

Original Paper

Predicting Sexual Function Based on Love Styles and Maladaptive





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ABSTRACT

Introduction: Women experience unique events during their lives, two examples of which are pregnancy and childbirth. Sexual desire and activity in pregnant women and their husbands are unpredictable during pregnancy and their sexual function may increase, decrease, or remain unchanged.

Objective: This study aimed to predict sexual function based on the love styles and maladaptive schemas among pregnant women.

Materials and Methods: This study employed a cross-sectional analytical research design and the study population included all pregnant women who referred to healthcare centers and clinics in Shiraz City, Iran in 2016. The research sample consisted of 300 pregnant women who were selected through purposive sampling method from all pregnant women referring to healthcare centers in Shiraz. The data collected through questionnaires of Female Sexual Function Index Questionnaire (FSFI), love attitude scale, and Young schema questionnaire. The collected data were analyzed using Pearson correlation coefficient and stepwise regression analysis.

Results: The results indicate that subscales such as abandonment and rejection (β =-0.459, P<0.001), autonomy dysfunction (β =-0.253, P=0.003), extreme orientation (β =-0.2, P=0.005) and awareness (β =-0.021, P=0.014) are negative significant predictors of sexual function. In addition, Eros and Pragma styles are positive significant predictors of sexual function, while Ludus and Mania styles are negative significant predictors of sexual function.

Conclusion: The familiarity of couples with love styles and cognitive schemas is worthy of attention because they are important in preventing sexual dysfunction and increasing sexual satisfaction.

Keywords:

Interpersonal relations, Love, Pregnancy, Sexual behavior

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Introduction

regnancy is a critical period in a woman's life and can cause profound physical, mental, and behavioral changes. Such physical and psychological changes may alter sexual and marital couples' relationships so that although most of them feel a heightened sense of commitment and affection, some may experience conflict and dissatisfaction [1]. Pregnancy is one of the most sensitive periods of the lives of women and sexual and marital relations may be affected as a result of numerous physical and psychological changes during this period. Sexual desire and activity in pregnant women and their husbands are unpredictable during pregnancy and their sexual function may increase, decrease, or remain unchanged [2].

Sexual dysfunction may occur because of psychological and physical factors, and in situations where the cause of sexual problems is physical, psychological factors may make the situation more complex [3]. On the other hand, sexual function may also be affected by physical and psychological changes during a woman's life, especially during pregnancy [2]. One of the most important determinants of dynamics of marital relations is love and its quality. Love and love styles are important factors affecting the quality of the marital relationship [4].

Love styles refers to how people define love or make love. People follow a style to show their love to their partners. One of the most important theories that explain different types of love is Lee's Theory of Six Love Styles. According to reports from the US, Canada, and the UK, Lees identified six love styles: Eros (romance), Ludus (conquest), Storge (friendship), Pragma (practicality), Mania (obsession), and Agape (selflessness) [5]. Many studies suggest love styles are correlated with many variables such as marital satisfaction [4].

In recent years, researchers try to identify and introduce cognitive processes involved in life satisfaction. One of the cognitive processes that have received considerable attention is related to the concept of schemas, which are formed from the beginning of individuals' life and affecting them throughout the lifetime. Early maladaptive schemas are beliefs that individuals hold about themselves, others, and the environment and in fact are caused by the dissatisfaction of early needs, especially emotional needs in childhood [6].

Early maladaptive schemas do not change throughout the life and serve as a basis for one's cognitive constructs [7]. One of the most important theories addressing schemas is Young's Schema Theory. According to this theory, 15 schemas are caused if five emotional needs are not satisfied; including the need for attachment and acceptance; autonomy, competence and a sense of identity; freedom to express valid needs and emotions; spontaneity and play; and realistic limits and self-control [8]. A research about maladaptive schemas reported a significant positive correlation between maladaptive schemas and interpretation of problems [9].

Because the sexual desire and function is part of women's health and since sexual function is affected by physical and psychological changes during women's live and pregnancy in particular, it is advisable to examine factors affecting sexual activity during pregnancy for having healthy sexual satisfaction. The results of such assessment will in turn strengthen family bonds. Accordingly, the present study aimed to predict sexual function based on love styles and maladaptive schemas during pregnancy.

Materials and Methods

This study is a cross-sectional analytical research. The research population included all pregnant women who referred to healthcare centers and clinics in Shiraz on winter 2016. The research sample consisted of 300 pregnant women selected through purposive sampling method from all pregnant women referring to healthcare centers in Shiraz. The number of the variables manipulated in this study determined the number of the respondents in the sample. To this end, for each study variable (12 variables), 25 respondents were selected.

The inclusion criteria were having gestational age greater than 24 weeks, being 18-35 years old, being married for at least one year, lacking addiction to drugs and alcohol, and having no history of acute mental illness based on their own report and health record. The women who met the inclusion criteria were enrolled in this study after obtaining their verbal consent. In addition, they were assured that their information would remain confidential. The raw data were collected through the questionnaires and analyzed in SPSS V. 20 using both descriptive (mean, standard deviation, minimum and maximum scores) and inferential statistics (regression analysis and Pearson correlation coefficient). The study instruments were as follows:

Female Sexual Function Index Questionnaire

Female Sexual Function Index Questionnaire (FSFI) assesses female sexual function through 19 items in



the form of 6 independent subscales: desire (Min=1.2, Max=6), arousal (Min=0, Max=6), lubrication (Min=0, Max=6), orgasm (Min=0, Max=6), satisfaction (Min=0.8, Max=6), and pain (Min=0, Max=6). According to study by Mohammadi, Haidari, and Faghihzadeh [10], the reliability of the questionnaire was calculated (using Cronbach α coefficient) as 0.87.

Young Schema Questionnaire (short form)

Young Schema Questionnaire (YSQ) (long form) contains 250 items and its short form contains 75 items. The self-report questionnaire used in this study contains 75 items that assess 15 YSQ subscales. Each item is graded on a 6-point scale from 1=It's totally wrong about me to 6=It's totally true about me. Higher scores indicate the presence of early maladaptive schemas [11].

The Schema Questionnaire-Short Form (SQ-SF) measures 15 early maladaptive schemas including emotional deprivation, abandonment, mistrust/abuse, social exclusion/alienation, defect/shame, dependence/incompetence, vulnerability to harm or illness, enmeshment/undeveloped self, subjugation, self-sacrifice, emotional inhibition, unrelenting standards/hypocriticalness, entitlement/grandiosity, and insufficient self-control/self-discipline [12]. This tool has been already used in several studies. In this study, the reliability of the questionnaire was calculated (using the Cronbach α coefficient) as 0.83.

Love Attitude Scale

The Love Attitude Scale (short form) was developed in 1986 By Hendrick and Hendrick to assess people's attitudes about love. This scale contains 24 items and respondents are required to assess each statement based on their current relationship on a 5-point Likert-type scale (from strongly agree to strongly disagree). The scale contains six subscales, including Eros (passionate love), Ludus (game-playing love), Storge (friendship love), and Pragma (logical, "shopping list" love), Mania (possessive, dependent love), and Agape (all-giving, selfless love) [12].

Bayat assessed the factorial structure of the questionnaire for the Iranian society and its sixth subscales were confirmed [13]. In this study, the Cronbach α value for Agape agents was 96%, Ludus 77%, Mania 70%, Pragma 67%, Storge 66%, and Eros 77%. In our study, the reliability of the questionnaire was calculated (using Cronbach α coefficient) and obtained as 0.81.

Results

The frequency of age groups of the participants were 47% for 20 to 30 years old group, 37% for 30 to 40 years old group, and 16% for 40 years old or above group. About 24% of the participants had under diploma degree, 39% diploma, 16% master's degree, and 21% higher educational degree.

Table 1 presents the descriptive statistics for early maladaptive schemas, love styles, and sexual function of the respondents. According to this Table, the mean and standard deviation of the subscales of the early maladaptive schemas were calculated. The participants' sexual function Mean±SD was 54.62±12.00. The numbers based on the cut-off points of the questionnaire.

Table 2 presents the correlation values among the research variables. As it can be seen, there are negative significant correlations between social exclusion/alienation (P=0.01, r=-0.228), other-orientation (P=0.05, r=-0.289), and enmeshment/undeveloped self (P=0.05, r=-0.12). In addition, Storge (P=0.01, r=0.268), Agape (P=0.01, r=-0.372), and Pragma styles (P=0.01, r=-0.328) had positive significant relationship with sexual function. On the other hand, Ludus (P=0.01, r=-0.444) and Mania styles (P=0.01, r=-0.239) had negative significant correlations with sexual function.

Table 3 presents the results of regression analysis to predict sexual function based on love styles. As presented, R and R² values are 0.552 and 0.305, respectively. This indicates that love styles are generally able to explain 30% of the variances in the sexual function scores. In addition, Eros and Agape love styles are positive and significant predictors of sexual function, while Ludus and Mania styles are negative and significant predictors of sexual function.

Table 4 presents the results of regression analysis to predict sexual function based on early maladaptive schemas. As it can be seen, R and R² values are 0.438 and 0.192, respectively, implying that early maladaptive schemas are able to explain 19% of the variances in the sexual function scores. In addition, maladaptive schemas such as social exclusion/alienation, insufficient self-control/self-discipline, other-orientation, and extreme alertness/inhibition could negatively predict sexual function.

Discussion

The study results indicate that love styles are able to predict sexual function, in the sense that Eros and Agape love styles are positive and significant predictors



Table 1. Descriptive statistics for early maladaptive schemas, love styles, and sexual function

| Variable | Subscales | Mean±SD | Min | Max |
|---------------------------|---|-------------|-----|-----|
| Early maladaptive schemas | Social exclusion/alienation | 64.23±11.37 | 40 | 89 |
| | Insufficient self-control/self-discipline | 58.78±9.39 | 11 | 75 |
| | Other-orientation | 24.96±4.51 | 16 | 35 |
| | Extreme alertness/inhibition | 25.53±5.95 | 10 | 38 |
| | Enmeshment/undeveloped self | 23.41±5.90 | 10 | 42 |
| Love styles | Eros | 14.11±2.23 | 9 | 19 |
| | Ludus | 10.03±2.54 | 4 | 16 |
| | Storge | 13.65±2.77 | 4 | 20 |
| | Pragma | 12.12±2.41 | 7 | 17 |
| | Mania | 11.98±2.31 | 7 | 17 |
| | Agape | 14.01±2.73 | 8 | 20 |
| Sexual function | | 54.62±12.00 | 19 | 85 |

Table 2. Pearson correlation matrix between the variables

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|----------|----------|--------|--------|--------|---------|---------|---------|---------|---------|---------|----|
| Social exclusion/alienation | 1 | | | | | | | | | | | |
| Insufficient self-control/ self-discipline | 0.644 | 1 | | | | | | | | | | |
| Other-orien- tation | 0.591 | 0.400 | 1 | | | | | | | | | |
| Extreme alertness/ inhibition | 0.592 | 0.779 | 0.499 | 1 | | | | | | | | |
| Enmeshment/ undeveloped self | 0.488 | 0.444 | 0.515 | 0.630 | 1 | | | | | | | |
| Eros | -0.409 | -0.312 | -0.420 | -0.383 | -0.779 | 1 | | | | | | |
| Ludus | 0.498 | 0.444 | 0.545 | 0.636 | 0.783 | -0.553 | 1 | | | | | |
| Storge | -0.532 | -0.359 | -0.498 | -0.533 | -0.674 | 0.285 | -0.605 | 1 | | | | |
| Pragma | -0.428 | -0.338 | -0.402 | -0.347 | -0.554 | 0.366 | -0.537 | 0.658 | 1 | | | |
| Mania | 0.225 | 0.107 | 0.396 | 0.174 | 0.205 | -0.227 | 0.49 5 | -0.319 | -0.392 | 1 | | |
| Agape | -0.370** | -0.276 | -0.519 | -0.473 | 0.515 | 0.433 | -0.548 | 0.547 | 0.517 | -0.504 | 1 | |
| Sexual satisfaction | -0.228** | -0.005** | -0.289 | -0.001 | -0.12* | -0.451* | -0.444* | 0.268** | 0.328** | -0.239* | 0.372** | 1 |

^{*}P=0.05, **P=0.01



Table 3. Predictors of sexual function based on love styles

| Predictor Variables —— | | Criterion Variable: Sexual Function | | | | | | | | |
|------------------------|-------|-------------------------------------|--------|---|--------|-------|--------|--|--|--|
| | R | R ² | F | Р | β | Т | Р | | | |
| Eros | | | 10.050 | 0.271 4.210 -0.288 3.586 0.086 1.110 19.050 0.0001 0.061 0.836 | 0.271 | 4.210 | 0.0001 | | | |
| Ludus | | | | | -0.288 | 3.586 | 0.0001 | | | |
| Storge | 0.552 | 0.305 | | | 0.086 | 1.110 | 0.268 | | | |
| Pragma | 0.552 | 0.305 | 19.050 | | 0.836 | 0.404 | | | | |
| Mania | | | | | -0.161 | 2.594 | 0.010 | | | |
| Agape | | | | | 0.188 | 2.657 | 0.008 | | | |

Table 4. Predictors of sexual function based on early maladaptive schemas

| Pos distantifica | Variable Criteria: Sexual Function | | | | | | | | |
|---|------------------------------------|----------------|--------|--------|--------|-------|--------|--|--|
| Predictor Variables | R | R ² | F | Р | β | Т | Р | | |
| Social exclusion/alienation | | | | | -0.459 | 5.434 | 0.0001 | | |
| Insufficient self-control/self-discipline | | | | | -0.255 | 2.996 | 0.003 | | |
| Other-orientation | 0.438 | 0.192 | 13.758 | 0.0001 | -0.2 | 2.839 | 0.005 | | |
| Extreme alertness/inhibition | | | | | -0.211 | 2.485 | 0.014 | | |
| Enmeshment/undeveloped self | | | | | -0.048 | 0.671 | 0.503 | | |

of sexual function, while Ludus and Mania styles are negative and significant predictors of sexual function. These findings are consistent with the results of previous studies by Mashak [14], Khoshnevisan [15], and Rajabi and Khojastemehr [16]. These findings are justified because people who experience romantic love are more likely to experience relationships with sympathy, compassion, caring, devotion, and dedication.

Such relationships are free from any expectation of reward. In this kind of love affair, a person seeks to select a partner who follows the same rational, social, economic, religious, and educational criteria. As a result, this relationship can lead to mutual satisfaction. Usually couples look for a relationship that is lasting and successful. Success and satisfaction in a romantic relationship often depends on whether we can find a partner who follows the same approach like us in relation to love and intimacy.

Erotic love known as Mania is a state of appeal and charm combined with the desire for another person. This type of love style is characterized by compassion, joy, anxiety, increased libido, and exultation. General physiological arousal including increased heart rate, sweating, flushed skin with a sense of high arousal are the most common symptoms of Mania. From others' perspective, people with Mania are looking to meet their needs, so it is not surprising that the Mania is short-lived and mostly takes no more than a few months. In this rather love type, when the fire of love fades, conflicts gradually emerges and thus the former lovers turn into skeptics, unhappy and frustrated people with numerous conflicts with each other.

Altruistic and cooperative love is associated with less stress and tension compared to Mania. This love style accompanied by deep gratitude of the two parties and often involves tolerance for each other's faults and attempt to fix problems and improve interpersonal relationships. Marital relationship in this type of relationship reflects partners' deep feelings to each other and ensures their understanding of each other' needs and desires for pleasure. As cooperative love grows and the partners' relation expands, couples are able to talk comfortably about their sexual concerns. As interpersonal relationships and intimacy between the parties improve the pleasure of the marital relationship and obligations



of the parties in their relationship strengthened. In addition, the marital relationship in this type of love style, unlike the Erotic, is more meaningful and brings about deeper satisfaction.

Relationship with the partner is the central aspect of a person's emotional life and marital dissatisfaction can harm the couple's ability to establish satisfactory relationships with other people outside the family [17]. On the other hand, early maladaptive schemas are able to predict sexual functions. In other words, these schemas can explain 43% of the total variances in the respondents' sexual function scores in the sense that maladaptive schemas such as social exclusion/alienation, insufficient self-control/self-discipline, other-orientation, and extreme alertness/inhibition are negative significant predictors of sexual function. This finding is in line with the results of the research by Zolfaghari [18] and Andoze and Hamidpour [19].

Based on these study findings, Maladaptive schemes decrease sexual satisfaction among couples, and therefore their partner's sexual pleasure is not sufficient. In their study, Andoze and Hamidpour also concluded that the more maladaptive the schemes, the less would be marital satisfaction and the more probable disloyalty [19]. In support for this claim, Zolfaghari reported a positive correlation between maladaptive schemas and marital conflicts [18]. These studies indicate that the acquisition of maladaptive schema indirectly and through marital conflict can affect sexual satisfaction and quality.

Maladaptive schemas create biases in our interpretations of events, and these biases are manifested in interpersonal psychopathology as misunderstandings, distorted attitudes, incorrect conjectures, and unrealistic goals and expectations among couples. Such misunderstandings affect subsequent perceptions and assessments (in the couple's life), as maladaptive schemas are consistent in the course of life and affect the quality of one's relationship with themselves and others, especially their partners.

Because maladaptive schemas are inefficient, they result in dissatisfaction in marital relationship and pave the way for infidelity, lack of sexual satisfaction, and divorce. The possibility of breakdown and separation of the spouses with schemas such as abandonment and betrayal, mistrust, abuse, shortcomings, neglect, and emotional deprivation is very high. Studies indicate that the early maladaptive schemas had a negative relationship with positive emotions and self-esteem of the couples [20, 21].

An individual with abandonment and instability schemas often tend to believe that the most important people in his or her life may die at any moment, leave him or her alone, or develop an interest in another person. In addition, an individual with schemas of mistrust believes that others betray and mistreat or lie to him or her, and these are the factors that underlie suspicion, sexual and marital conflicts, and ultimately betrayal. In emotional deprivation schema, the individual's desires and need for emotional support are not satisfied. These deprivations include denial of love, empathy, and support. A person with the maladaptive schema of defect and shame believes that the most important aspects of his or her character are imperfect, bad, evil, wicked, and worthless. In schemas with abandonment, mistrust, abuse, defect, neglect, and emotional deprivation, the possibility of breakdown, disloyalty, lack of desire to have sexual relations, and marital conflict is very high.

As a result, there are negative significant correlations between social exclusion/alienation, other-orientation, and enmeshment/undeveloped self. In addition, Storge, Agape, and Pragma styles demonstrated positive significant relationship with sexual function. However, Ludus and Mania styles demonstrated negative significant correlations with sexual function. Moreover, love styles are generally able to explain the sexual function scores. For example, Eros and Agape love styles are positive and significant predictors of sexual function, while Ludus and Mania styles are negative and significant predictors of sexual function. The results of regression analysis predict sexual function based on early maladaptive schemas. For example, maladaptive schemas such as social exclusion/alienation, insufficient self-control/self-discipline, other-orientation, and extreme alertness/inhibition are negative and significant predictors of sexual function.

We suggest that in subsequent studies, the intermediary variables such as religious attitudes, marriage attitude, family support, and culture be studied, too. This study was conducted with some limitations. First, it was conducted on a limited sample and therefore care must be exercised in generalizing the findings of this study population. In addition, all participants were selected from volunteers because choosing participants in a randomized manner was impossible or very costly and time consuming.

Ethical Considerations

Compliance with ethical guidelines

This study has been registered in Shiraz University of Medical Sciences (registration code:2/97/200)



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Authors contributions

The authors contributions is as follows: Conceptualization, Formal analysis, investigation, resources, data duration, writing-original draft preparation, writing-review & editing, funding acquisition: Arezou Parvizi; and methodology, software, validation, visualization, supervision, project administration: Sareh Behzadipour.

Conflict of interest

The authors declare no conflict of interest.

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