



The Relationship between Early Maladaptive Schemas and Quality of Life with Couples' Conflict Resolution Methods

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Abstract

The current research investigated the relationship between early maladaptive schemas (EMS) and quality of life with conflict resolution methods of couples. This research was applied in terms of purpose and descriptive survey of correlation type in terms of method. The statistical population included all the couples referred to the Ferdows Educational Counseling Center located in Tehran, with the scope of couple therapy counseling between August and December 2022. Among them, 85 people were selected using the available method who completed Yong's schema questionnaire (2005), the World Health Organization's quality of life questionnaire (1994), and Rahim's (1997) standard questionnaire of workplace patterns. The data were analyzed using Pearson correlation, regression, and Darian analysis. The findings showed a significant negative relationship between the quality of life and schemas of emotional deprivation, mistrust, social isolation, defectiveness/shame, dependence, obedience, emotional inhibition, stubbornness, entitlement, pessimism, and punishment at the 0.05 level, and there is a positive and significant relationship with his workplace style at the 0.05 level. In addition, there is a negative and significant relationship between the quality of life and the schemas of abandonment, failure, self-sacrifice, and restraint at the 0.01 level. There is a positive and significant relationship between the styles of the workplace and emotional isolation schemas, abandonment, failure, vulnerability, obedience and self-sacrifice at the level of 0.05, and a significant negative relationship with schemas of social isolation of the untransformed self, stubborn self-restraint criteria, kindness and punishment at the level of 0.05, and a positive and significant relationship with the schemas of mistrust, defectness/shame, emotional inhibition, entitlement and job acceptance at the level of 0.01.

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Introduction

Marital conflict starts from the incompatibility of the husband and wife in the type of needs and the method of satisfying them, egocentrism in the demands, and behavioral schemas (Delcea C, et al., 2023; Bululoi AS, et al., 2023). Marriage conflicts happen when there is a lack of agreement, incompatibility, or difference between couples. Also, marital conflicts can result from couples' disagreements regarding personal goals, motivations, values, or behavioral priorities (Zeidner and Koluda, 2013; Rad D, et al., 2023). Marital conflicts can cause severe damage to the psychological and communication components of couples (Finney and Kar Antzas, 2017). Marital conflicts lead to a decrease in happiness, marital satisfaction, and self-esteem, an increase in psychological distress symptoms, and a decrease in marital intimacy (Hawkins and Boot, 2005). The importance of conflict resolution styles is such that some researchers believe that the quality of married life is not determined by the type of problem but by the way of dealing with the problem, which determines the quality of married life. In addition, negative strategies to resolve marital conflict predict divorce and positive conflict resolution strategies predict marital stability (Haqighi Zarei and Qadri, 2012).

Among these, integration, compromising, and binding conflict resolution styles are considered constructive, and avoidant and dominant styles are considered destructive (cited by Emami et al., 2021). In this regard, Fathi et al. (2015) introduced rational dialogue and compromise as positive conflict resolution strategies that improve marital quality. Fathi et al. (2015) Hosseini et al. (2013) Constructive and non-constructive conflict resolution methods are related to marital quality through marital justice. Hosseini et al. (2013) and Birami et al. (2013) also found a direct relationship between marital quality with compromise conflict resolution and an indirect relationship with avoidant or non-constructive conflict resolution.

Researchers believe that the EMS is one of the main causes of marital conflicts that lead to the decision to divorce (Homamaki, 2013). EMS causes unsatisfied primary needs not to be identified, subsequently affecting conflict resolution. In this case, these people are less adaptive and compromising in their marital relationships (Saidnia and Makundi 2018). Fulfilling the emotional and physical needs of the child in the family due to the manifestations of the child's attachment to a sufficient extent causes the formation of adaptive schemas about himself and others, which brings a sense of worth, independence, worthiness to be loved and cared for and determines people's reactions to the social context (Krook, 2017). However, early family relationships lead to the emergence of EMS (Emami et al., 2021), which indicates the ineffectiveness and incompetence of parents in providing structure and emotional relationships that are significant and adequate (Mikulinsier and Shaver, 2012).

EMS are emotional and cognitive patterns of self-injury (Young, Klosko, & Wishar, translated by Hamidpour & Indez, 2021) that develop during childhood and are stable throughout a person's life. These schemas are used as templates for processing subsequent experiences. Yek et al. (1990) believe that the EMS are fixed negative beliefs about themselves, others, or the world, which are formed in early life and then shape the experiences and behaviors of the individual. EMS are deep cognitive levels that usually operate outside of consciousness and make people psychologically vulnerable to the development of depression, anxiety, dysfunctional relationships, addiction, and psychosomatic disorders (Sakhikar, 2018).

Based on what was reviewed, the EMS in spouses and the strategies used under the influence of their schemas in marital relations to resolve conflicts can cause severe damage to the relationship and family and, subsequently, the quality of life. The World Health Organization defines quality of life as the perception of people about their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, communication, and needs" (Nell, 1993, quoted by Azimi, 2014). Researchers (Ismailzadeh, 2016) believe that the quality of marital relations impacts all aspects of family functioning, including the stability of supporting children and the happiness of couples. In addition, Iranian research (2015) findings on couples who had been married for more than 12 years showed that the quality of marital relations significantly affects the couple's well-being. In this way, marital conflicts are associated with low happiness and self-esteem and reduce the quality of life (Sheikh al-Islami, Nejati and Ahmadi, 2011).

Marital problems such as conflict, heartbreak, and divorce seriously threaten married life and lead to negative psychological, physical, and economic consequences. Therefore, scientific investigation of the factors affecting the occurrence of these variables in married life can be a basis for planning to prevent, reduce, and treat them in marital relationships. In addition, the lack of such basic scientific research seems serious due to the critical role of marital conflicts in jeopardizing the health of the family and society and the low attention to marital issues in scientific and academic studies of Iran. In addition, in terms of analysis, most of the challenges in the psychological data analysis explicitly and implicitly originate that the studied entities have high dimensions and the studied units are not separate from each other. Based on this, it has raised the central

question of whether there is a relationship between the EMS and the quality of life with the methods of resolving couples' conflicts.

Materials and Methods

This research was applied in terms of purpose and a descriptive survey of correlational type in terms of method. The study's statistical population included all the couples referred to Faramoz Ferdows Counseling Center located in the 8th district of Tehran with the counseling area of couples therapy between August and December 2022. After determining the number of referrals (108 people), the number of samples (85 people) was determined using Cochran's formula and selected by the available method. In this research, couples who have lived together for three years and are over 25 are eligible to participate.

Research tool

Young- Schema Questionnaire (short form of 90 questions)

This questionnaire was created by Bank (2005). It is a self-report tool with 90 items to measure 18 schemas assumed by the bank in 5 areas. Eighteen schemas and five schema areas are as follows: schemas of failure in progress, dependence/ incompetence, vulnerability to harm and illness, and enmeshment in the domain of impaired autonomy and performance; insufficient self-control/self-discipline and entitlement schemas in the domain of impaired limits; schemas of emotional deprivation, abandonment, mistrust/abuse, social isolation / defectiveness/shame in the domain of disconnection and rejection, the schemas of subjugation, self-sacrifice, approval / recognition-seeking in the domain of others-directedness and schemas of emotional inhibition, punishment, negatively and unrelenting standards in the domain of over vigilance and inhibition. A study by Schmidt, Jones, Young, and Tullage (1995) showed that for each EMS, the coefficient alpha ranged from 183 for the untransformed self-schema to 96% for the defectiveness/shame schema, and the retest coefficient in the non-clinical population ranged from 50% to 82%. The reliability of this questionnaire has been reported to be 94% by calculating Cronbach's alpha coefficient.

World Health Organization Quality of Life Questionnaire

The main questionnaire of the quality of life scale is 100 questions and a cross-cultural scale created in 1994 by the efforts of some researchers under the supervision of the World Health Organization (WHO) to evaluate the quality of life of people. In this questionnaire, the quality of life is assumed to have 24 dimensions placed in 6 domains. The short form of this scale has 26 questions that evaluate four areas of people's quality of life. These areas include physical health, psychological health, living environment, and other relationships, with 367 and 8 questions, respectively. The questions of this scale cover the same 24 dimensions of the quality of life on the long scale, and in addition, two additional questions have been placed to study the apparent quality of life and general health of people. Nasiri (2008) translated and prepared the Iranian version of this scale (IRQOL) and reported its descriptive reliability coefficient and internal consistency (α) for a sample of 302 students of Shiraz University as 0.87 and 0.84, respectively. In addition, its test-retest reliability coefficient was 0.67, and the results related to its concurrent validity with the general health questionnaire (GHQ) were declared satisfactory (Nasiri, 2006). The questionnaire can separate healthy and sick people in all four areas.

Standard questionnaire of conflict resolution patterns

Rahim (1997) created this questionnaire with 28 questions that measured the five styles of collaborating, avoiding, accommodating, competing, and compromising. This tool is based on revising the conflict management styles model developed by Block and Mouton (1964). He used the retest method to check the questionnaire's simultaneous reliability, and the correlation coefficient between the two executions of the test was obtained between 0.60 and 0.83. The scoring of this questionnaire is based on the Likert scale from 1 to 5 (quoted by Khalami, 2015). In a research, Naserian (2013) reported the validity of the questionnaire between 0.56 and 0.60 at the 0.001 level by correlating it with the Robbins questionnaire for each of the dimensions, which showed the high validity of the questionnaire. In addition, he reported the reliability of the questionnaire through Cronbach's alpha 0.77 for collaborating, 0.81 for avoiding, 0.74 for accommodating, 0.81 for competing, and 0.80 for compromising. In the research of Saeednia and Makundi (2018), the reliability of the questionnaire using Cronbach's alpha method for styles was obtained as 0.81, 0.79, 0.82, 0.83, and 0.85, respectively. It should be noted that spss software version 26 was used to extract statistical results.

Results and Discussion

Table 1. Pearson correlation coefficient of incompatible schemas with quality of life and conflict resolution methods

Components	1	2	3	4	5	6	7	8	9	10	11
Emotional deprivation	-										
Abandonment	0.079	-									
Mistrust	0.129	0.150	-								
social isolation	-0.87	-0.013	0.411	-							
Defectiveness/shame	0.007	-0.78	-0.066	0.104							
Failure	0.001	0.075	-0.133	0.152	0.441	-					
Dependence	-0.010	-0.097	-0.309	-0.139	0.509	0.671	-				
Vulnerability	0.098	0.092	0.123	-0.060	0.104	0.258	0.182	-			
Untransformed	0.051	0.041	-0.115	-0.154	-0.142	-0.013	.0125	0.251	-		
Quality of Life	-0.049	-0.096	-0.118	-0.135	-0.061	0.134	-0.028	-0.077	0.010	-	
Conflict resolution	0.114	0.055	0.025	-0.158	0.131	-0.014	0.013	-0.151	-0.101	-0.106	-
Obedience	-										
Sacrifice	0.017										
Emotional inhibition	0.095	0.08545	-								
Stubborn standards	0.034	-0.004	0.143	-							
Entitlement	-0.076	-0.070	0.075	0.689	-						
Self-control	-0.53	-0.055	0.142	0.675	0.732	-					
Acceptance	0.026	-0.079	-0.060	-0.007	0.003	-0.044	-				
pessimism	-0.165	-0.163	-0.145	-0.015	-0.008	-0.147	0.112	-			
Punishment	-0.168	0.045	-0.115	0.119	0.0278	0.090	-0.245	0.0061	-		
Quality of Life	-0.158	-0.002	-0.044	-0.097	-0.068	-0.068	-0.090	-0.047	0.032	-	
Conflict resolution	0.063	0.092	0.142	-0.124	0.371	-0.221	0.114	-0.060	-0.251	-0.106	-

According to the data in **Table 1**, there is a significant negative relationship between the quality of life and schemas of emotional deprivation, mistrust, social isolation, lack of shame, dependence, obedience, emotional inhibition, stubbornness standards, entitlement, pessimism and punishment at the 0.05 level and have a positive and significant relationship with conflict resolution styles at the 0.05 level. In addition, there is a negative and significant relationship between the quality of life and the schemas of abandonment, failure, self-sacrifice, and self-restraint at the 0.01 level. There is a positive and significant relationship between conflict resolution styles and schemas of emotional deprivation, abandonment, failure, vulnerability, obedience, and self-sacrifice at 0.05. There is a significant negative relationship between conflict resolution styles and the schemas of social isolation, untransformed self, stubborn self-restraint standards, pessimism, and punishment at a level of 0.05. There is a positive and meaningful relationship between conflict resolution styles with schemas of mistrust, lack of shame, emotional inhibition, entitlement, and acceptance at 0.01.

Table 2. The results of the analysis of variance between the initial incompatible schemas and the quality of life of couples

Group	Self-control	Degrees of freedom	Mean square	F	Significance level
Emotional deprivation	337.123	37	7.386	1.888	0.008
Abandonment	260.560	37	5.533	0.937	0.007
Mistrust	315.452	37	6.712	0.778	0.029
Social isolation	395.305	37	10.531	1.187	0.009
Defectiveness/shame	223.702	37	4.760	0.573	0.036
Failure	611.155	37	13	1.735	0.034
Dependency	653.060	37	13.895	0.988	0.021
Vulnerability	157.702	37	3.355	1.242	0.025
Untransformed self	262.726	37	5.590	1.690	0.005
Obedience	339.571	37	9.565	2.057	0.013
Sacrifice	357	37	7.596	1.595	0.074
Emotional inhibition	149.155	37	3.173	0.501	0.007
Stubborn standards	653.869	37	13.912	1.262	0.034
Entitlement	319.333	37	8.922	0.821	0.039
Self-control	572.976	37	12.19	1.116	0.006
seeking acceptance	813.786	37	17.315	0.923	0.007
Pessimism	313.623	37	3.673	0.546	0.004
Punishment	387.976	37	8.255	1.136	0.48

According to the information obtained from **Table 2**, the significance levels in the EMS are lower than 0.05, which indicates a significant relationship between the EMS and the quality of life in couples.

Table 3. The results of the analysis of variance between the initial incompatible schemas and the methods of resolving couples' conflicts

Group	Self-control	Degrees of freedom	Mean square	F	Significance level
Emotional deprivation	283.310	36	7.870	1.286	0.008
Abandonment	197.093	36	5.375	0.931	0.005
Mistrust	319.752	36	8.882	1.363	0.008
Social isolation	316.021	36	11.556	1.361	0.009
defectiveness/shame	205.236	36	5.701	0.844	0.049
Failure	323.105	36	8.975	0.756	0.007
Dependency	467.623	36	12.990	0.882	0.039
Vulnerability	102.319	36	2.832	0.875	0.008
Untransformed self	139.226	36	3.867	0.749	0.015
obedience	263.705	36	7.325	0.975	0.027
Sacrifice	223.800	36	6.244	0.967	0.037
Emotional inhibition	205.288	36	13.396	1.559	0.006
Stubborn standards	482.252	36	9.793	1.109	0.036
Entitlement	352.550	36	8.795	1.005	0.48
Self-control	316.610	36	20.338	0.636	0.019
seeking acceptance	732.152	36	8.135	1.287	0.020
pessimism	353.776	36	3.673	1.155	0.018
Punishment	292.823	36	8.255	1.072	0.030

According to the information obtained from **Table 3**, the significance levels in the EMS are lower than 0.05, which indicates a significant relationship between the EMS and conflict resolution methods in couples.

Table 4. The results of variance analysis between quality of life and conflict resolution methods of couples

Group	Self-control	Degrees of freedom	Mean square	F	Significance level
Collaborating style	864.039	47	18.384	1.310	0.001
Avoiding style	350.250	47	7.452	0.931	0.0030
Accommodating style	548.393	47	11.668	1.185	0.047
Competing style	1683.976	47	35.829	1.247	0.004
Compromising style	613.726	47	13.058	1.026	0.016
Total style	7152.167	47	152.173	0.992	0.006

According to the information obtained from **Table 4**, the significance levels in conflict resolution methods in couples are lower than 0.05, which indicates a significant relationship between conflict resolution methods and quality of life in couples.

Conclusion

The results showed a significant negative relationship between the quality of life and schemas of emotional deprivation, mistrust, social isolation, defectiveness/shame, dependence, obedience, emotional inhibition, stubbornness, entitlement, pessimism, and punishment at the 0.05 level, and there is a positive and significant relationship with conflict resolution styles at the 0.05 level. In addition, a negative and significant relationship exists between the quality of life and the patterns of abandonment, failure, self-sacrifice, and self-control at 0.01. There is a positive and significant relationship between conflict resolution styles and schemas of emotional deprivation, abandonment, failure, vulnerability, obedience, and self-sacrifice at 0.05. There is a significant negative relationship between conflict resolution styles and the schemas of social isolation, untransformed self, stubborn self-restraint standards, pessimism, and punishment at a level of 0.05. There is a positive and meaningful relationship between conflict resolution styles with schemas of mistrust, lack of shame, emotional inhibition, entitlement, and acceptance at 0.01. EMS is rooted in childhood and adolescence and later becomes inconsistent because they have prevented the fulfillment of emotional needs during that time (Gunner, 2017). In this way, the traumatic childhood events experienced in close relationships, especially the mother, not only cause the formation of EMS but also prevent the development of emotional regulation abilities. When these schemas are activated, they can affect a person's perception, reality, and cognitive processing, and they can decrease or increase the quality of life by affecting conflict resolution methods.

The results showed a significant relationship between the first incompatible schemas and the quality of life of couples with significance levels less than 0.05. The meaningful relationship between different areas of EMS and quality of life, especially in the psychological dimension and determining the contribution of each of the

domains of incompatible schemas in the quality of life of couples, is confirmed by referring to the theory of quality of life proposed by Ahmed (2008), which explains that there are enabling factors or inhibiting variables that cause a decrease or lack of satisfaction with life as vulnerability factors and subsequently decrease the quality of life. He defined these vulnerability factors as emotional states such as negative schemas towards oneself, emotional states of lack - primary deprivation, self-focused attention, low self-esteem, self-blame, and self-criticism due to negative achievements, low self-efficacy, pessimism, source External control, low depersonalization, and low interpersonal warmth, the tendency to unrealistic and high standards regarding personal progress and satisfaction from essential areas of life, lack of social support, all of which are introduced in Yang's theory as EMS. Early experience of lack of negative experiences in parenting may indicate neglectful and inattentive or overprotective parents or emotionally reactive caregivers who have developed dysfunctional patterns of adaptation and failed to foster authority and self-efficacy. Frisch's theory in this context is derived from the theory of Yeck (1996), which states that these schemas create levels of anger, anxiety, and unhealthy depression so that a complete mental disorder is formed. This mental disorder reduces a person's well-being and quality of life.

The results showed a significant relationship between the EMS and the conflict resolution methods of couples with significance levels smaller than 0.05. These findings are consistent with the research findings of Waziri and Nejad Mohammad Namaghi (2020) and Broun (2004). EMS are stable and resistant ways of looking at oneself and interacting with the surrounding world. Therefore, they may also affect the behavior of conflict resolution in people. Satisfaction in close and friendly relationships is seen only when developmental needs are adequately met and adult needs are satisfied because, in addition to the schemas they bring to the relationship, each couple creates schemas specific to this relationship in their current relationship. It means that when the needs are not satisfied, specific maladaptive schemas may arise that affect intimate relationships and marital quality (O'Neil, 2020). For example, Besharat et al. concluded that the existence of abandonment and rejection schemas in each couple makes a person always worry that his wife will leave and reject him. People with schemas in this domain often have experienced more trauma from their childhood and less stability in communicating with others (Wood, 2016).

The results showed a significant relationship between quality of life and conflict resolution methods of couples with significance levels less than 0.05. These results are consistent with the research results of Hawkins (2005). In the explanation of the mentioned finding, it can be said that conflict is a phenomenon that arises parallel to love in a marital relationship and is unavoidable. Conflict occurs when one person's actions interfere with another person's activities. As two people get closer to each other, the force of conflict increases. The conflict between spouses affects its unity and integrity. The severity of the conflict causes hypocrisy, aggression, militancy, and, finally, the disintegration of the family. A family center troubled by conflict, disloyalty, and arguments between husband and wife has destructive effects on the childhood life of children and family, manifesting in rebellion and disobedience to social regulations in the coming years. On the other hand, the existence of incompatibility in marriage and conjugal relationship is one of the essential factors of tension, coldness of relations, breakdown of cohesion and unity of the family, which results in the creation of a center that not only cannot meet the emotional, psychological and security needs of its members, but also causes the occurrence of mental disturbances, discomforts, and mental problems is indicated in the signature and endangers their mental health and, on the other hand, reduces the quality of life of couples. This is why couples' conflict resolution styles have shown a relationship with their quality of life.

The results showed that conflict resolution styles correlate to 0.622 with incompatible schemas and quality of life. In addition, maladaptive schemas and quality of life explain 0.38% of conflict resolution styles. These results are consistent with the research results of Yang (2005) and Razmgar (2020). It seems that schemas have inflexible emotional and cognitive themes. Therefore, they cause unconscious negative emotions when marital conflicts occur. According to Amralahi et al. (2013), responses to schemas are repetitive behavioral patterns that cause people's thoughts and conflict resolution strategies based on the type of schema in such situations. In the meantime, in the context of resolving couples' conflict, it can be said that conflict includes disagreement and differences between two people, incompatibility of opinions and goals, and behavior that is against the other's opinion. In addition, conflicts between people are due to conflicting interests and different plans and perceptions. Relationship conflicts occur when one person's behavior is inconsistent with the other person's expectations. Poor communication helps to maintain this process (Fatihzadeh et al., 2017). Marital relationships are related to the understanding and acceptance of the spouse, and the more relationships between couples, the greater the understanding and acceptance of the spouse, and the conflicts between them are less and easier to solve. Conflicts may occur concerning any issue, including planning and carrying out a joint life. Therefore, the conflict between people in significant relationships, such as marriage, is inevitable. Satisfied couples are those couples who have found a way to resolve conflict effectively. Unresolved conflict leads to

dissatisfaction and alienation. Of course, conflict also has a positive aspect that provides an opportunity to improve relationships. This happens if spouses learn how to negotiate with each other. Therefore, it can be said that conflict resolution is a central issue for successful relationships. Having logical conflict resolution methods is an effective barrier against family-dissolving conflicts and can even help to solve the problems couples face (Emami et al., 2021) and increase their quality of life just as low quality of life can change conflict resolution styles.

Considering the relationship between EMS and the quality of life and conflict resolution styles of couples, it is suggested to pay attention to cognitive characteristics such as beliefs and schemas in educational and couple therapy programs. In addition, it is recommended to hold family education workshops and refer them to counseling centers for adjustment and treatment of EMS.

The results of this research can be generalized to all couples referring to Faramoz Ferdous Counseling Center located in District 8 of Tehran with the scope of couple therapy counseling and cannot be generalized to other couples.

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