



Structural Model Comparison of the Relationship Between Early Maladaptive Schemas and Self-Compassion via Affective Flexibility in Women Seeking Divorce and Non-clinical Women

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ABSTRACT

Objective: This study aimed to compare the structural relationships between early maladaptive schemas and self-compassion, mediated by affective flexibility, in women seeking divorce and non-clinical (community) women.

Methods and Materials: The research employed a correlational design using structural equation modeling (SEM). The statistical population consisted of all women seeking divorce and non-clinical women who attended counseling and psychology centers in Tehran in 2024. A total of 400 participants (200 women seeking divorce and 200 non-clinical women) were selected using multistage cluster sampling. Participants completed the Self-Compassion Scale (Neff, 2003), Young Schema Questionnaire–Short Form (YSQ-S3; Young, 1998), and the Affective Flexibility Scale (Fu et al., 2018). Data were analyzed using SPSS-26 and AMOS-24 through confirmatory factor analysis and multigroup SEM to assess model fit, path coefficients, and mediation effects via bootstrapping.

Findings: The proposed structural model showed good fit indices for both groups. Early maladaptive schemas significantly and negatively predicted affective flexibility ($\beta = -0.211, p < .001$) and self-compassion ($\beta = -0.142, p = .048$) among women seeking divorce, and also demonstrated negative effects in the community group. Affective flexibility positively predicted self-compassion in both groups (divorce-seeking: $\beta = 0.372, p < .001$; community: $\beta = 0.501, p < .001$). Bootstrapping results confirmed the mediating role of affective flexibility in the relationship between early maladaptive schemas and self-compassion, with stronger indirect effects observed in the divorce-seeking group ($\beta = -0.0777, p = .006$). Multigroup comparisons showed that path differences were significant for Disconnection & Rejection \rightarrow Affective Flexibility and Impaired Autonomy & Performance \rightarrow Self-Compassion.

Conclusion: Enhancing affective flexibility may therefore strengthen self-compassion and mitigate schema-driven emotional vulnerability in relational distress contexts.

Keywords: early maladaptive schemas; affective flexibility; self-compassion; structural equation modeling; divorce; women's mental health

1. Introduction

Emotional experiences and the cognitive schemas through which individuals interpret them are fundamental determinants of psychological adjustment and interpersonal functioning. Within the framework of cognitive and emotion-focused theories, *early maladaptive schemas* (EMSs) are enduring and pervasive cognitive-emotional patterns formed in childhood and elaborated throughout life that influence perception, emotion, and behavior. These schemas are activated under stress and shape emotional reactions, interpersonal relationships, and self-perceptions (Moradi Davijani et al., 2024). Schema theory posits that EMSs emerge from unmet core emotional needs in early developmental contexts, often rooted in experiences of rejection, abandonment, or overcontrol, and predispose individuals to maladaptive coping mechanisms and psychological distress (Salgó et al., 2021).

Among women experiencing marital conflict or divorce, EMSs may become particularly salient, leading to patterns of emotional dysregulation and reduced self-compassion. Self-compassion, defined as an adaptive way of relating to oneself with kindness, mindfulness, and recognition of common humanity, acts as a buffer against the psychological consequences of shame, guilt, and failure (Hassani et al., 2021). Studies have demonstrated that self-compassion mediates the association between EMSs and a variety of negative emotional outcomes, including anxiety, depression, and relationship dissatisfaction (Ameri, 2023; Saadatmand et al., 2022). Consequently, understanding the mechanisms through which EMSs affect self-compassion—particularly via emotion regulation processes such as *affective flexibility*—is crucial in explaining differential adjustment outcomes among women facing divorce and those from community populations.

Affective flexibility, a relatively recent construct in emotion science, refers to the capacity to adaptively shift emotional responses according to changing situational demands (Genet et al., 2013). It represents a dynamic emotion regulation ability encompassing both the generation and modulation of affective states. While emotional flexibility generally facilitates adaptive coping, inflexibility may foster rumination, maladaptive self-focus, and rigidity in emotion regulation (Twivy et al., 2021). Empirical studies suggest that affective flexibility moderates or mediates the relationship between cognitive vulnerabilities (such as maladaptive schemas) and mental health indicators, including depression and anxiety (Volkaert et al., 2024).

Therefore, diminished affective flexibility may serve as a critical mechanism linking rigid cognitive schemas to self-critical and uncompassionate self-relating patterns, particularly under conditions of relational distress such as divorce.

Research on the role of self-compassion within schema-based frameworks has expanded considerably in recent years. For example, (Moradi Davijani et al., 2024) found that self-compassion mediated the association between early maladaptive schemas and marital conflict, indicating that individuals with higher levels of self-compassion were less likely to experience schema-driven interpersonal tension. Similarly, (Saadatmand et al., 2022) demonstrated that self-compassion buffered the impact of maladaptive schemas on symptoms of body dysmorphic disorder, confirming its protective regulatory role. In clinical populations, schema-related distortions are often accompanied by deficits in self-compassion and impaired emotion regulation capacity (Salgó et al., 2021).

Among women experiencing divorce or marital breakdown, such maladaptive patterns may be amplified by emotional distress, attachment insecurity, and relational trauma. Divorce represents a significant psychosocial stressor that disrupts identity, security, and belonging, frequently leading to reduced emotional flexibility and heightened schema activation (Ahmadi et al., 2024; Panahi & Baramash, 2024). The emotional consequences of divorce—such as guilt, rejection, and self-blame—can reinforce pre-existing maladaptive schemas (e.g., defectiveness/shame, abandonment) and diminish self-compassionate processing (Talebi Zadeh et al., 2023). Therefore, divorce provides a unique context for investigating the interconnections among EMSs, affective flexibility, and self-compassion.

Previous interventions aimed at enhancing emotion regulation in distressed women have highlighted the importance of both schema modification and compassion cultivation. For instance, (Afsar et al., 2023) compared Emotionally-Focused Therapy (EFT) and Mindfulness-Based Schema Therapy (MBST) and found both to significantly improve emotion regulation in women with borderline personality disorder. Similarly, (Bahrami Hidaji et al., 2022) showed that acceptance and commitment-based cognitive therapy emphasizing self-compassion and emotional empathy improved couples' relational functioning. Collectively, such findings indicate that schema change and self-compassion enhancement operate synergistically in promoting adaptive emotional responses.

Moreover, emotional and cognitive flexibility are increasingly recognized as mediating constructs linking schema activation to well-being outcomes. (Faustino et al., 2020) demonstrated that mindfulness and self-compassion jointly influence the regulation of psychological needs by moderating emotional schemas. Complementary findings by (Genet et al., 2013) indicated that affective inflexibility predicts maladaptive coping strategies such as rumination. Recent longitudinal work in adolescents supports the reciprocal relationship between affective flexibility and emotion regulation in predicting depressive symptoms (Volkaert et al., 2024). These results suggest that affective flexibility constitutes a key regulatory mechanism capable of explaining individual differences in the pathway from cognitive vulnerability (schemas) to emotional outcomes (self-compassion).

In this context, self-compassion functions as a meta-cognitive and affective resource that mitigates the negative self-evaluations perpetuated by maladaptive schemas. Compassionate self-awareness allows individuals to reinterpret schema-driven experiences of inadequacy and abandonment through an attitude of acceptance and care (Babsour & Karimi, 2025). The therapeutic and preventive potential of self-compassion has been demonstrated across diverse populations, including women with domestic violence exposure, who exhibited greater psychological well-being and marital adjustment following group-based self-compassion interventions (Babsour & Karimi, 2025).

Further, the empirical convergence between schema-focused and compassion-focused approaches underscores a paradigm shift toward integrative conceptualizations of emotional health. For instance, (Marashian & Shahbazi, 2023) compared Acceptance and Commitment Therapy (ACT) and Schema Therapy for unmarried women with love trauma syndrome, reporting significant improvements in self-compassion across both modalities. Similarly, (Sanati, 2024) found that cognitive-behavioral therapy effectively enhanced self-compassion and reduced experiential avoidance in women coping with marital infidelity. These studies collectively reinforce the conceptual overlap between schema modification, emotional regulation enhancement, and self-compassion training as mechanisms for improving relational and psychological resilience.

Women navigating divorce often face compounded emotional challenges, including shame, rejection sensitivity, and self-blame, which are central manifestations of maladaptive schemas. The Disconnection and Rejection domain, in particular, has been consistently associated with

lowered self-compassion and affective inflexibility (Ahmadi et al., 2024). Divorce-seeking women may exhibit heightened schema activation and emotional rigidity compared to community samples, amplifying vulnerability to distress. Yet, their capacity for adaptive emotional regulation through affective flexibility may determine whether these schemas translate into enduring psychological suffering or resilience. Research by (Panahi & Baramash, 2024) highlights the beneficial effects of schema therapy in strengthening resilience and reducing schema dominance in women at risk of divorce.

From a process-oriented perspective, affective flexibility may be conceptualized as the dynamic mediator that enables schema modification to manifest as increased self-compassion. The ability to flexibly engage or disengage from negative affective states facilitates reinterpretation of schema-triggered experiences through compassionate awareness rather than self-criticism. (Twivy et al., 2021) demonstrated that lower affective flexibility predicted future anxiety and worry, indicating its role as a transdiagnostic vulnerability factor. Similarly, reduced emotional adaptability may hinder self-soothing responses and perpetuate rigid, punitive self-schemas. In contrast, enhanced affective flexibility may enable self-compassion to counteract the cognitive rigidity embedded in maladaptive schemas.

Recent meta-analytic and clinical evidence suggests that self-compassion-oriented interventions can directly target affective inflexibility by fostering mindful awareness and emotion regulation variability (Faustino et al., 2020; Volkaert et al., 2024). The theoretical convergence of these constructs—schemas, self-compassion, and flexibility—supports the notion of an integrated emotional-cognitive regulation system that underlies psychological resilience. (Salgó et al., 2021) proposed that schema modes associated with emotion dysregulation (e.g., punitive parent, vulnerable child) are inversely related to mindfulness and self-compassion, reinforcing the mediational hypothesis.

Collectively, existing evidence points to a triadic interaction in which maladaptive schemas influence affective flexibility, which in turn affects self-compassion. (Moradi Davijani et al., 2024) empirically confirmed this pattern in marital conflict contexts, showing that self-compassion mediates schema-related stress responses. Likewise, (Hassani et al., 2021) emphasized self-compassion and hope as key protective factors mediating the impact of maladaptive schemas on resilience among women with chronic illness. These converging findings suggest that

enhancing self-compassion and flexibility may counteract schema-driven maladaptation across diverse populations.

Despite these insights, comparative evidence on the structural relationships among early maladaptive schemas, affective flexibility, and self-compassion in divorce-seeking versus non-clinical women remains scarce. Such comparative analysis can elucidate whether the mechanisms linking cognitive vulnerability and emotional regulation differ under conditions of relational crisis. By modeling these relationships across groups, it becomes possible to determine whether affective flexibility functions as a stronger mediator in contexts of heightened emotional distress, such as marital dissolution.

Accordingly, the present study aimed to compare a structural model of the relationships among early maladaptive schemas, affective flexibility, and self-compassion in women seeking divorce and non-clinical (community) women. Based on prior research (Ameri, 2023; Moradi Davijani et al., 2024; Saadatmand et al., 2022; Salgó et al., 2021; Volkaert et al., 2024), it was hypothesized that (a) early maladaptive schemas would negatively predict both affective flexibility and self-compassion; (b) affective flexibility would positively predict self-compassion; and (c) affective flexibility would mediate the relationship between maladaptive schemas and self-compassion, with stronger effects observed among women seeking divorce.

This investigation contributes to the growing body of research integrating schema theory and compassion-based frameworks within an emotion regulation perspective.

2. Methods and Materials

2.1. Study design and Participant

This fundamental study employed a correlational design and examined the relationships among the study variables using structural equation modeling (SEM). The statistical population consisted of all women seeking divorce and non-clinical (community) women who visited counseling and psychological centers in Tehran in 2024. In SEM, the recommended sample size ranges from 10 to 20 observations per estimated parameter, with a minimum total sample of 200 considered acceptable (Kline, 2016). Given the number of parameters estimated in the present model (14 parameters), an optimal sample size between 140 and 280 participants was projected. To enhance precision, account for potential attrition, and reduce the effects of incomplete responses, the target sample size was increased to 400

women (200 women seeking divorce and 200 non-clinical women).

Sampling was performed through multistage cluster sampling based on the study's inclusion criteria. First, the locations of family counseling and psychology centers across Tehran's districts were identified (Stage 1). Second, 10 of the city's 22 districts were randomly selected (Stage 2). Third, from the active psychology centers in those selected districts, two centers per district were randomly chosen (Stage 3). Finally, women seeking divorce and community women attending these centers were screened for inclusion criteria and willingness to participate, and those who met the criteria were recruited as the study sample (Stage 4).

Following approval of the proposal by the Research Council of the Department of Psychology at Islamic Azad University, Arak Branch, ethics approval was obtained from the Biomedical Research Ethics Committee. With an official letter of introduction, the researcher first mapped the family counseling and psychology centers across Tehran. Next, 10 of the 22 districts were randomly selected, and from the active centers within those districts, two centers per district were randomly chosen (total = 20 centers).

After meetings with center administrators, presentation of documentation, and explanation of the study aims and procedures (eligibility criteria, instruments, and completion process), client files were screened. Potential participants were contacted by phone, informed about the study, assured of confidentiality and anonymity, and invited to participate. Those who met the inclusion criteria and provided informed consent either completed paper questionnaires at the centers or, if preferred, received a secure electronic link to complete the measures online. Administration was individual and untimed. Recruitment continued until the target $N = 400$ was achieved. Participants were thanked and informed that study results would be shared upon request.

2.2. Measures

Self-Compassion Scale (SCS). The 26-item SCS developed by Neff (2003a) assesses self-compassion across six subscales: self-kindness (Items 5, 12, 19, 23, 26), self-judgment (Items 1, 8, 11, 16, 21), common humanity (Items 3, 7, 10, 15), isolation (Items 4, 13, 18, 25), mindfulness (Items 9, 14, 17, 22), and over-identification (Items 2, 6, 20, 24). Items are rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 are reverse-scored. The six

dimensions cluster into three bipolar components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Subscale scores are obtained by summing item scores within each dimension, and the overall self-compassion score is calculated as the mean of the six components. Neff (2003a) reported strong psychometric properties (Cronbach's $\alpha = .92$ overall; subscales $\alpha = .75-.81$; two-week test-retest reliability = .93; convergent validity with the Rosenberg Self-Esteem Scale, $r = .59$). In Iran, Momeni et al. (2013) reported evidence of convergent and divergent validity with self-esteem ($r = .22$), the Beck Depression Inventory ($r = -.34$), and the Beck Anxiety Inventory ($r = -.41$); internal consistency $\alpha = .70$; and 10-day test-retest reliability $r = .89$.

Young Schema Questionnaire-Short Form (YSQ-S3). The 75-item short form (Young, 1998), derived from the original 205-item version, assesses early maladaptive schemas on a 6-point Likert scale ranging from 1 (completely untrue) to 6 (completely true). It includes 15 subscales: Emotional Deprivation (Items 1-5), Abandonment (6-10), Mistrust/Abuse (11-15), Social Isolation/Alienation (16-20), Defectiveness/Shame (21-25), Failure (26-30), Dependence/Incompetence (31-35), Vulnerability to Harm/Illness (36-40), Enmeshment (41-45), Subjugation (46-50), Self-Sacrifice (51-55), Emotional Inhibition (56-60), Unrelenting Standards (61-65), Entitlement (66-70), and Insufficient Self-Control/Self-Discipline (71-75). Each schema score is the mean of its five items (range = 5-30). A total schema score can be calculated by summing all 15 schema scores (range = 75-450). In the original validation, Cronbach's α ranged from .83 (Enmeshment/Undeveloped Self) to .96 (Defectiveness/Shame), with test-retest reliability in non-clinical samples ranging from .50 to .82; factor structure and criterion validity were supported (Young, 1998). In Iran, Divandari et al. (2009) reported 3-week test-retest reliability of .60-.87, overall $\alpha = .94$ (subscales .65-.92), and convergent/divergent validity with self-esteem ($r = -.32$), dysfunctional attitudes ($r = .55$), positive affect ($r = -.23$), and negative affect ($r = .59$).

Affective Flexibility Scale (AFS). The 10-item scale by Fu et al. (2018) measures affective flexibility using a 7-point

Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Reported Cronbach's α was .78, with concurrent validity shown through a correlation with psychological well-being ($r = .18$). Confirmatory factor analysis (CFA) indices were satisfactory (CFI = .96, NFI = .98, NNFI = .97, IFI = .98, RFI = .96, GFI = .98, RMSEA = .078; Fu et al., 2018). As no Persian validation was available, the items were translated and a pilot test was conducted with 100 participants (divorced and community women). The pilot yielded Cronbach's $\alpha = .77$, and first-order CFA supported the factor structure.

2.3. Data Analysis

Data analyses included both descriptive and inferential statistics. Descriptively, means and standard deviations were calculated for demographic and study variables. Inferential analyses involved Pearson correlations, confirmatory factor analysis (CFA), and structural equation modeling (SEM) to test the hypothesized model. Analyses were conducted using SPSS (Version 26) and AMOS (Version 24). The bootstrap procedure in AMOS was used to test the mediating role of affective flexibility. To evaluate the theoretical model, a multi-group model comparison with equality constraints on structural weights was conducted. The significance level for all tests was set at $\alpha = .05$.

3. Findings and Results

A total of 200 women seeking divorce and 200 community women were assessed. The mean age of the divorce-seeking group was 31.40 ± 3.24 years (range = 25-40), and the mean age of the community group was 35.21 ± 2.50 years (range = 23-40). Educational data indicated that, among women seeking divorce, 112 (56%) held a high school diploma, 60 (30%) had education below the diploma level, and 28 (14%) had academic (postsecondary) education. In the community group, 100 (50%) held a diploma, 80 (40%) had below-diploma education, and 20 (10%) had academic education. Descriptive indices (mean, standard deviation, range, skewness, kurtosis) for early maladaptive schema domains, affective flexibility, and self-compassion are presented in Table 1.

Table 1

Descriptive Indices of Study Variables in Divorce-Seeking and Community Women (N = 400)

Variable	Group	Mean	SD	Range (Min–Max)	Skewness	Kurtosis
Disconnection & Rejection	Divorce	77.48	31.12	28–133	0.04	–1.10
	Community	61.20	32.51	27–109	0.39	–1.56
Impaired Autonomy & Performance	Divorce	61.81	22.46	25–99	–0.15	–0.98
	Community	55.40	19.42	21–87	–0.15	–0.52
Other-Directedness	Divorce	39.96	14.54	14–70	0.18	–0.71
	Community	28.70	12.03	12–47	0.13	–1.46
Hypervigilance & Inhibition	Divorce	34.47	10.21	19–53	–0.01	–0.80
	Community	26.30	9.65	12–41	0.03	–1.26
Impaired Limits	Divorce	34.62	9.80	19–51	0.02	–0.84
	Community	25.90	9.02	14–39	0.35	–1.41
Affective Flexibility	Divorce	45.18	12.75	19–69	0.23	–0.42
	Community	52.40	11.70	30–69	–0.23	–0.70
Self-Compassion	Divorce	73.89	18.25	47–111	0.45	–0.40
	Community	75.80	20.40	54–113	0.70	–0.82

Pearson correlations among early maladaptive schema domains, affective flexibility, and self-compassion for both groups are shown in Tables 2 and 3.

Table 2

Correlation Matrix Among Predictors, Mediator, and Outcome in Divorce-Seeking Women

Variable	1	2	3	4	5	6	7
1. Disconnection & Rejection	1						
2. Impaired Autonomy & Performance	.12	1					
3. Other-Directedness	.33	.08	1				
4. Hypervigilance & Inhibition	.32	.24	.29	1			
5. Impaired Limits	.27	.28	.56	.48	1		
6. Affective Flexibility	–.38	–.14	–.35	–.66	–.38	1	
7. Self-Compassion	–.16	–.60	–.56	–.28	–.60	.38	1

Table 3

Correlation Matrix Among Predictors, Mediator, and Outcome in Community Women

Variable	1	2	3	4	5	6	7
1. Disconnection & Rejection	1						
2. Impaired Autonomy & Performance	.09	1					
3. Other-Directedness	.28	.33	1				
4. Hypervigilance & Inhibition	.67	.39	.25	1			
5. Impaired Limits	.43	.42	.69	.26	1		
6. Affective Flexibility	–.68	–.38	–.30	–.64	–.18	1	
7. Self-Compassion	–.15	–.69	–.67	–.14	–.63	.34	1

As indicated by the correlation matrices, early maladaptive schemas were negatively and significantly correlated with both self-compassion and affective flexibility in women seeking divorce and community women ($p < .05$). For multivariate outlier detection, Mahalanobis distances were computed for the predictor variables. No multivariate outliers were identified (the maximum distance did not exceed the χ^2 critical value at df equal to the number of predictors, $\alpha = .001$). Skewness and kurtosis values (Table

1) were within acceptable limits ($|\text{skewness}| < 3$, $|\text{kurtosis}| < 10$), confirming univariate normality (Kline, 2023). Mardia’s coefficients for the divorce-seeking and community models were 3.442 and 4.762, with critical ratios of 1.247 and 1.485, respectively—both less than 5—indicating multivariate normality. Multicollinearity diagnostics (tolerance, VIF) showed no evidence of problematic collinearity among predictors.

The R² index represents the proportion of variance explained in endogenous variables. According to Cohen (1992), R² values of .26, .13, and .02 represent large, medium, and small effects, respectively. The coefficient of determination for self-compassion in the divorce-seeking group was .890, indicating that the exogenous and mediating variables—early maladaptive schemas and affective

flexibility—jointly explained 89% of the variance in self-compassion. This represents a large effect.

Similarly, the R² for self-compassion in the community group was .62, suggesting that early maladaptive schemas and affective flexibility together accounted for 62% of its variance, also constituting a large effect. Based on Table 4, the standardized coefficients and critical ratios for all paths in the proposed model are presented below.

Table 4

Standardized Path Coefficients for the Proposed Model

Path	Group	Std. β	SE	CR	Sig. (p)
Disconnection & Rejection → Affective Flexibility	Divorce	-0.211	0.079	-4.027	< .001
	Community	-0.032	0.014	-0.311	.750
Disconnection & Rejection → Self-Compassion	Divorce	-0.142	0.037	-1.971	.048
	Community	-0.055	0.019	-0.473	.635
Impaired Autonomy & Performance → Affective Flexibility	Divorce	-0.091	0.022	-0.571	.630
	Community	-0.101	0.025	-0.675	.620
Impaired Autonomy & Performance → Self-Compassion	Divorce	-0.441	0.119	-6.102	< .001
	Community	-0.292	0.072	-4.163	< .001
Other-Directedness → Affective Flexibility	Divorce	-0.170	0.027	-2.307	.021
	Community	-0.161	0.024	-2.107	.036
Other-Directedness → Self-Compassion	Divorce	-0.333	0.092	-4.743	< .001
	Community	-0.260	0.062	-3.385	< .001
Hypervigilance & Inhibition → Affective Flexibility	Divorce	-0.370	0.107	-5.211	< .001
	Community	-0.351	0.096	-4.847	< .001
Hypervigilance & Inhibition → Self-Compassion	Divorce	-0.060	0.019	-0.466	.641
	Community	-0.022	0.009	-0.132	.921
Impaired Limits → Affective Flexibility	Divorce	-0.062	0.022	-0.475	.632
	Community	-0.091	0.028	-0.510	.619
Impaired Limits → Self-Compassion	Divorce	-0.279	0.066	-4.302	< .001
	Community	-0.191	0.029	-2.210	.032
Affective Flexibility → Self-Compassion	Divorce	0.372	0.096	5.277	< .001
	Community	0.501	0.132	6.790	< .001

As shown in Table 4, among divorce-seeking women, the maladaptive schema domains of Disconnection & Rejection, Other-Directedness, and Hypervigilance & Inhibition negatively predicted affective flexibility. The domains of Disconnection & Rejection, Impaired Autonomy & Performance, Other-Directedness, and Impaired Limits

negatively predicted self-compassion. Among community women, Other-Directedness and Hypervigilance & Inhibition negatively predicted affective flexibility, while Impaired Autonomy & Performance, Other-Directedness, and Impaired Limits negatively predicted self-compassion.

Table 5

Bootstrap Results for the Indirect (Mediated) Paths in the Proposed Model

Indirect Path (via Affective Flexibility)	Group	Indirect Effect	SE	Lower CI	Upper CI	p
Disconnection & Rejection → Self-Compassion	Divorce	-0.0777	0.0231	-0.1132	-0.0422	.006
	Community	-0.0150	0.0097	-0.0339	0.0014	.133
Impaired Autonomy & Performance → Self-Compassion	Divorce	-0.0333	0.0127	-0.0632	-0.0009	.067
	Community	-0.0500	0.0237	0.0003	0.0941	.054
Other-Directedness → Self-Compassion	Divorce	-0.0629	0.0227	-0.0947	-0.0296	.010
	Community	-0.0801	0.0267	-0.1331	-0.0372	< .001
Hypervigilance & Inhibition → Self-Compassion	Divorce	-0.1369	0.0570	-0.1935	-0.0640	< .001
	Community	-0.1750	0.0611	-0.2930	-0.1140	< .001
Impaired Limits → Self-Compassion	Divorce	-0.0185	0.0102	-0.0397	0.0088	.110
	Community	-0.0451	0.0330	-0.0857	0.0132	.059

To test group invariance between divorce-seeking and community women for the causal relations among the study variables, multi-group analysis (Henseler, 2010) was conducted using constrained versus unconstrained structural

weights. Given the saturated model, additional fit indices are not reported for the constrained and unconstrained models. Critical ratios (CRs) comparing each structural path across groups are shown below.

Direct Effects—Critical Ratios for Between-Group Differences

Tested Path	Critical Ratio
Disconnection & Rejection → Affective Flexibility	3.14
Disconnection & Rejection → Self-Compassion	2.11
Impaired Autonomy & Performance → Affective Flexibility	0.250
Impaired Autonomy & Performance → Self-Compassion	2.32
Other-Directedness → Affective Flexibility	1.130
Other-Directedness → Self-Compassion	1.22
Hypervigilance & Inhibition → Affective Flexibility	0.271
Hypervigilance & Inhibition → Self-Compassion	0.841
Impaired Limits → Affective Flexibility	0.451
Impaired Limits → Self-Compassion	1.375
Affective Flexibility → Self-Compassion	2.02

Indirect Effects—Critical Ratios for Between-Group Differences

Tested Indirect Path	Critical Ratio
Disconnection & Rejection → Self-Compassion (via Affective Flexibility)	2.50
Impaired Autonomy & Performance → Self-Compassion (via Affective Flexibility)	0.830
Other-Directedness → Self-Compassion (via Affective Flexibility)	0.950
Hypervigilance & Inhibition → Self-Compassion (via Affective Flexibility)	1.55
Impaired Limits → Self-Compassion (via Affective Flexibility)	1.32

The indirect effect of Disconnection & Rejection on Self-Compassion via Affective Flexibility differed significantly between groups and was stronger (more negative) in divorce-seeking women. In the divorce-seeking model, the maladaptive schema domains Disconnection & Rejection ($\beta = -0.211, p < .001$), Other-Directedness ($\beta = -0.170, p = .021$), and Hypervigilance & Inhibition ($\beta = -0.370, p < .001$) had significant negative effects on Affective Flexibility. In the community model, Other-Directedness ($\beta = -0.161, p = .036$) and Hypervigilance & Inhibition ($\beta = -0.351, p < .001$) negatively predicted Affective Flexibility. The Disconnection & Rejection \rightarrow Affective Flexibility relation was significantly stronger among divorce-seeking women.

In the divorce-seeking model, Disconnection & Rejection ($\beta = -0.142, p = .048$), Impaired Autonomy & Performance ($\beta = -0.441, p < .001$), Other-Directedness ($\beta = -0.333, p < .001$), and Impaired Limits ($\beta = -0.279, p < .001$) had significant negative effects on Self-Compassion. In the community model, Impaired Autonomy & Performance ($\beta = -0.292, p < .001$), Other-Directedness ($\beta = -0.260, p < .001$), and Impaired Limits ($\beta = -0.191, p = .032$) negatively predicted Self-Compassion. The Disconnection & Rejection and Impaired Autonomy & Performance paths to Self-Compassion were stronger (more negative) among divorce-seeking women.

Affective Flexibility \rightarrow Self-Compassion was positive and significant in both groups (Divorce: $\beta = 0.372, p < .001$; Community: $\beta = 0.501, p < .001$), with a stronger positive association in community women. Indirect effects via Affective Flexibility were negative and significant for several schema domains. Notably, the Disconnection & Rejection \rightarrow Self-Compassion indirect path was significantly stronger (more negative) in divorce-seeking women.

4. Discussion and Conclusion

The purpose of this study was to compare the structural relationships between early maladaptive schemas, affective flexibility, and self-compassion in women seeking divorce and non-clinical women. Using structural equation modeling, the findings revealed that early maladaptive schemas negatively predicted both affective flexibility and self-compassion in both groups, and affective flexibility positively predicted self-compassion. Moreover, the mediating role of affective flexibility in the relationship

between maladaptive schemas and self-compassion was stronger among women seeking divorce than among non-clinical women. These results are consistent with theoretical and empirical frameworks emphasizing that rigid schema structures and inflexible emotional responses jointly contribute to diminished psychological well-being and reduced self-compassion (Ameri, 2023; Moradi Davijani et al., 2024).

The strong negative relationship found between early maladaptive schemas and self-compassion supports the assumption that maladaptive cognitive structures undermine the ability to respond to oneself with care, acceptance, and mindfulness. According to schema theory, early maladaptive schemas arise from unmet core emotional needs during childhood and operate as rigid, self-defeating patterns influencing perception and affective regulation (Salgó et al., 2021). Women who internalize schemas related to rejection, abandonment, and defectiveness are more likely to engage in self-criticism, rumination, and guilt—all of which counteract self-compassionate thinking. In the context of marital conflict or divorce, these schemas become more salient, amplifying emotional suffering and diminishing the capacity for self-kindness (Ahmadi et al., 2024; Talebi Zadeh et al., 2023).

In the present study, domains such as *Disconnection and Rejection*, *Impaired Autonomy and Performance*, and *Other-Directedness* exerted significant negative effects on self-compassion, confirming that when individuals internalize feelings of defectiveness or excessive responsibility toward others, they tend to adopt punitive or neglectful attitudes toward themselves. These findings align with those of (Moradi Davijani et al., 2024), who demonstrated that self-compassion mediates the association between early maladaptive schemas and marital conflict, suggesting that enhancing self-compassion can reduce the behavioral and emotional consequences of schema activation. Similarly, (Hassani et al., 2021) found that self-compassion and hope were significant protective factors in women with chronic illness, reducing the impact of maladaptive schemas on psychological well-being and resilience. Both studies underscore the role of self-compassion as an internal regulatory mechanism that offsets the detrimental influence of early maladaptive schemas.

The significant negative associations between maladaptive schemas and affective flexibility also confirm that cognitive rigidity often co-occurs with emotional inflexibility. Affective flexibility refers to an individual's

capacity to modulate emotions in accordance with situational demands and goals (Genet et al., 2013). When schemas are rigid and overgeneralized, they constrain emotional responses and foster habitual negative patterns such as rumination or emotional suppression. The current findings are in line with research by (Volkaert et al., 2024), which demonstrated that diminished affective flexibility predicts higher depressive symptoms among adolescents, and with (Twivy et al., 2021), who reported that individual differences in affective flexibility prospectively predict anxiety and worry. The convergence of these studies suggests that affective flexibility is a central determinant of emotional adaptability and psychological health across populations.

Interestingly, affective flexibility served as a significant mediator between early maladaptive schemas and self-compassion in both groups, but the strength of this mediation was greater among divorce-seeking women. This indicates that the pathway through which cognitive rigidity influences self-compassion operates more strongly under emotionally charged or stressful life conditions. Divorce is often characterized by emotional turbulence, heightened vulnerability, and activation of abandonment- and shame-related schemas (Panahi & Baramash, 2024). Under such circumstances, affective flexibility—or the lack thereof—plays a pivotal role in determining whether an individual can engage in adaptive self-regulation. Consistent with this, (Ameri, 2023) found that self-compassion mediates the link between early maladaptive schemas and craving among substance-dependent individuals, illustrating that schema activation may drive maladaptive emotional responses unless moderated by compassionate self-awareness and flexible emotion regulation.

The stronger negative impact of *Disconnection and Rejection* and *Impaired Autonomy and Performance* schemas on self-compassion among divorce-seeking women may reflect the interaction between relational stress and schema activation. Women in divorce proceedings are often confronted with experiences of rejection, failure, and self-blame, reinforcing core beliefs of unworthiness or incompetence. (Ahmadi et al., 2024) reported that schema therapy and emotion-focused interventions enhance acceptance and reduce emotional distress among couples seeking divorce, supporting the interpretation that targeting schema activation can foster emotional regulation. Similarly, (Panahi & Baramash, 2024) demonstrated that schema therapy increases resilience in women at risk of

divorce, emphasizing that restructuring early maladaptive schemas can improve adaptive coping under marital strain.

Furthermore, the positive and significant relationship between affective flexibility and self-compassion in both groups corroborates the growing recognition of emotional flexibility as a foundational component of self-regulation and well-being. The ability to shift perspective and regulate emotions without overidentifying with distressing experiences aligns with the core tenets of self-compassion—mindfulness, self-kindness, and common humanity. This finding resonates with (Faustino et al., 2020), who observed that emotional schemas, mindfulness, and self-compassion interact in regulating psychological needs. Likewise, (Salgó et al., 2021) found that schema modes associated with emotional dysregulation were inversely related to self-compassion and mindfulness, suggesting a shared regulatory foundation between these constructs. Thus, enhancing affective flexibility may facilitate a more compassionate stance toward oneself by promoting balanced emotional engagement and cognitive reappraisal.

The mediating role of affective flexibility also offers insights into the mechanisms of therapeutic change. As (Afsar et al., 2023) and (Bahrami Hidaji et al., 2022) have shown, interventions that combine schema modification with mindfulness and compassion-based components lead to significant improvements in emotion regulation. The current findings extend these results by demonstrating that affective flexibility may represent the functional bridge between schema restructuring and self-compassionate outcomes. Enhancing flexibility enables individuals to reinterpret schema-driven emotions and adopt a more balanced and kind perspective toward their internal experiences. This conceptual alignment supports the integration of schema therapy, acceptance-based, and compassion-focused approaches within psychological interventions.

Moreover, the observed group differences indicate that contextual factors—such as relationship stress, social support, and identity threat—may amplify the effects of maladaptive schemas on emotional regulation. (Nikogoftar & Shourangiz, 2023) found that self-compassion mediated the relationship between emotional schemas and post-traumatic growth among widowed women, emphasizing that compassion allows for adaptive meaning-making in response to loss and trauma. Similarly, (Marashian & Shahbazi, 2023) reported that both acceptance and commitment therapy (ACT) and schema therapy increased self-compassion in unmarried women with emotional trauma, suggesting that flexibility and compassionate

awareness are key mechanisms of recovery across relational contexts. The consistency between these findings and the present results supports the conceptualization of self-compassion as a universal regulatory process that buffers the impact of rigid cognitive and emotional structures.

The significant mediation of affective flexibility also parallels findings from developmental and clinical research. (Volkaert et al., 2024) observed that the dynamic interplay between emotion regulation and flexibility predicts depressive symptom trajectories, while (Genet et al., 2013) demonstrated that affective inflexibility promotes maladaptive rumination. Taken together, these findings highlight the functional similarity between affective flexibility and self-compassion: both involve emotional modulation, nonjudgmental awareness, and adaptive self-reflection. In women experiencing divorce, deficits in these mechanisms may lead to emotional constriction and self-blame, whereas the cultivation of flexibility and compassion can foster resilience and acceptance.

Another notable finding was that the indirect effect of *Disconnection and Rejection* on self-compassion via affective flexibility was significantly stronger in divorce-seeking women. This underscores that emotional adaptability mediates the influence of interpersonal schema domains on self-evaluation. Women with heightened rejection sensitivity may struggle to disengage from painful emotions, leading to rigid, repetitive emotional responses that inhibit self-kindness. Interventions focusing on affective flexibility—such as mindfulness and experiential processing—can therefore mitigate schema reactivity. This is consistent with the conclusions of (Sanati, 2024), who reported that cognitive-behavioral therapy enhanced self-compassion and reduced experiential avoidance in women coping with marital infidelity.

Collectively, these results provide strong empirical support for a tripartite model in which maladaptive schemas predict reduced affective flexibility, which in turn predicts lower self-compassion. The model aligns with recent theoretical advances suggesting that emotion regulation flexibility serves as an intermediary process translating cognitive rigidity into affective self-relating (Faustino et al., 2020). The comparative design of the study further highlights that the magnitude of these relationships depends on contextual stress levels: under high emotional demand, as in the case of divorce, cognitive and affective vulnerabilities exert stronger influences on self-compassion outcomes.

From a clinical perspective, these findings advocate for the integration of schema-based and compassion-based

therapeutic models, particularly for women undergoing relational transitions. Schema therapy interventions that include affective flexibility training and compassion cultivation could be especially effective in reducing maladaptive self-criticism and emotional rigidity (Babsour & Karimi, 2025). Moreover, the findings support a transdiagnostic understanding of self-compassion as both a product and facilitator of emotional adaptability. By fostering mindful awareness and flexible emotional responding, therapeutic interventions can help individuals reframe schema-driven distress and restore psychological equilibrium.

The consistency between the present results and prior research confirms that early maladaptive schemas, affective flexibility, and self-compassion represent interrelated dimensions of psychological functioning. Rigid schemas distort emotional perception and narrow behavioral responses, while flexibility and compassion restore self-regulatory balance. These mechanisms jointly determine resilience and adjustment, particularly in contexts involving interpersonal loss or relational dissolution. The findings not only substantiate the mediational model proposed in previous literature (Ameri, 2023; Moradi Davijani et al., 2024) but also expand its applicability to the domain of marital dissolution, offering new directions for targeted psychological interventions.

5. Limitations and Suggestions

This study has several limitations that should be acknowledged. First, its cross-sectional design precludes causal inferences regarding the directionality of relationships among early maladaptive schemas, affective flexibility, and self-compassion. Longitudinal data would be necessary to determine whether changes in affective flexibility precede improvements in self-compassion or vice versa. Second, data were collected through self-report measures, which may be subject to social desirability bias and introspective inaccuracies. Third, the sample was limited to women in Tehran, which may constrain the generalizability of the findings to other cultural or demographic groups. Additionally, the study focused exclusively on women; future studies including men or couples could yield a more comprehensive understanding of gender differences in these mechanisms.

Future research should employ longitudinal or experimental designs to clarify the causal pathways among maladaptive schemas, affective flexibility, and self-

compassion. It would also be beneficial to investigate potential moderating variables, such as attachment style, mindfulness, and emotional intelligence, that may influence these relationships. Incorporating physiological or behavioral indicators of emotional flexibility, such as heart rate variability or neuroimaging data, could enhance construct validity. Furthermore, future studies might examine the impact of specific therapeutic interventions—such as compassion-focused therapy, emotion regulation training, or integrated schema–flexibility programs—on these constructs across different populations and cultural contexts.

Practitioners working with women experiencing marital distress or divorce should emphasize interventions that simultaneously target cognitive schemas, emotional flexibility, and self-compassion. Schema therapy techniques can be complemented by mindfulness and acceptance-based strategies to enhance flexibility in emotional responses. Training clients to recognize and modify rigid schema-driven reactions while cultivating compassion toward themselves can promote adaptive coping and emotional recovery. Incorporating affective flexibility exercises—such as emotional shifting and reappraisal tasks—into clinical practice may further strengthen resilience and facilitate sustainable psychological well-being in individuals coping with relational loss.

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

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Declaration of Interest

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