model. Therefore, the research hypothesis regarding the predictive role of fear of intimacy and early maladaptive schemas in covert relational aggression was supported.

Table 3

Regression model summary

Model	R	R^2	Adjusted R^2	Standard Error	Durbin–Watson	F	Sum of Squares	Sig.
1	0.451	0.204	0.199	7.485	1.934	44.384	4974.179	0.000

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According to the results in Table 4, multiple regression analysis showed that the variable fear of intimacy had a significant role in predicting covert relational aggression. Its unstandardized coefficient was 0.159 with t = 7.968 and a significance level of 0.000, and the standardized coefficient (Beta = 0.428) reflected a relatively strong contribution of this variable to explaining covert aggressive behavior. This finding suggests that higher fear of intimacy increases the likelihood of covert aggression in marital relationships. In contrast, the variable early maladaptive schemas did not play a significant role in predicting covert relational aggression (sig. = 0.376, Beta = 0.048). The collinearity indices (Tolerance = 0.796 and VIF = 1.257) confirmed that no problematic multicollinearity existed between the predictor variables. Accordingly, only fear of intimacy significantly predicted covert relational aggression in married women.

Table 4

Regression coefficients

Row	Variable	Unstandardized B	Standard Error	Standardized Beta	t	Sig.	Tolerance	VIF
1	Constant	13.644	1.720	–	7.933	0.000	–	–
2	Fear of intimacy	0.159	0.020	0.428	7.968	0.000	0.796	1.257
3	Early maladaptive schemas	0.008	0.009	0.048	0.886	0.376	0.796	1.257

3. Discussion and Conclusion

The purpose of the present study was to investigate the predictive role of early maladaptive schemas and fear of intimacy in covert relational aggression among married women. The results of regression analyses demonstrated that fear of intimacy significantly predicted covert relational aggression, whereas early maladaptive schemas did not emerge as a significant predictor in the final model. These findings are particularly noteworthy as they suggest that while deep cognitive-emotional structures like maladaptive schemas are important in shaping long-term relational functioning, the more proximal factor of fear of intimacy plays a more immediate and decisive role in covert aggressive behaviors. In other words, the fear of closeness and vulnerability in marital contexts seems to push women toward strategies of covert aggression, such as emotional withdrawal and reputational damage, rather than direct expressions of conflict.

The finding that fear of intimacy was the most significant predictor is consistent with theories that conceptualize intimacy as both a desired and threatening domain. When individuals struggle with fears of being exposed, rejected, or hurt within close relationships, they may employ defensive strategies that manifest in relational aggression. Fear of intimacy has long been associated with avoidance, withdrawal, and indirect hostility within close partnerships (Heydari et al., 2015). This aligns with the current findings, indicating that covert aggression is less about explicit confrontation and more about protecting oneself from the perceived dangers of closeness. The significant beta coefficient observed in this study suggests that the stronger the fear of intimacy, the greater the likelihood of adopting covert aggressive strategies.

On the other hand, the nonsignificant predictive role of early maladaptive schemas may initially appear inconsistent with schema theory. However, a closer examination suggests that schemas may exert their influence indirectly rather than directly on covert aggression. Previous research indicates that schemas such as abandonment, mistrust, and defectiveness contribute to intimacy fears, which in turn foster maladaptive relational strategies (Majdi et al., 2021; Sifizadeh et al., 2019). Thus, it is plausible that schemas shape covert aggression through their impact on fear of intimacy, making intimacy fears the more immediate determinant of behavior. This mediational perspective resonates with findings that fear of intimacy mediates the relationship between maladaptive schemas and marital conflict (Makarianpour & Ghorbani, 2022). The results of the present study are therefore congruent with this indirect model, even if direct predictive effects were not found for schemas.

Supporting studies have emphasized similar associations. For instance, research has shown that empathy training can reduce shame, guilt, and fear of intimacy in women with insecure attachment (Gharibi et al., 2024). Such interventions, by reducing intimacy fears, can indirectly decrease tendencies toward covert aggression. Likewise, other investigations highlight that self-compassion reduces covert aggression and intimacy fears, primarily through emotional regulation and guilt management (Hamidi Kian et al., 2021). These findings corroborate the current study's

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emphasis on fear of intimacy as a proximal predictor of covert relational aggression.

The findings are also in line with studies that directly link fear of intimacy with relational dysfunction. For example, one study found that higher fear of intimacy correlated with lower marital commitment (Heydari et al., 2015). Another demonstrated that life enrichment programs reduced intimacy fears while improving sexual functioning (Khudamoradi & Esmaeili, 2019). Together, these results provide strong empirical support that fear of intimacy is a critical construct to examine when considering covert aggression in marital relationships.

Although early maladaptive schemas were not direct predictors in this study, existing literature emphasizes their importance. For example, research has shown that maladaptive schemas are associated with personality disorders, relational difficulties, and negative therapeutic outcomes (Koppers et al., 2021). Schema therapy, developed to address these deep cognitive-emotional patterns, has proven effective in modifying schemas and improving relational functioning (Solvati & Yekeyezdan Doost, 2022). Moreover, recent findings demonstrate that schema therapy improves intimacy and reduces dysfunctional beliefs among married women with persistent depressive disorder (Malekimajd et al., 2024). These results suggest that while schemas may not predict covert aggression directly, they are part of the broader psychological system that sustains relational vulnerabilities.

Cross-cultural studies further strengthen this perspective. In the Iranian context, covert relational aggression has been found to respond positively to cognitive-behavioral therapy, which not only reduced aggression but also improved family resilience (Roshampour, 2022). Similarly, schema therapy has been highlighted as a practical guide for clinicians dealing with such issues (Solvati & Yekeyezdan Doost, 2022). In contrast, research conducted during the COVID-19 pandemic in Western contexts showed that relational aggression was associated with stress and heavy drinking (Parrott et al., 2022). These findings point to the fact that although universal psychological factors like intimacy fears play a central role, contextual stressors and cultural dynamics also significantly shape the manifestation of relational aggression.

Other studies align with the emphasis on intimacy fears. For instance, research found that yoga therapy reduced maladaptive schemas and emotional inhibition, thus potentially lowering the risk of relational aggression indirectly (Saeedi Asl & Rabati, 2021). Another investigation linked disconnection and rejection schemas with reduced marital intimacy, showing that authenticity in relationships mediated this connection (Yoo & Hong, 2024). These studies highlight the interconnectedness of schemas, intimacy fears, and aggression, supporting the interpretation that schemas may influence covert aggression primarily through their effects on intimacy difficulties.

The broader implications of these findings extend to family systems. Marital aggression, whether covert or overt, influences not only the quality of the marital relationship but also parenting practices and child development. Research shows that marital conflict and aggression affect parental responses to infant emotions, shaping children's regulation capacities (Frankel et al., 2015). Similarly, relational aggression among parents has been linked to depression and broader emotional difficulties (Cramer, 2015). These intergenerational consequences highlight the importance of addressing covert aggression in couples to prevent long-term family dysfunction.

Interestingly, the present findings are also consistent with studies examining related constructs in broader relational contexts. For example, attachment insecurities have been linked with relational aggression through pathways involving shame and fear (Clifford, 2013). Likewise, the literature on partner-related obsessive-compulsive symptoms has shown that sexual satisfaction and anger mediate links between cognitive vulnerabilities and relational functioning (GÜLer, 2024). Although these studies address different populations and variables, they converge on the theme that underlying fears and maladaptive schemas shape aggressive dynamics in relationships.

The significance of fear of intimacy is also reinforced by clinical findings. For example, studies reveal that individuals with high intimacy fears often adopt indirect conflict strategies, including covert aggression, as a means of self-protection (Din Doost & Aghamohammadian Shoar Baf, 2022). Similarly, research in the Iranian cultural context has indicated that covert aggression is particularly prevalent among women experiencing marital conflicts, where cultural expectations and gender norms constrain direct expressions of anger (Masoumi Tabar et al., 2024). In these contexts, covert aggression becomes a socially permissible yet psychologically harmful coping mechanism.

Furthermore, international comparative findings provide additional insights. For example, research in Russia on cross-border intimacy revealed how sociocultural constructs of purity and nationalism intersect with intimacy, indirectly shaping relational behaviors (Timoshkin, 2023). Such

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findings illustrate that while psychological constructs like fear of intimacy and maladaptive schemas are central, they cannot be fully understood without considering the cultural frameworks in which marital dynamics unfold.

Collectively, the current results, supported by existing literature, suggest a dual-layered model: early maladaptive schemas form the deep cognitive background that predisposes individuals to relational vulnerabilities, but fear of intimacy operates as the immediate psychological mechanism translating these vulnerabilities into covert aggressive behaviors. This dual perspective reconciles the apparent nonsignificance of schemas in the present analysis by emphasizing their indirect pathways through intimacy fears.

4. Limitations and Suggestions

This study, despite its valuable findings, is not without limitations. First, the research relied on self-report questionnaires, which are vulnerable to social desirability bias and subjective distortions, especially in culturally sensitive domains such as aggression and intimacy. Second, the cross-sectional design precludes causal inferences, meaning that while associations were found, it cannot be definitively concluded that fear of intimacy causes covert aggression rather than being a consequence of it. Third, the study focused exclusively on married women in Tehran, limiting the generalizability of findings to other populations, including men, unmarried individuals, or couples from different cultural or socioeconomic backgrounds. Finally, although the study included early maladaptive schemas as predictors, it did not assess potential mediating or moderating variables that might clarify the indirect pathways between schemas, intimacy fears, and aggression.

Future studies should employ longitudinal designs to clarify causal pathways between schemas, intimacy fears, and covert aggression. Such designs could also reveal the temporal dynamics of how schemas and intimacy fears interact over the course of marriage. Additionally, qualitative approaches such as in-depth interviews may provide richer insights into the lived experiences of covert aggression and intimacy fears, particularly in cultural contexts where such issues are less openly discussed. Expanding the demographic scope to include men, different age groups, and diverse cultural settings would enhance generalizability. Moreover, incorporating experimental or intervention-based designs could directly test whether reducing fear of intimacy leads to measurable decreases in covert relational aggression. Investigating mediating variables such as shame, self-compassion, or resilience would also provide a more nuanced understanding of the mechanisms involved.

From a practical perspective, the findings highlight the importance of addressing fear of intimacy in marital counseling and therapy. Interventions that foster emotional openness, trust, and secure attachment could be particularly effective in reducing covert relational aggression. Schema therapy, cognitive-behavioral therapy, and empathy training programs could be adapted to focus on modifying intimacy fears as well as underlying schemas. Additionally, preventive programs aimed at young couples could emphasize the development of healthy intimacy skills, thereby reducing the risk of covert aggression later in marriage. Counselors and therapists should also be attentive to cultural dynamics that influence the expression of aggression and intimacy fears, ensuring that interventions are tailored to the specific social contexts of couples.

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

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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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