

## **THE EFFECTIVENESS OF SCHEMA-BASED COUPLE THERAPY ON EARLY MALADAPTIVE SCHEMATA ADJUSTMENT AND THE INCREASE OF DIVORCE APPLICANTS ADAPTABILITY**

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### **Abstract**

The present study is aimed to examine the effectiveness of schema-based couple therapy on adjusting early maladaptive schemata and increase if divorce applicants adaptability in Khoramabad Province in 2013. Research method was quasi-empirical with test and control groups. Sample of the study was randomly chosen among divorce applicants (20 couples or 40 people) and placed in two test and control groups. Then, schema therapy was administered for 20 sessions. Yang's Early Maladaptive Schemata Scale (EMSS) and Basby et al's Revised Dyadic Adjustment Scale (RDAS) were applied. In the end, data analysis was carried out using covariance analysis. Results indicated the effectiveness of schema therapy on adjusting maladaptive schemata ( $F=80.256$ ,  $P=0.001$ ,  $Eta=0.709$ ) and also the increase of adaptability ( $F=21.041$ ,  $P=0.001$ ,  $Eta=0.389$ ) for divorce applicants. Schema-based couple therapy in the work environment with divorce applicants can be effective in increasing the adjustment of maladaptive schemata as well as increasing the awareness and mutual understanding and finally in increasing the adaptability.

**Keywords:** Schema-based, Couple Therapy, Early Maladaptive, Adjustment, Divorce Applicants Adaptability

### **Introduction**

Family is the most important and valuable social unit in each society. The quality of family performance is one of the major factors affecting the health of family members, couples as well as the whole society (Zahrakar, 2005). In the meantime, divorce phenomenon – as a critical social issue – challenges the structure of family and society. And, despite the whole attempts made by the society and government during different ages to support marriage and prevent from divorce, the issue is still an unavoidable probable reality for families. Statistics indicate that of per 1000 marriages in Iran about 200 cases end in divorce (Bahari & Mirveisi, 1998). And, Iran is the fourth country in the world regarding the ratio of divorce to marriage (Kiannia 1996).

Studies on divorce show that as conflicts are intensified in couple relationships, inadaptability increases and further dissatisfaction emerges which is considered to be the early reasons for divorce (Yang & Long, 1998). Among the consequences of these problems are anxiety disorders (Das, Simpson & Christainson, 2004), depression (Coyn, Tompson & Palmer, 2002), children and juvenile aggressiveness (Jerald & Buhler, 2003), eating disorders and alcohol abuse (Fincham, 2003), and physical diseases like cardiac illnesses (Suls & Bunde, 2005). On the other hand, researchers have shown that the negative effects of conflict (anger, hatred, sadness, and fear) in couples' interactions are related to the extent of violence and conflict (Bookwala, Sobin & Zdaniuk, 2005). These destructive relationships or negative interactions between the couples lead

to the reduction of satisfaction with the relationship and the increase of divorce probability (Amato & Homann-Marriott, 2007). In the meantime, a variety of couple therapy approaches are developed aimed to alleviate the conflicts and turbulence in the relationship between spouses and increase marital adaptability (Misti, 2002, ctd. by Ahmadi, 2003) including schema-based couple therapy. Beach, Sandeen and O'Leary (1987) believe that in the recession of marital relationships, maladaptive schemata (e.g. inclination to excessive attention, and excessive self-control [not being able to express emotions] in the relationships) lead to divorce. Choosing maladaptive spouse is one of the widespread mechanisms for the continuance of schemata (Yang & Kolesko, 2003). When maladaptive schema is stimulated, individuals usually experience high levels of emotions such as too much anger, anxiety, grief, or qualm (Morris, 2006). This intensity is almost undesirable, hence individuals manifest most automatism processes to avoid the schema in terms of three processes including cognitive avoidance, emotional avoidance process and behavioral avoidance process (Anderson & Rijeoctroson, 2007; Klosco, Wisar & Yang, 2003).

Studies have shown that there is reverse relationship between maladaptive schemata and marital satisfaction (Andouz & Hamidpour, 2005). Again, early maladaptive schemata have negative correlation with positive emotions, confidence and participatory adaptability. And, there is positive significant correlation between early maladaptive schemata and negative affection (D'andrea, J. 2004). Results are approved by Racine C. (2005) research. Results of the study by Freeman N. (1994) also showed that there is correlation between early maladaptive schemata and interpersonal adaptability, marital satisfaction, and problems interpretation. Arieti and Bemporad (1980) again found out that early maladaptive schemata have negative effect on marital satisfaction. In a study, Beck and Emery (1985) implied the significant relationship between early maladaptive schemata and familial conflict and divorce. Based on the statistics of destructive mental effects of divorce in the society and regarding the history of divorce as well as cultural and environmental conditions, a therapeutic intervention plan is necessary for reducing divorce. Accordingly, the main issue of the present study is to examine the effectiveness if schema-based couple therapy on the adaptability and reduction of divorce applicants' marital conflicts.

### **Methodology**

Research method was quasi-empirical with test and control groups. Sample of the study was randomly chosen among all Khoramabad Province divorce applicants referred to divorce prevention counseling center by family court till March 11 2014. Twenty couples (40 people) were chosen in accessible form and randomly placed in two test (10 couples) and control (10 couples) groups. Finally, 20 sessions (each 60min) of schemata therapy were held for test groups and in the end both groups were examined. Data analysis was carried out by descriptive and analytical statistics indices including MANCOVA using SPSS20.

Two questionnaires were administered to examine the process of therapy which are:

#### **a) Revised Dyadic Adjustment Scale (RDAS)**

The scale was structured by Basby, Kran, Larson, and Christianson (1995 ctd. by Holist & Miller, 2005). The main form of the scale was developed by Spenser (1979) and based on Livaiz and Spenir (1979) theory on the quality of marital relationships (Edital, 2005). After the presentation of their theory in the same regard, Finjam, Braburry and Bage (2000) also introduce the scale as a suitable tool for assessing the quality of marital relationship. This 14-statement scale is developed based on the 32-statement form presented by Spenir (1976) scored from 0 to 5 in terms of 6-grde spectrum. That is strongly agree will be scored 5 and strongly disagree scored 0. The tool consists of three sub-scales (sympathy and agreement, satisfaction, consistency) indicating the marital quality score. The higher the score is, the better the marital quality will be (Basby et al, 1995). The scale reliability was reported based on Cronbach's alpha between 0.80 and 0.90 in the study by Holisy and Miller (2005).

**b) Early Maladaptive Schemata Scale (EMSS)**

To measure the 18 constructs, Young developed EMSS which included 75 questions in the first and second editions and 90 in the third version (Young, 2008). Young, Norman, Schi, and Thomas (1995) validated the third edition on a 564-student sample in the US and reported the validity of the scale respectively as 0.95 and 0.81 using internal consistency and retest. In another study by John, Joshua, and Jacqueline (2004 ctd. by Yousefi et al, 2009), the validity of EMSS was examined on a 292-student sample. In this examination, the validity of the scale was gained as 0.93 and 0.81 using internal consistency and retest. In another study, the validity was examined by simultaneous administration of it with juvenile attachment and stress scale where significant reliable validity ( $r=0.41$ ) was gained (Colins & Read, 1991 in a study by Alex, Golbin, Franska et al 2001; ctd. by Yousefi et al 2009). To examine the validity of short and long forms of EMSS on a 60-women sample consisting of women with and without disorder showed that the validity of short and long EMSSs had no significant difference regarding their reliability by internal consistency and retest. And, both forms reported 0.83 and 0.79 for clinical group and 0.86 and 0.81 for non-clinical group.

**Schema Therapy**

This method designed and formulated by Young and Klosko (2003) uses especial techniques and methods for accomplishing the objectives. It is mainly aimed to change and gain insight in the clients' early maladaptive schemata. The processes of schema therapy are listed in Table 1-1.

**Table 1: The process of schema therapy in terms of 20 therapy sessions**

Session contents	Session
Early examination and evaluation/delivery of schema, marital conflict and adaptability scale	1
Explaining schema model for patient in a simple and clear way and the way schemata and coping styles are formed	2
Hypothesizing on schemata and identifying and naming them	3
Detecting the patient's coping styles and mood and mental visualization in the examination stage	4
Conceptualizing the patient's problem based on schema approach and collecting data gained from the examination stage	5
Reviewing the actual evidences approving or rejecting schemata based on the evidences of the patient's past and present life	6
Referring the evidences approving schemata to childhood experiences and inefficient parenting styles	7
Conversation between healthy side and schema side and learning how to respond to the schema by healthy side	8
Preparing schemata instructional cards when encountering the situation in which they are awakened	9
Filling out schema form during the day and at the time when it arises	10
Providing the underlying reason of experimental techniques and holding imaginary conversation	11
Reinforcing the concept of "healthy adult", identifying unsatisfied needs and fighting against schemata	12
Creating a chance for the patient to identify his feelings toward his parents and the needs unsatisfied by them	13
Helping the patient to relieve the blocked emotions or harmful incidence, and providing the scene for supporting him	14
Finding new ways to communicate and leaving coping and excessive compensation styles	15
Preparing a comprehensive list of troublesome behavior, setting priorities of change, and the therapeutic goals	16
Mental visualization of problematic behaviors and coping with the most troublesome behavior	17
Rehearsing health behaviors via role-playing and fulfilling the assignments related to new behavioral patterns	18
Revising the pros and cons of healthy and unhealthy behaviors	19
Overcoming the obstacles of behavioral change	20

**Results**

Descriptive data indicates mean participants age as 30.0882 years and mean marriage duration 3.2706 years. Participants consisted of %52.9 graduate, %26.5 diploma, %11.8 associate degree, and %8.8 postgraduate. And, among the couples, five had one child, one had two children and others had

no children. Calculation of MANCOVA for pre-test and post-test scores on early maladaptive schemata and marital adaptability in test group versus control group will be presented in the following sections.

**Table 2: Mean and SD scores for test and control groups in pre-test and post-test**

Group	Variable	Test	Mean	Mean SD	Error of SD
control	Cut and exclusion Impaired performance	Pre-test	59.1257	16.00817	4.2271
		Post-test	57.8333	17.05096	4.01895
	Benefiting others Excessive alertness	Pre-test	46.5556	13.10690	3.08933
		Post-test	48.8973	14.41663	3.62803
	Impaired constraints schema	Pre-test	47.4833	10.81873	2.56049
		Post-test	47.9444	10.83823	2.55460
	Sympathy and agreement Satisfaction	Pre-test	61.9444	11.20647	2.64139
		Post-test	62.9954	11.55971	2.66495
	Continuity	Pre-test	29.9983	8.71122	2.02564
		Post-test	29.7222	9.02158	2.12641
	Cut and exclusion Impaired performance	Pre-test	245.1091	48.87589	11.52016
		Post-test	247.3926	50.00013	11.55434
	Benefiting others Excessive alertness	Pre-test	11.0147	4.91246	1.13964
		Post-test	11.7182	5.34466	1.25975
	Impaired constraints schema	Pre-test	7.4235	4.08921	1.00251
		Post-test	7.7778	4.39994	1.03708
	Sympathy and agreement Satisfaction	Pre-test	6.3654	3.12364	0.95988
		Post-test	6.6111	3.63219	0.85612
	Continuity	Pre-test	24.8036	10.53426	2.48295
		Post-test	26.1071	10.52060	2.47973
Test	Cut and exclusion Impaired performance	Pre-test	58.7778	17.50817	4.12671
		Post-test	47.7778	11.02167	2.59783
	Benefiting others Excessive alertness	Pre-test	49.3333	15.81883	3.72853
		Post-test	39.6111	9.94774	2.34470
	Impaired constraints schema	Pre-test	48.8333	10.82073	2.55047
		Post-test	37.6111	6.90387	1.62726
	Sympathy and agreement Satisfaction	Pre-test	63.0556	11.76971	2.77415
		Post-test	49.6111	7.40539	1.74547
	Continuity	Pre-test	30.1111	8.81769	2.07835
		Post-test	23.0000	5.23562	1.23405
	Cut and exclusion Impaired performance	Pre-test	250.0556	49.61673	11.69478
		Post-test	197.6111	30.95564	7.29631
	Benefiting others Excessive alertness	Pre-test	10.8889	4.90964	1.15721
		Post-test	14.5000	2.83362	0.66789
	Impaired constraints schema	Pre-test	7.7222	4.19812	0.98951
		Post-test	12.6667	1.78227	0.42008
	Sympathy and agreement Satisfaction	Pre-test	6.2222	3.20946	0.75648
		Post-test	9.8889	2.11128	0.49763
	Continuity	Pre-test	24.8333	10.53426	2.48295
		Post-test	37.0556	5.47155	1.28966

Now, Covariance Analysis was applied to examine the significance of the difference between test and control groups regarding the aspects of maladaptive schemata and marital adaptability.

**Table 3: MANOVA for examining the significance of means for both groups on dependent variables**

Eta coefficient	Level of	Hypothesis degree of	F	Value	Test
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nt	significance	freedom			
0/894	0/000	10/000	359/491	0/894	Pilaii effect test
0/894	0/000	10/000	359/491	0/013	Lamidai Wilks test
0/894	0/000	10/000	359/491	77/034	Hetling effect test
0/894	0/000	10/000	359/491	77/034	Roy largest root test

In Table 3, data related to MANCOVA for post-test scores was shown on the components of early maladaptive schemata. As seen, results indicate that there is significant difference between two groups at least in one of the dependent variables. To determine the differences, ANOVA was conducted in MANCOVA context. And, results are listed in Table 4.

**Table 4: ANOVA results in MANCOVA context for post-test scores for test and control groups**

Eta coefficient	Level of significance	F	Mean squares	Hypothesis degree of freedom	Sum squares	Variable
0/235	0/003	10/114	1902/515	1	1902/515	Cut and exclusion
0/584	0/000	46/413	3138/311	1	3138/311	Impaired performance
0/384	0/000	20/582	1081/638	1	1081/638	Benefiting others
0/272	0/001	12/346	1002/133	1	1002/133	Excessive alertness
0/172	0/013	6/860	399/801	1	399/801	Impaired constraints
0/709	0/000	80/256	32446/194	1	32446/194	schema
0/124	0/038	4/655	89/697	1	89/697	Sympathy and agreement
0/210	0/006	8/788	110/509	1	110/509	Satisfaction
0/460	0/000	28/078	117/163	1	117/163	Continuity
0/389	0/000	21/041	919/958	1	919/958	Adaptability

As seen in Table 4, there is significant relationship on the total score of schema between test group received schema-based couple therapy intervention and control group not received any training (F=80.256, P=0.001, Eta=0.709). Examining the difference between scores of pre-test and post-test on early maladaptive schemata showed that there is significant difference in cut and exclusion area (F=10.114, P=0.003), impaired performances area (F=46.413, P=0.001), benefiting others (F=20.582, P=0.001), impaired constraints (F=6.860, P=0.013), and too much alertness (F=12.346, P=0.001).

There is also significant difference between the total score of marital adaptability (F=21.041, P=0.001, Eta=0.389). Examining the difference between pre-test and post-test scores of marital adaptability areas showed that there is significant difference in sympathy and agreement (F=4.655, P=0.035), satisfaction (F=8.788, P=0.006), and consistency with value (F=28.078, P=0.001).

### **Discussion and Conclusion**

The present study is aimed to examine the effectiveness of schema-based couple therapy on adjusting early maladaptive schemata and increase if divorce applicants adaptability in Khoramabad Province in 2013. Results indicate the effectiveness of the study course for divorce applicants.

Results indicate that schema-based couple therapy is effective in adjusting the divorce applicants' maladaptive schemata. The relationship is significant (F=80.256, P=0.001, Eta=0.709). Results of this study on H1 correlate with Young's (2005). And, they also correlate with the results of a study by Morison (2000) using schema-centered cognition therapy where early maladaptive schemata scores in a young woman with chronic interpersonal problems and emotional instability were reduced to significant improvements in illness symptoms. In addition, in another study by Amani (2010) as "a comparison between the effectiveness of schema therapy and attachment therapy approaches on early maladaptive schemata and the attachment styles of students in marriage", results

correlate with this hypothesis. Results of the present study are in accordance with the results of Honarvaran (2009) as “the effectiveness of schema therapy on adjusting early maladaptive schemata”. Again, the results on H1 correlate with Kameli (2009) results on the effectiveness of schema-centered cognitive group therapy on adjusting early maladaptive schemata about orphan girls and girls with non-illegible parents. Now, it can be inferred that schema therapy based on beliefs and raising psychological awareness can considerably affect the reduction of early maladaptive schemata in couples. All of us have five emotional needs in childhood: safe attachment to the others, self-dependence (autonomy and independence), freedom in expressing our healthy needs and emotions, spontaneity and pleasure, realistic constraints and self-control. All humans have these needs. Although the intensity of the needs differs from one person to another, a person is mentally healthy who can satisfy these healthy emotional needs in an adaptive way. Overestimating and underestimating the needs lead to the formation of schemata. Usually, when individuals’ schemata get active in adulthood, they experience an emotional memory of childhood. Schemata are indeed the endless mourning of childhood.

Since we all have a common characteristic and that is we live like a susceptible and dependent infant always depending on adults to satisfy our needs, so we must be given love both physically and mentally. Although we grow physically, the sensitive and delicate entity never disappears. There is an inner child each person and expects to be reborn. The child is usually one of the rejected parts of individuals’ being isolated after maturity. Perhaps, the repetitive return of emotional and physical problems in an adult indicates that the inner child wants to talk. The inner child should feel his senses which have special energy. Maybe, individuals do not let him be aware of his feelings, yet their emotional energy does not disappear. In childhood, the presence of an early maladaptive scheme is an example of a threat. A threat is a kind of failure in satisfying the child’s basic emotional needs, when facing a threat (the activation of scheme), the child deals with the situation using coping styles (avoidance, giving up, and excessive compensation). Usually, these coping styles are adaptive in childhood and considered to be a part of survival mechanisms. Yet, when the individual turns to adulthood, the coping styles get maladaptive. They may lead to the individual’s peace in the short term, but in long term not only do not solve the problem but also result in the continuance of the schema.

Maladaptive coping styles end in the confinement of the individual behind the closed doors of their schemata. Schema therapy helps the clients with using techniques (e.g. detecting schema, downstream arrow, A.B.C technique, defining terms, pros and cons technique, reviewing evidences, advocate, role-playing by both sides of thought, etc) to detect their own schemata. And, then they can identify their memories, emotions, physical feelings, schemata, and their respective coping styles and lead to their psychological awareness in them. Also, to satisfy emotional needs led to the creation of irrational belief in them. I used techniques like writing a letter to someone who had formed the schema in the client’s mind, mental visualization, empty chair technique, and ... When the clients understand their schemata and coping styles, they can use techniques such as preparing instructional cards have control on their responses, and enhance their will by rehearsing. Based on the present study, it can be said that schema therapy significantly affects the reduction of early maladaptive schemata.

Results of the study show that schema-based couple therapy is effective on increasing the adaptability of divorce applicants. And, the relationship is significant ( $F=21.041$ ,  $P=0.001$ ,  $Eta=0.389$ ).

Results of the study correlate with the results of a study by Young and Gloski (1997) on couples. They concluded that if the early schema needs are not satisfied in couple relationships and or the early schema do not correlate the current schema, it will lead to the couples’ conflicts.

Freeman’s (1994) results on mental structures and early maladaptive schemata as “anticipating interpersonal adaptability and marital quality correlate with the result of this hypothesis. Again,

another study by Bradbury and Fincham (1992) on the role of behavior and other factors on marital interactions showed that cognitive mediators including negative schemata like inferiority and self-blame play a key role in couples' adaptive and maladaptive interactions. And, this goes with the hypothesis. Results of a study by D'andria (2004) on reviewing the relationship between early maladaptive schema and psychological adaptability correlate with the hypothesis.

Again, another study by Andoz and Hamidpour (2005) on examining the relationship between maladaptive schemata with attachment styles and marital adaptability correlate with the hypothesis.

In explaining these results, it can be said that cognition and belief schema therapy can have significant effect on couples' adaptability. The schema therapy helps the clients with using techniques (e.g. detecting schema, downstream arrow, A.B.C technique, defining terms, pros and cons technique, reviewing evidences, advocate, role-playing by both sides of thought, etc) to more accurately define their own schemata and organize them in an understandable and logical way. Applying the therapy model, couples can see their problems in an incongruous way. Consequently, they are encouraged to find a solution for these problems based on which to change false beliefs and remove the tensions related to the same beliefs. Namely, it will lead to the adaptability in couples.

### **References**

- Amato, P.R. & Hohmann-B. (2007) A comparison of high- and low-distress marriages that end divorce. *Journal of Marriage and Family* 62, 621-638.
- Arieti, S. & Bemporad, J. (1980). The psychological organization of depression, *Journal of American of psychiatry*, 137, 1360 – 1365.
- Beck, A. T. & Emery, G (1985). *Anxiety disorders and phobias: A cognitive perspective*. New York: basic Books.
- D'andria, J.T. (2004). An investigation of the relationship between early maladaptive Schemas and psychological adjustment: The moderating effects of spiritual coping styles. Unpublished doctoral dissertation. New York University.
- Doss, B., Simpson, L. & Christensen, A. (2004). Why do couples seek marital therapy? *Professional Psychology: Research and Practice*, 35(6), 608-614.
- Endoz, Z. Hamidpour, H (2005). Studying the relationship between maladaptive schemata with attachment styles and marital adaptability, 2<sup>nd</sup> conference on family psychopathology in Iran, University of Shahid Beheshti, p165
- Zaharakar, K. (2005). Studying the relationship between different aspects of family performance and the educational performance of high school students in Lorestan Province, unpublished research, Education Research Center, Lorestan Province
- Bahari, F. & Mirveisi, L. (1998). Divorce typology and its trend. *Payam-e Moshavereh Magazine*, Vol. 4, pp43-51
- Kiannia, M. A. (1996). *Today woman, yesterday man: an analysis of marital disorders*. Tehran: Arjmand Press
- Yang, Ja'fari, Klosko, Vishar, Marjory (2007). *Schema therapy*, trans. by Hassan Hamidpour and Zahra Andouz, Tehran: Arjmand Press.
- National Organization for Civil Registration, <http://www.sabteahval.ir/default-65.aspx>
- Muris, P. (2006). Maladaptive schemas in non-clinical adolescents: Relations to perceived parental rearing behaviors, big five personality factors and psychopathological symptoms. *Clinical Psychology & Psychotherapy*, 13, 405-413.
- Anderson, K., Rieger, E., & Caterson, I. (2006). A comparison of maladaptive schemata in treatment seeking obese adults and normal-weight control subjects. *Journal of Psychosomatic Research*, 60, 245-252
- Young, J. E., Klosko, J. S., & Weishaar, M.E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford, Vlierberghe, L. V. & Braet, C. (2007).

- Dysfunctional Schemas and psychopathology in Referred Obese adolescents, *Clinical Psychology and Psychotherapy*, 14, 342-351
- Klosko, J. & Young, J. (2004). *Cognitive Therapy of borderline personality disorder*. In R. L. Laethy (Ed). *Contemporary cognitive therapy – theory, research, and practice* (pp, 269 – 298). New Jersey, USA: John Wiley Sons, Inc.
- Racine, C. (2005). *Dose religious coping moderate the relationship between Early maladaptive schema and negative trait affect, college adjustment, and negative trait affect, college adjustment, and alcohol Use?* Unpublished Doctoral Dissertation, New York University.
- Suls, L., & Bunde, J. (2005). *Anger, anxiety, and depression as risk factors for cardiovascular disease: the problems and implications of overlapping affective states*. *Psychological Bulletin*, 13(2), 260-300.
- Young, J., & Long, L. (1998). *Counseling and Therapy for Couples*, New York: Guilford Press.
- Young, J. (1990). *Cognitive Therapy for personality disorders: A schema- focused approach*, New York: Guilford Press.
- Young, J. E., Klosko, J. S., & Weishaar, M.E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.
- Young, M. E. & Long, L. L. (1998). *Counseling and psychotherapy of couple*. New York: Guilford Press.
- Freeman, N. (1994). *Constructive thinking and early maladaptive schemas as predictors of interpersonal adjustment and marital satisfaction*. Unpublished doctoral dissertation, New York University.
- Beach, S. R. H., Sandeen, E., & O'Leary, K. D. (1987). *Depression in marriage*. New York: Guilford Press.
- Freeman, N. (1991). *Constructive thinking and early maladaptive schemas as predictors of interpersonal adjustment and marital studies future*.
- Doss, B., Simpson, L., & Christensen, A. (2004). *Why do couples seek marital therapy?* *Professional Psychology: Research and Practice*, 35(6), 608-614.
- Gerard, J. A. & Buehler, C. (2003). *Marital conflict: Parent-child relations and youth maladjustment*, *Family Process*, 38(1), 105-116
- Fincham, F. (2003). *Marital conflict: Correlates, structure and content*. *American Psychology Society*, 12, 10
- Coyne, J., Tompson, R., & Palmer, S. (2002). *Marital quality, coping with conflict, marital complaints, and affection in couples with depressed wife*. *Journal of Family Psychology*, 16, 1, 26-37
- Bookwala, J., Sobin, J., & Zdzienicka, B. (2005). *Gender and aggression in marital relationships: A life-span perspective*. *Sex Roles*, 52, 797-506