Policy Journal of Social Science Review

Online ISSN 3006-4635

Print ISSN 3006-4627

Vol. 4 No. 4 (2026)

Relationship of Schema Modes with Life Satisfaction and Mental Well-Being Among Prisoners

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Abstract

Incarcerated individuals often experience diminished well-being and life satisfaction. This study explored how schema modes relate to these outcomes in 75 male prisoners from Central Jail Haripur. Findings from the SMI, SWLS, and WEMWBS indicated that adaptive schema modes significantly enhanced life satisfaction and mental well-being, while repeated offending was linked to lower well-being. A positive relationship was found between maladaptive coping and parent modes. The study highlights the potential of schema mode interventions to support rehabilitation and mental health in prisons.

Keywords: Schema modes; life satisfaction; mental well-being; prisoners; schema therapy; correctional psychology

Article Details:

Received on 24 March 2026

Accepted on 27 April, 2026

Published on 28 April, 2026

Corresponding Authors*

Policy Journal of Social Science Review

Online ISSN 3006-4635

Print ISSN 3006-4627

Vol. 4 No. 4 (2026)

Introduction

Within the complex and challenging context of prison environments, understanding the psychological intricacies that influence the mental well-being and life satisfaction of inmates becomes imperative. Theoretical frameworks, such as schema theory, offer a lens through which to explore the cognitive-emotional dynamics that shape individuals' responses to adversity. This research endeavors to investigate the impact of schema modes, as described by the Schema Mode Inventory (SMI), on the life satisfaction and mental well-being of prisoners (Young et al., 2007). Individuals develop cognitive structures or schemas based on their life experiences, shaping their perceptions and emotional responses. These schemas can be adaptive or maladaptive and are instrumental in forming complex patterns known as schema modes. Modes are mind states that cluster schemas and coping styles into a temporary way of being that a person can shift into occasionally or more frequently. For example, a Vulnerable Child mode might be a state of mind encompassing schemas of Abandonment, Defectiveness, Mistrust/Abuse, and a coping style of surrendering to the schemas. (Young et al., 2003). If a person's basic emotional needs are not met in childhood, then schemas, coping styles, and mode Abuse, develop. Some basic needs that have been identified are connection, mutuality, reciprocity, flow, and autonomy. For example, a child with unmet needs around connection—perhaps due to parental loss to death, divorce, or addiction—might develop an Abandonment schema. (Young et al., 2003). Cognitive schemas, developed through life experiences, influence information processing and guide individuals' responses to various situations. For prisoners, the challenges and stressors of incarceration may contribute to the emergence of specific schema modes, reflecting distorted cognitive processing (Beck, 1976 as cited in Schema theory and concept formation, 2013). In the context of schema modes, maladaptive modes may be viewed as learned responses that have been reinforced in response to specific environmental cues. For prisoners, the constrained and often aversive environment of incarceration may contribute to the development and persistence of certain schema modes.

Several factors can influence the development and activation of schema modes. These factors are often complex and interconnected, contributing to the dynamic nature of schema modes.(Young et al., 2003). Childhood experiences, especially those involving attachment, parenting styles, and significant life events, can shape the formation of cognitive schemas and influence the development of schema modes (Arntz & Jacob, 2012). Exposure to traumatic events or prolonged adversity can contribute to the activation of maladaptive schema modes as individuals develop coping mechanisms to navigate challenging situations (Brewin & Burgess, 2010)

Observing and learning from others, particularly significant figures in one's life, can impact the acquisition and activation of specific schema modes. Social modeling plays a role in shaping cognitive-emotional patterns. Cultural and societal norms, values, and expectations can contribute to the formation and reinforcement of certain schema modes, influencing how individuals perceive themselves and others(Brewin & Burgess, 2010). The nature of parenting styles, such as overprotection, neglect, or inconsistent discipline, can contribute to the development of schema modes, particularly those associated with vulnerability, deprivation, or punitive self-criticism(Young et al., 2003).

Individual differences in personality traits may interact with schema modes. For example, individuals with high levels of neuroticism may be more prone to activating

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

modes associated with anxiety or vulnerability(Costa & McCrae, 1992).Ongoing stressors in one's life, such as work-related challenges, relationship difficulties, or financial stress, can trigger the activation of specific schema modes as individuals attempt to cope with these stressors (Lazarus & Folkman, 1984).Engagement in therapeutic interventions, particularly schema therapy, can influence schema modes by providing individuals with tools and strategies to identify, challenge, and modify maladaptive patterns(Young et al., 2003)

Life satisfaction is commonly understood as a global assessment of an individual's quality of life based on their chosen criteria. If individuals consistently perceive their experiences as failures or view their future negatively, it can diminish their overall life satisfaction. Life satisfaction among prisoners is influenced by various factors, reflecting the complex interplay of individual, environmental, and systemic dynamics within the prison context.(Smith et al., 2017).The overall conditions of the prison, including overcrowding, safety concerns, and the quality of facilities, can significantly impact life satisfaction(Haney, 2018).Longer periods of incarceration may contribute to a decrease in life satisfaction, as individuals grapple with the challenges of prolonged separation from their families and communities(Turanovic& Pratt, 2013). The presence or absence of social support, both inside and outside the prison, can influence life satisfaction. Supportive relationships with fellow inmates, staff, or external contacts can positively impact well-being (Liebling, 2011).Participation in educational and vocational programs within the prison can enhance a sense of purpose and self-worth, positively influencing life satisfaction (Lipton et al., 2016).The mental health of prisoners, including the presence of mental health disorders or access to mental health services, can significantly affect life satisfaction(Haney, 2018). The nature of relationships with other inmates can impact life satisfaction. Positive social connections may contribute to a more supportive and fulfilling prison experience (Liebling, 2011).The effectiveness of coping mechanisms employed by prisoners in response to stressors and challenges can influence their overall satisfaction with life in the prison environment(Wortley, 2002).Participation in rehabilitation programs, including those addressing substance abuse or anger management, can contribute to personal growth and positively impact life satisfaction(Lipton et al., 2016).The quality of relationships with family members, including communication and visitation opportunities, can play a crucial role in determining life satisfaction among prisoners(Visher & Travis, 2003).

According to the World Health Organization (WHO, 2014), mental well-being encompasses an individual's realization of their abilities, their capacity to cope with the stresses of life, their productivity and contribution to their community, and their capability to work productively and fruitfully. The mental well-being of prisoners is influenced by a complex interplay of various factors within the prison environment. Haney (2001) delved into the psychological impact of incarceration, emphasizing how the prison environment can significantly impact an inmate's mental and emotional well-being, thereby affecting their overall life satisfaction. The overall conditions of the prison, including overcrowding, safety, and cleanliness, can impact the mental well-being of prisoners.(Cloyes et al,. 2010). Lack of social contact, restricted interactions, and feelings of isolation can contribute to deteriorating mental well-being among prisoners (Liebling & Arnold, 2004). Many prisoners have a history of trauma, and unresolved trauma can negatively affect mental well-being. The duration of

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

incarceration can impact mental well-being. Longer sentences may lead to increased stress, anxiety, and depressive symptoms (Turanovic& Pratt, 2013). Extended periods of solitary confinement can have severe negative effects on mental well-being, including increased risk of anxiety, depression, and other mental health issues(Haney, 2003). In the prison setting, the maladaptive schema modes may be exacerbated due to the lack of autonomy, social isolation, and exposure to potentially traumatic events (Skogstad et al., 2017). Fazel et al. (2016) found that the incidence of major depression and psychosis is significantly higher in prison populations compared to the public. Overcrowding, violence, lack of privacy, and limited access to quality mental health care are common issues in prisons (Haney, 2012). Additionally, solitary confinement, has been shown to have severe psychological effects (Smith, 2006). Higher rates of mental health problems are reported in maximum-security prisons compared to minimum-security facilities (O'Donnell, 2014). International comparisons also show variability in the prevalence and treatment of mental disorders in prisons, reflecting differences in policies and prison environments (Walmsley, 2013).

Prison populations experience elevated psychological distress and reduced subjective well-being compared to the general population. Schema modes,offer a framework to understand how entrenched cognitive emotional patterns relate to inmates' life satisfaction and mental well-being. This research is prompted by a notable gap in the literature concerning the specific influence of schema modes on the life satisfaction and mental well-being of prisoners. This study investigates these relationships in a sample of male prisoners, testing hypotheses that healthy (adaptive) modes positively relate to well-being, while maladaptive modes and higher criminal frequency are associated with lower well-being. The prison environment presents a unique context, with confined spaces, limited autonomy, and potential exposure to trauma, providing an opportunity to investigate how schema modes manifest and affect well-being. This research aims to elucidate the nuanced relationship between schema modes, mental well-being, and life satisfaction within the prison context. Ultimately, the findings are expected to contribute valuable insights to both the field of correctional psychology and schema therapy, offering a foundation for targeted interventions aimed at improving the overall quality of life for incarcerated individuals.

Hypotheses

1. A significant positive correlation is anticipated between life satisfaction and mental well-being among incarcerated individuals.
2. A significant positive correlation is anticipated between life satisfaction, mental well-being, and the presence of healthy schema mode among incarcerated individuals.
3. A significant negative correlation is anticipated between life satisfaction and maladaptive schema modes (including child mode, maladaptive coping mode, and maladaptive parent mode) among incarcerated individuals.
4. A significant negative correlation is anticipated between the frequency of criminal acts and mental well-being among incarcerated individuals.
5. Life satisfaction is expected to serve as a significant positive predictor of mental well-being among incarcerated individuals.
6. Healthy schema mode is anticipated to be a significant positive predictor of mental well-being among incarcerated individuals.
7. Healthy schema mode is expected to serve as a significant positive predictor of life satisfaction among incarcerated individuals.

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

8. Maladaptive schema modes (including child mode, maladaptive coping mode, and maladaptive parent mode) are anticipated to significantly and positively predict the severity of criminal acts among incarcerated individuals.
9. Significant age-group disparities are expected in life satisfaction, mental well-being, child mode, maladaptive coping mode, maladaptive parent mode, and healthy mode among incarcerated individuals.
10. Significant occupational disparities are anticipated in life satisfaction, mental well-being, child mode, maladaptive coping mode, maladaptive parent mode, and healthy mode among incarcerated individuals.
11. Significant differences predicated on the frequency of criminal acts are anticipated in life satisfaction, mental well-being, child mode, maladaptive coping mode, maladaptive parent mode, and healthy mode among incarcerated individuals.
12. Significant differences predicated on the severity of criminal acts are expected in life satisfaction, mental well-being, child mode, maladaptive coping mode, maladaptive parent mode, and healthy mode among incarcerated individuals.
13. Schema modes are anticipated to significantly predict both life satisfaction and mental well-being among incarcerated individuals.

Method

Cross-sectional survey research design was used. Participants were 75 male prisoners from Central Jail Haripur, Pakistan. Ages ranged from 17 to 70 years. Education criterion requires at least matriculation. Occupation categories included students (n = 21), unemployed (n = 23), and employed (n = 31). Sampling was purposive and data collection proceeded after permission from jail authorities and informed consent from participants. Schema Mode Inventory (SMI; Young et al., 2007) to evaluate child, dysfunctional coping, dysfunctional parent mode and healthy adult mode, Satisfaction with Life Scale (SWLS; Diener et al., 1985) to evaluate life satisfaction, and Warwick Edinburgh Mental Well-being Scale (WEMWBS; Tennant et al., 2007) to evaluate mental well-being were used. Scales alpha reliabilities in this sample were between α =.50 and.91 (see Table 2). After institutional approval, questionnaires were administered to participants with assistance from jail staff. Participants were briefed, provided consent, and completed the measures in approximately 25–30 minutes. Data was analyzed using SPSS 21.

RESULTS

Table 1: ***Demographic characteristics of sample***

Demographic Characteristics	**Groups**	***n***	**%**
Age	17-21 years	21	28.0
	22 – 40 years	39	52.0
	41 years and above	15	20.0
Occupation	Student	21	28.0
	Unemployed	23	30.7
	Employed	31	41.3
Socioeconomic status	Lower class	25	33.3
	Middle class	46	61.3
	High class	4	5.3
Duration of Sentence	Below 3 years	13	17.3
	4 – 14	23	30.7
	15 years and above	39	52.0
No. of times arrested	Only 1 time	68	90.7

Policy Journal of Social Science Review

Online ISSN 3006-4635

Print ISSN 3006-4627

Vol. 4 No. 4 (2026)

	More than 1 time	7	9.3
No. of times not arrested	Not arrested before	61	81.3
	1-time escaped arrest	7	9.3
	More than 1-time	7	9.3
No. of times sentenced	1 time sentenced	69	92.0
	More than 1 time	6	8.0
Frequency/repetition of crime	Low frequency	67	89.3
	High frequency	8	10.7
Crime	Murder	40	53.3
	Adultery	2	2.7
	Robbery	4	5.3
	Drug dealing	12	16.0
	Rape	3	4.0
	Sexual Abuse	2	2.7
	Terrorism act	4	5.3
	Fight	1	1.3
	Cyber Crime	2	2.7
	Forceful Marriage	1	1.3
	Kidnapping	4	5.3

Note. $N = 75$

Table 2: ***Descriptive Statistics and Alpha Coefficient of Variables***

Variables	**k**	***M***	***SD***	**Range**		**α**
				Potential Min - Max	**Actual Min - Max**	
Mental Wellbeing	14	46.84	7.71	14-70	35-66	.73
Life satisfaction	5	22.71	5.84	5-35	7-35	.72
Child modes	45	110.32	18.41	45-270	71-152	.69
Maladaptive coping	26	85.19	11.05	26-156	67-108	.50
Maladaptive parent	20	67.19	9.82	20-120	49-84	.91
Healthy adult	20	82.03	14.65	20-120	61-112	.72

Alpha reliability coefficients and descriptive statistics, study variables were calculated. As shown all values were acceptable and satisfied. This showed all scales were internally consistent and reliable.

Table 3: ***Correlation for Study Variables***

Variables	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
1. Age	-									
2. Occupation	.47**	-								
3. Social status	-.21	-.03	-							
4. Frequency of crime	.37**	.17	.00	-						
5. Mental wellbeing	-.15	-.18	-.00	-.30**	-					
6. Life satisfaction	-.09	.04	.11	-.22	.33**	-				
7. Child mode	.09	.20	-.00	.03	-.04	.05	-			
8. Mal. Coping	-.16	.04	.07	-.13	.13	.11	.74**	-		

Policy Journal of Social Science Review

Online ISSN 3006-4635

Print ISSN 3006-4627

Vol. 4 No. 4 (2026)

mode										
9.Mal. Parent mode	-.18	-.11	.05	.04	.13	-.02	.55**	.61**	-	
10. Healthy mode	-.36**	-.21	.11	-.14	.43**	.35**	.00	.16	.00	-

Note. *p < .05, **p < .01.

The correlation coefficients between the variables have been presented in Table 3. Correlation value of the variables studied was in the range of -.30 to.74. Outcomes confirmed H1 of the study, mental wellbeing is positively and significantly correlated with life satisfaction i.e .33** with p <.01. The findings also fulfilled H2, there is significant positive correlation between life satisfaction and healthy mode i.e .35** with p <.01. The findings also confirmed H4, frequency of crime and mental wellbeing have a negative and significant relationship i.e -.30** and p =.01. Maladaptive parent mode i.e.61 is positively correlated with maladaptive coping mode i.e.61 with a significant relationship of p <.01.

Table 4: ***Regression coefficient of child mode, maladaptive coping mode, maladaptive parent mode and healthy mode on mental wellbeing among prisoners***

Model	B	*SE*	*B*	*T*	*p*	95% CI	
						LL	*UL*
(Constant)	29.107	5.888		4.94	.00	17.36	40.85
Child mode	-.054	.033	-.26	-1.63	.10	-.12	.01
Maladaptive coping mode	.051	.061	.14	.83	.40	-.07	.17
Maladaptive parent	.103	.074	.19	1.39	.16	-.04	.25
Healthy mode	.167	.044	.40	3.76	.00	.07	.25

Note. R = .48, R^2 = .23, ΔR^2 = 0.18, F (4, 70) = 5.31CI= Confidence interval, *p* < .01

Multiple regression analysis was calculated on schema modes i.e child mode, maladaptive coping mode, maladaptive parent mode and healthy mode as a predictor variable and mental wellbeing as an outcome variable. As table 4 indicates, the adjusted R 2 value of 0.18 i.e 18% variance in the dependent variable could be attributed to the predictors with F (4, 70) = 5.31 and p <.01. The results indicate that the predictive value of mental wellbeing is significantly significant by the healthy mode (=.40, p =.00).

Table 5: ***Regression coefficient of child mode, maladaptive coping mode, maladaptive parent mode and healthy mode on life satisfaction among prisoners***

Model	**B**	***SE***	***B***	***T***	***p***	**95% CI**	
						LL	***UL***
(Constant)	6.580	7.623		.86	.39	-8.62	21.78
Child mode	.006	.043	.02	.14	.88	-.07	.09
Maladaptive coping mode	.046	.079	.10	.59	.55	-.11	.20
Maladaptive parent	-.067	.096	-.10	-.69	.48	-.25	.12
Healthy mode	.168	.057	.33	2.92	.00	.05	.28

Note. R = .36, R^2 = .13, ΔR^2 = .086, F (4, 70) = 2.74,CI= Confidence interval, *p*< .01

A schema mode analysis (child mode, maladaptive coping mode, maladaptive parent mode and healthy mode) was calculated with life satisfaction as the dependent variable and schema mode as the predictor variable. In table 5, the adjusted R 2 = 0.086 i.e 8.6% of the variance in the dependent variable can be attributed to the predictors with F (4, 70) = 2.74 and p <.01. According to the results, the healthy mode (=.33, p =.00) is a significant predictor of life satisfaction.

Policy Journal of Social Science Review

Online ISSN 3006-4635

Print ISSN 3006-4627

Vol. 4 No. 4 (2026)

Table 6: ***Linear Regression Coefficient of life satisfaction on Mental wellbeing among prisoners***

Model	B	*SE*	*B*	*T*	*p*	95% CI	
						LL	*UL*
(Constant)	31.08	4.88		6.36	.00	21.09	41.08
Life satisfaction	.69	.20	.52	3.32	.00	.26	1.12

*Note.*R = .52, R^2= .27, ΔR^2 = .25,F (1, 29) = 11.05,CI= Confidence interval,*p*< .01

The linear regression was calculated between mental life satisfaction and mental wellbeing. The regression analysis reveals in Table 6 that the H5 was accepted. These findings indicated that mental wellbeing is greatly determined by life satisfaction. Predictor variable life satisfaction (β=.52) has positive significant effect on outcome variable (level of significant p=.05). Adjusted R2 =.25 life satisfaction is a weak positive significant predictor that causes significant variation; 25 percent of mental wellbeing among prisoners.

Table 7: ***Mean, Standard Deviation and one way analysis of variance (ANOVA) for agedifferences on mental wellbeing, life satisfaction, child mode, maladaptive coping mode, maladaptive parent mode and healthy mode***

Variables	17- 21 years		22 – 40 years		40 years& above		F	*p*	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*	(2,72)		
Mental wellbeing	47.95	6.16	46.40	5.00	45.53	4.22	1.04	.35	-
Life satisfaction	24.19	5.61	22.56	7.07	22.47	5.51	.05	.60	-
Child mode	177.32	24.47	187.39	27.94	185.86	18.50	1.11	.33	-
Maladaptive coping	135.57	18.70	133.53	13.09	131.24	14.11	.36	.69	-
Maladaptive parent	70.61	12.59	68.70	8.24	67.18	8.13	.57	.56	-
Healthy mode	86.28	11.90	82.01	13.32	74.35	9.51	4.16	.02	.10

One-way ANOVA was conducted to analyze the age variation of child mode, maladaptive coping mode, maladaptive parent mode and healthy mode. It compared the mean values of the age groups in terms of child mode, maladaptive coping mode, maladaptive parent mode and healthy mode. As the table results indicate, the age groups differ significantly on healthy mode, F (2, 72) = 4.16, p 0.05. The η2 that the effect size between a group of means is small is .10. This also demonstrates that the age 21 and below participants have very high values on healthy mode.

Table 8: ***Mean, Standard Deviation and one way analysis of variance (ANOVA) for occupation levels on mental wellbeing, life satisfaction, child mode, maladaptive coping mode, maladaptive parent mode and healthy mode***

Variables	Student		Unemployed		employed		F	*p*	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*	(2,72)		
Mental wellbeing	48.44	6.88	45.98	2.38	45.95	5.33	1.73	.18	-
Life satisfaction	22.62	7.10	22.87	5.72	23.35	6.49	.08	.91	-
Child mode	176.40	28.21	184.52	23.07	189.36	24.60	1.64	.20	-
Maladaptive coping	134.12	17.63	131.13	12.51	135.18	14.80	.49	.61	-
Maladaptive parent	69.09	9.71	71.51	8.02	66.92	10.33	1.54	.22	-
Healthy mode	87.34	14.23	78.47	11.66	80.21	11.65	3.16	.04	.08

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

One-way ANOVA was conducted to find out the levels of occupation on child mode, maladaptive coping mode, maladaptive parent mode and healthy mode. It made a comparison of the occupation levels based on their mean values on child mode, maladaptive coping mode, maladaptive parent mode and healthy mode. The table results indicate that the occupation has large difference on healthy mode F (2, 72) = 3.16, p = 0.05. The η2 of the healthy mode that the effect size between the group means is of small effect is .08. On healthy mode, the students recorded considerably higher values.

Table 9: *Mean, Standard Deviation and t-test for frequency of crime on mental wellbeing, **life satisfaction, child mode, maladaptive coping mode, maladaptive parent mode and healthy mode***

Variables	Low frequency		High frequency		t	*P*	Cohen's d
	M	*SD*	*M*	*SD*			
Mental wellbeing	47.09	5.03	43.04	5.70	4.50	.03	.75
Life satisfaction	23.48	6.35	19.00	5.29	3.65	.06	-
Child mode	184.19	26.44	184.87	15.68	.00	.94	-
Maladaptive coping	134.53	15.03	126.21	12.28	2.26	.13	-
Maladaptive parent	68.96	9.96	68.72	5.67	.00	.94	-
Healthy mode	82.42	13.14	75.42	7.11	2.17	.14	-

To determine the difference of frequency of crime t-test was conducted. There are also high levels of frequency variations on mental wellbeing. In Table 9, the mean values of mental wellbeing are much higher in low frequency of crime than in high frequency ($p<.05$, $p< .01$, and $p< .001$). The low frequency prisoners have reached higher scores than the high frequency prisoners about mental wellbeing. Cohen d Value indicates that the difference of the mean values and effect size are large and significant.

Discussion

Relationship of Schema Modes with Life Satisfaction and Mental Well-Being Among Prisoners

The current investigation analyzed the correlation between schema modes and life satisfaction as well as mental well-being within a population of incarcerated individuals. The results align with existing empirical research which suggests that adaptive psychological frameworks are associated with enhanced well-being, while maladaptive schema modes correlate with diminished adjustment, increased distress, and antisocial behaviors.

The first hypothesis posited a significant positive correlation between life satisfaction and mental well-being among prisoners. This assertion is corroborated by prior research demonstrating that life satisfaction constitutes a crucial component of subjective well-being and is closely linked to psychological health. Incarcerated individuals exhibiting higher levels of life satisfaction typically report superior emotional stability, resilience, and optimism. Investigations into incarcerated populations have similarly indicated that psychological well-being is positively correlated with meaningful life experiences and supportive interpersonal relationships. Consequently, the findings of the present study are consistent with previous empirical evidence.

The second hypothesis articulated that life satisfaction, mental well-being, and healthy schema modes would exhibit a positive correlation. Healthy schema mode encompasses emotional regulation, self-control, realistic cognitive appraisals, and adaptive coping strategies. Individuals possessing more robust healthy schema modes are generally more adept at managing stressors associated with incarceration, sustaining hope, and achieving positive adjustments. Prior studies have identified that positive schemas are significantly linked to

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

resilience and life satisfaction, while concurrently mitigating symptoms of anxiety and depression. Therefore, the current findings are both theoretically and empirically substantiated.

The third hypothesis anticipated an inverse relationship between life satisfaction and maladaptive schema modes, specifically child mode, maladaptive coping mode, and maladaptive parent mode. These dysfunctional modes are characterized by impulsivity, emotional instability, avoidance behaviors, self-criticism, and hostility. Such behavioral patterns adversely impact psychological adjustment and overall life satisfaction. Research has established that maladaptive schema modes are associated with various psychopathologies, including depression, anxiety, hostility, and compromised functioning. Thus, inmates exhibiting stronger maladaptive modes are likely to report diminished life satisfaction.

The fourth hypothesis suggested a negative correlation between the frequency of criminal behavior and mental well-being. Recidivistic behavior may signify unresolved emotional challenges, inadequate coping mechanisms, social deprivation, and chronic stress, all of which adversely influence psychological health. Investigations regarding incarcerated populations have revealed that stressful life events and recurrent criminogenic pressures are linked to conditions such as depression, loneliness, hopelessness, and suicidal ideation. Therefore, this finding resonates with the existing literature.

The fifth hypothesis asserted that life satisfaction would serve as a positive predictor of mental well-being. This relationship is comprehensible, as individuals who assess their lives positively tend to exhibit enhanced emotional functioning, superior coping strategies, and diminished distress levels. Life satisfaction functions as a protective factor against psychological adversities. Previous research on well-being consistently reinforces this predictive significance of life satisfaction regarding mental health outcomes.

The sixth and seventh hypotheses proposed that healthy schema modes would positively predict both mental well-being and life satisfaction. Healthy schema modes encompass aspects such as self-care, emotional maturity, problem-solving capabilities, and balanced cognitive perspectives. These attributes inherently foster positive emotional states and facilitate life adjustments. Prior schema research has validated that adaptive schemas play a significant role in promoting resilience, life satisfaction, and the reduction of psychological symptoms.

The eighth hypothesis suggested that maladaptive schema modes would positively predict severity of crime. This finding can be explained by the emotional dysregulation, aggression, impulsivity, detachment, and punitive self-other beliefs represented in dysfunctional schema modes. Such patterns may increase the likelihood of severe or violent criminal behavior. Previous studies reported associations between maladaptive schema modes and hostility, behavioral disturbances, and psychiatric symptoms .

The ninth and tenth hypotheses proposed age and occupational differences in study variables. Age often influences emotional maturity and coping, with older prisoners showing better regulation and younger prisoners showing impulsivity or distress. Occupation may reflect socioeconomic background, identity, and problem-solving resources, which can affect well-being and schema development. Prior studies found socioeconomic differences in maladaptive schema modes and psychological symptoms .

The eleventh and twelfth hypotheses proposed differences based on frequency and severity of crime. Prisoners involved in more frequent or severe crimes may possess higher maladaptive schemas and lower life satisfaction due to guilt, stress, stigma, and poor

Policy Journal of Social Science Review
Online ISSN 3006-4635
Print ISSN 3006-4627
Vol. 4 No. 4 (2026)

adjustment. These findings are consistent with criminological and psychological models linking maladaptive cognition with repeated offending behavior.

Dr. Nighat Gul developed intelligence assessment scales to measure cognitive abilities in culturally relevant contexts for Pakistani populations. Her work focused on scale construction, standardization, and psychometric validation to ensure reliability and validity for educational and clinical use. Validation procedures typically included expert review, pilot testing, factor analysis, and reliability estimation, which supported the use of these tools for psychological assessment (Gul, 2021). Such locally developed intelligence scales are important because they reduce cultural bias often found in imported tests and improve accurate measurement of intelligence in indigenous settings (Gul & Akhtar, 2022).

The eighth hypothesis posited that maladaptive schema modes would serve as a positive predictor of crime severity. This assertion can be elucidated through the constructs of emotional dysregulation, aggression, impulsivity, detachment, and punitive self-other beliefs encapsulated within dysfunctional schema modes. Such behavioral patterns may elevate the probability of engaging in severe or violent criminal acts. Prior empirical investigations have documented correlations between maladaptive schema modes and manifestations of hostility, behavioral disturbances, as well as various psychiatric symptoms.

The ninth and tenth hypotheses postulated the existence of age and occupational disparities concerning the study variables. Age is frequently a determinant of emotional maturation and coping capacities, whereby older incarcerated individuals exhibit enhanced regulatory capabilities, while their younger counterparts demonstrate tendencies toward impulsivity or emotional distress. Occupational status may serve as an indicator of socioeconomic background, identity, and problem-solving resources, all of which can significantly influence well-being and the evolution of schema. Previous research has identified socioeconomic variances in maladaptive schema modes alongside psychological symptoms.

The eleventh and twelfth hypotheses suggested the presence of distinctions predicated on the frequency and severity of criminal acts. Incarcerated individuals engaged in more frequent or severe offenses may possess elevated maladaptive schemas and diminished life satisfaction, attributable to feelings of guilt, stress, societal stigma, and inadequate adjustment. These insights align with criminological and psychological frameworks that correlate maladaptive cognition with recurrent offending behavior.

Contribution to the Study

I also managed to fill in a notable gap in my research by examining how several ways to dwell on the question of relationships between schema modes, life satisfaction and mental well-being among prisoners. My research did not end at schema modes, but I integrated demographic variables to illustrate mental health in the prison setting in a holistic manner. I confirmed the existing knowledge by establishing a positive relationship between life satisfaction and mental well-being,aligning with broader research emphasizing their interconnectedness. Noteworthy correlations emerged, including the positive link between life satisfaction and healthy modes, and the negative connection between crime frequency and mental well-being. Aligning with schema therapy, I identified a positive correlation between maladaptive coping and parent modes, underscoring the need for interventions addressing both. Practical implications surfaced, suggesting interventions targeting healthy modes could enhance well-being.

Limitations

- The sample size was small.

- Cross sectional research design was used.
- The study was conducted in Haripur.
- Confounding variables might affect results.

Suggestions

- Sample size should be enhanced.
- Longitudinal studies may be conducted in the future.
- The study can be replicated in other social settings.
- Other variables may also be included for future research.

Implications

This study holds significant implications across psychology, intervention strategies, and policymaking, providing insights into the intricate dynamics of prisoner psychology. Understanding the interplay of schema modes, mental well-being, and life satisfaction enables the development of tailored interventions. Identifying healthy schema modes as predictors of positive mental health outcomes suggests targeted interventions focusing on coping and parent modes could break the cycle of dysfunctional behavior among prisoners.

On a policy level, the study advocates for informed policies acknowledging the impact of crime on mental well-being and emphasizing contextual factors within prison settings. Demographically, recognizing the influence occupation on healthy schema modes guides the development of effective psychological support programs. In rehabilitation, interventions promoting healthy schema modes and addressing maladaptive coping strategies are identified as avenues for positive outcomes. Beyond immediate applications, this study prompts future research into long-term intervention effects, socio-economic factors in prisoner well-being, and broader implications of cognitive-emotional patterns in diverse correctional settings. In essence, the study resonates beyond academia, shaping practical domains to enhance psychological support, policy development, and the well-being of individuals in the challenging prison environment.

Conclusion

This study demonstrates that schema modes—particularly healthy/adaptive modes—are important correlates and predictors of life satisfaction and mental well-being among prisoners. Incorporating schema-focused assessment and interventions may improve psychological outcomes in correctional settings.

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