

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Personality Traits and Marital Satisfaction in Women with Extramarital Relationship: A Study in Iran.

Neda Asghari¹, Alireza Ghaffari Nejad^{2,*}, Farzaneh Raaii³, Fatemeh Pouya⁴, Behnoud Haghghi⁵ and Najme Asghari⁵

¹Psychiatrist, Psychiatry Department, Neuroscience research center, Kerman University of Medical Sciences and Health Services, Kerman, IR Iran.

²Professor of Psychiatry, Psychiatry Department, Neuroscience research center, Kerman University of medical sciences and health services, Kerman, IR Iran.

³ Assistant professor of psychometric, Psychiatry Department, Neuroscience research center, Kerman University of Medical Sciences and Health Services, Kerman, IR Iran.

⁴Faculty member, Anatomy Department, Neuroscience research center, Kerman University of Medical Sciences and Health Services, Kerman, IR Iran.

⁵Scientific Assistant, Psychiatry Department, Neuroscience research center, Kerman University of Medical Sciences and Health Services, Kerman, IR Iran.

ABSTRACT

The recent increase in extramarital relationships is a great challenge for couple therapists and involved couples. Although many variables have been assigned to extramarital relationship in the previous researches, it seems to be a multi factorial issue without definite reason. Marital satisfaction and personality traits could be two contributing factors to extramarital relationship. Hence, the major aim of the present study is to evaluate personality traits and marital satisfaction in women with extramarital relationship. Two groups of 120 married women with and without the history of extramarital relationship were examined through the "Millon Clinical Multi Axial Inventory" and the "Enrich test". Our findings demonstrated that marital satisfaction in all subscales is significantly lower in women with Extramarital relationship. Depressive, negativistic and masochistic traits as well as sadistic and borderline personality traits in women with extramarital relationship were significantly more than control group. It is emphasizing the necessity for changing strategies.

Keywords: Extramarital relationship, personality traits, marital satisfaction, marriage, women.

**Corresponding author*

INTRODUCTION

Monogamy is a pattern of mutually confident sexual relationship in which each spouse practices faithfulness, not because the desire for other relationships does not exist but rather because its costs outweigh the benefits of fidelity [1]. Despite changes in attitudes in modern life, monogamous relationships have remained as preference of couples and extramarital relationship (EMR) is still unacceptable and distressing. EMR has been becoming a problematic issue in some developing countries in the past few decades [2]. It seems that it plays a prominent role in marital instability and can be costly to both spouses in marital relationship [3]. Despite its importance, it is unfortunately poorly understood. Although previous studies show that 75 percent of men and 85 percent of women remain faithful in their marriage [4], But recent studies reveal that 45~55% of women and 50~60% of men are involved in EMR [5].

As we found through our research, in eastern culture, EMR is a great taboo especially for women; however the rate of women who involved in EMR is considerable and comparable with men but in different way [6]. Muslim men have legal permission for getting married with four women simultaneously [7]; likewise Temporary marriage (Concubine) is a kind of marriage in Islam that permits men to have other partners beside their legal partner. These laws can be the reasons that broke the taboo of infidelity for men in Islamic countries such as Iran. EMR is a controversial and multi factorial phenomenon that its reason is extensively researched. Although many researches has been arranged to find the reason behind EMR, little is known about which characters are involved.

According to previous studies various factors are positively correlated with EMR such as the wife pregnancy [8], experiencing childhood sexual abuse [9] divorce of parents [10], not being truthful and challenging about trust [11], having too many sex partners before marriage [12], and high level of education [13]. Sexual disagreement and low sexual satisfaction, increased sexual interest in one of the spouses, different sexual tendencies in one of the partners [14] and lack of closeness between spouses [15] are related to the prevalence of EMR.

One of the widely accepted theories is low level of marital satisfaction that may lead to EMR. Some studies support the idea that people who involve in EMR have problem in their primary marital relationship [16]. Glass and Wright [17] explained the reverse correlation between marital satisfaction and infidelity. It is necessary to mention that in Iran the rate of divorce is higher than European countries and even higher than other Muslim countries [2].

The other world widely accepted hypothesis about EMR is associated with personality characteristic. On the one hand it supposes that individuals with particular personality characteristics tend to be more or less satisfied with their marital relationship and this could indirectly lead them to EMR. On the other hand EMR can be a direct manifestation of personality traits that should be considered separately. The results of one study indicated that there is a significant negative relationship between neuroticism and marital satisfaction that high level of neuroticism leading to lower marital satisfactions [18] other studies also found that personality factors such as decreased conscientiousness [41] and high levels of sexual narcissism [19] are positively correlated EMR.

What distinguishes this study from the previous researches encompasses four areas of comparison. First of all, only women are included in this investigation since the role of gender is a misleading factor causing bias in results. Second, we focus on marital satisfaction and personality traits simultaneously in women with EMR in a wide range of subscales. Third, it is the first research that not only has assessed the marital satisfaction and personality traits in women with extramarital relationship, but also has evaluated the correlation of these variables to each other that can clarify the correlated factors. The last but not least, this survey is done for the first time in Iran shedding a light on taboo of EMR.

To sum up, the present research explores the three following hypothesis:

- 1- Women with EMR are less satisfied with their matrimonial relationship.
- 2- Women with special personality traits tend to be involved in EMR.
- 3- Particular personality characteristics tend to be less or more satisfied with their marriage.

METHOD

In the present descriptive cross-sectional study, data were obtained from a total 120 married women involved in EMR who were referred to psychotherapy center of Kerman, Iran in 2013_2014. Including criteria for participants consisted of age range of 20-50 years, passing 3 years from their marriage and living together with their husband. Divorced women and women with addiction to any substance and diagnosis of any psychotic disorder or bipolar mood disorder were excluded from the study because the nature of these diseases may lead to abnormal sexual behavior and relationships. The same sample of women (n=120) with no history of extramarital relationship (N-EMR) was considered as a control group who were matched in age, educational and financial level with the case sample. After receiving the participants' agreement and obtaining informed consent, we provided them with the materials to conduct our study. Participants were asked to complete the questionnaire precisely. The Ethics Committee of Kerman University of Medical Science confirmed the study and information of participants were regarded completely confidential.

MATERIALS

For confirming our hypothesis after a semi-structured interview, we use two questionnaires i.e. Millon Clinical Multiaxial Inventory scale (MCMI-III 1997) and Enrich test (Evaluating & Nurturing Relationship Issues, Communication, and Happiness).

Millon clinical multiaxial inventory scale (MCMI-III). It (MCMI-III 1997) is a true/false questionnaire that includes 175 questions and evaluates 24 clinical subscales consisting of 3 modifier scales, 11 clinical personality patterns (Schizoid, Avoidant, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Sadistic, Compulsive, Negativistic, Masochistic), 3 severe personality pathologies (Borderline, Paranoid, Schizotypal), 7 clinical syndromes (Anxiety, Somatoform, Mania, Dysthymia, Alcohol Dependence, Drug Dependence, Post-Traumatic Stress Disorder) and 3 severe clinical syndrome scales (MDD, Delusional Disorder, Thought disorder). MCMI-III is validated for Iranian population by Sharifi et al. [20] Participants in both groups completed this questionnaire for assessment of personality characteristics. According to the scoring of MCMI-III we coded our samples in three groups: score less than 75 as a normal personality, score between 75-85 as a personality trait and greater than 85 as a personality disorder.

ENRICH TEST. Enrich Marital Satisfaction Inventory (Evaluating & Nurturing Relationship Issues, Communication, and Happiness) is a multi-factorial self-report instrument of marital satisfaction. In our study, the short form of Enrich test that was validated in Iran was applied [21]. It consist of 47 questions and the answers arrange on a 5-point Likert scale ranging from very dissatisfied to very satisfied that are sorted into 9 domains i.e. Personality Issues, Marital Communication, Conflict Resolution, Financial Management, Pleasure Activities, Sexual Activities, Marriage and Children, Family and Friends, Religious Orientation. The scoring of this form of Enrich test is similar to the original form. An acceptable shared variance (0.41-0.60) was obtained among the scales, in comparison with a Family Satisfaction Scale. Its internal consistence for men and women was calculated as Cronbach's alpha of 0.95. In addition, a reliability coefficient of 0.92 was investigated for test-retest reliability [22].

Personality issues evaluate partner's perception of behavioural issues of his or her spouse and their satisfaction. Conflict Resolution shows that how partners manage the existence and resolution of their conflicts. Communication evaluates the level of ease felt by the spouses in sharing of emotions and cognition. Sexual Relationship focuses on the partner's feelings about their sexual relationship. Financial Management assesses their attitudes about financial issues and its management. Leisure Activities assesses how partners prefer to spend their free time. Children and Parenting evaluates their feeling about raising and having children. Family and Friends focuses on concerns and feelings about the relatives and friends. Religious Orientation is about their religious beliefs [23].

STATISTICAL ANALYSIS

All analysis was conducted with SPSS20 [24]. To compare the marital satisfaction between two groups, we calculated *T-test* for each subscale of Enrich test and eventually the total scoring was compared. Chi-square (*K2*) test for all subgroups of MCMI-III scale were calculated to explore whether specific personality traits or clinical syndromes are more significant in the groups; finally *odds ratio* for the significant items was calculated. The correlation between marital satisfaction and personality traits were calculated by *Pearson correlation* and *regression analysis* was done for significant items.

RESULTS

Demographics characteristics of both groups including age, educational & financial level and age of marriage were matched. The statistical analysis showed no significant difference between our groups in these parameters ($p>0.05$). Mean age of our samples with EMR was 32.6 ± 2.1 years versus 34.3 ± 2.4 years in control group. Age of marriage as a confounding factor for EMR was matched in both groups i.e. 21.7 ± 1.6 in case group versus 22.5 ± 1.8 in control group. Level of education and financial state in control group was higher than women with EMR but the difference was not significant.

Marital satisfaction is a multi-factorial issue. Enrich test can evaluate its primary factors. There was a significant difference between case and control group not only in the total score of marital satisfaction but also in the scores of all its 9 subscale. The mean score of each item in women with EMR was lower than the control group. In the following, results of 9 subscales of marital satisfaction and its total score in both groups are represented. (See table 1.)

Table 1: Marital satisfaction subscales of enrich test in EMR¹ and N-EMR² groups

Variables	Mean		CI %95	D f	SD	t	Sig.
	EMR	N-EMR					
Personality issues	2.15	2.93	(-1.27 _ -0.28)	238	0.251	-0.309	0.003**
Communication	1.93	3.23	(-1.85 _ -0.75)	238	0.275	-4.73	0.001***
Conflict resolution	2.20	3.10	(-1.41 _ -0.39)	238	0.256	-3.52	0.001***
Financial management	2.43	3.73	(-1.82 _ -0.78)	238	0.260	-4.99	0.001***
Leisure activity	2.45	3.18	(-2.59 _ -1.20)	238	0.234	-3.09	0.003**
Sexual relationship	2.38	3.50	(-1.65 _ -0.59)	238	0.265	-4.25	0.001***
Children and parenting	2.75	3.45	(-1.17 _ -0.23)	238	0.234	-2.99	0.004**
Family and friends	2.58	3.63	(-1.47 _ -0.63)	238	0.211	-4.99	0.001***
Religious orientation	2.90	3.63	(-1.23 _ -0.22)	238	0.254	-2.85	0.006**
marital satisfaction	30.18	44.48	(-1.34 _ -0.66)	238	1.656	-5.85	0.001***

1: Extramarital Relationship, 2: No Extramarital Relationship, * $p<0.05$, ** $p<0.01$, *** $p<0.001$.SD:Standard Deviation, CI: Confidential interval, Df: Degree of freedom

Qualitative interpretation of the MCMI-III scores gives us a distinctive tool to dig out traits of personality disorders. We considered scoring less than 75 as a normal personality with no pathology, scoring between 75-85 as the traits of personality and greater than 85 as a personality disorder. Neither women with EMR nor the control group got scoring greater than 85 that indicated personality disorder. Thus we focused on personality without any psychopathology and personality traits. Participants whose their score modifiers were out of normal range were excluded from our study.

As it is observed in table 2, our groups have significant difference in clinical personality patterns of depressive, sadistic, negativistic and masochistic. The number of participants with these traits in EMR group was higher than N-EMR group. Clinical personality pattern of obsessive compulsive was detected in greater numbers in participants of control group and its difference with sample group was significant .we calculated Odds ratio for each item of significance as is shown in table 2.

Table 2: Clinical personality pattern of MCMI-III in EMR and N-EMR groups

Variables	SD	Df	K2	Sig.	OR
Schizoid	0.472	1	1.013	0.314	---
Avoidant	0.501	1	1.013	0.314	---
Depressive	0.243	1	14.741	0.001***	0.39
Dependent	0.418	1	2.883	0.09	---
Histrionic	0.451	1	2.581	0.108	---
Narcissistic	---	1	0.000	---	---
Antisocial	---	1	0.000	---	---
Sadistic	0.255	1	3.117	0.007**	0.31
Compulsive	0.278	1	9.115	0.001***	0.32
Negativistic	0.241	1	16.807	0.001***	0.41
Masochistic	0.217	1	4.211	0.04*	0.22

*p<0.05, **p<0.01, ***p<0.001, SD=Standard Deviation, Df=Degree of freedom, K2 =chi-square, OR=Odd Ratio

The number of Clinical syndrome of Anxiety, somatoform, dysthymia and post-traumatic stress disorder were significantly higher in women with EMR than N-EMR group (see table 3).

Table 3: Clinical syndrome scale of MCMI-III in EMR and N-EMR group

Variables	SD	Df	K2	Sig.	OR
Anxiety	0.273	1	3.635	0.045*	0.17
Somatoform	0.257	1	4.211	0.04*	0.22
Dysthymia	0.218	1	7.671	0.006**	0.29
Post traumatic stress disorder	0.268	1	4.114	0.043*	0.22

*p<0.05, **p<0.01, ***p<0.001, SD= Standard Deviation, Df=Degree of freedom, K2 =chi-square, OR=Odd Ratio

It is necessary to mention that among severe clinical syndromes only major depressive disorder was detected in both groups but there was no significant difference between case and control groups ($p_{value}=0.15$). Furthermore, among severe personality pathology, the only trait that was observed in our group was borderline personality disorder with a significant difference between case and control group ($p_{value}<0.05$).

Moreover, we examined the correlation of marital satisfaction and personality characteristics. The obtained data in the group with EMR showed only a positive correlation between marital satisfaction and trait of histrionic personality. The regression analysis was also calculated in order to predict marital satisfaction from personality trait of histrionic. Results demonstrated that histrionic trait can positively and significantly predict marital satisfaction with correlation coefficient of 0.42. R2 indicated that 16% of marital satisfaction in this group is predicted by histrionic trait (See table 4).

Table 4: Simple correlation coefficient and regression analysis between marital satisfaction and personality traits in EMR group

Criterion variable	Predictor variable	Correlation coefficient (pearson)	Sig.	R	R2	R2 adjusted
Marital satisfaction	Histrionic trait	0.42	0.004**	0.426	0.182	0.16

A negative correlation between marital satisfaction and trait of depressive personality was found in women with N-EMR. Our results indicated that depressive trait negatively and significantly predicts marital satisfaction with a correlation coefficient of -0.50. Furthermore, R2 showed that 27% of marital dissatisfaction in this group is predicted by depressive trait of personality (see table 5).

Table 5: Simple correlation coefficient and regression analysis between marital satisfaction and personality traits in N-EMR group.

Criterion variable	Predictor variable	Correlation coefficient (pearson)	Sig.	R	R2	R2 adjusted
Marital satisfaction	depressive trait	-0.50	0.001***	0.576	0.332	0.276

DISCUSSION

The primary goal of this study was to determine marital satisfaction in broad dimensions that influences marital relationship in women with EMR and drawing a comparison with control group.

It seems that marital satisfaction is the most remarkable component of global happiness and is the backbone of matrimonial relationship which its impairment can have destructive influence on quality of life [25]. Our findings indicated that total score of marital satisfaction is lower in women with EMR in comparison with control group which means that marital satisfaction could be considered as a contributing factor to unfaithfulness. This result is in agreement with some research that has concluded a lower marital satisfaction increase infidelity or the desire to it including, Amato and Rogers [10] and Javidnia et al. study [26] that showed a negative relationship between marital satisfaction and extramarital behaviour. Rafat Mah et al. [27] showed there is no relationship between marital satisfaction and infidelity in their research.

Comprehensively, we assessed marital satisfaction to compare all dimension of matrimonial relationship in both groups. Personality issue as the first factor and conflict resolution as the second item were assessed. Our result indicated that satisfaction with personality issue and conflict resolution in women with EMR is significantly lower than control group. Klaus and Schneewind [28] showed that personality traits are correlated closely with conflict resolution styles which can influence marital satisfaction. Huston and Anita [29] found that affection and negativity were correlated with marital satisfaction. Askari and Sidek [30] showed that skill training of communication and conflict resolution was effective in marital satisfaction. As mentioned before, communication and sexual relationship as third and fourth factors were significantly decreased in women with EMR. Litzinger [31] found out that if the couples being successful in communicating, the affection of sexual dissatisfaction on marital satisfaction will decrease. Khazaei et al. [32] represented a reverse correlation between sexual dysfunction and marital satisfaction while Ziaee et al. [33] found marital satisfaction positively correlated with sexual satisfaction. Buss and Shackelford research [34] indicated that, sexual dissatisfaction strongly correlated to EMR which is in agreement with our result. The fifth factor is financial issue that we obtained the same result as sexual subscale. Zimmerman and Roberts [35] showed that participation in the financial management course significantly improved the quality of relationship. Women with EMR had significant difference in the sixth scale i.e. leisure activities and got the lower score in comparison with control group. In one developmental study [36] a positive correlation between couple leisure and marital satisfaction was concluded. The satisfaction score of seventh factor i.e. parenting as another component of marital satisfaction is significantly lower in women with EMR. Yuen and Chan Chung [37] proved that the stress of child care responsibilities and time allocation for them were prominent predictors for marital satisfaction. Family and Friends as eighth factor that satisfaction with this item was lower in case group as well. This item can show the prominent role of family on quality of marital relationship in eastern society. The last factor is Religious orientation in which women with EMR obtained lower score and significantly difference with control group. The same result could be observed in the study of Wisman et al. [8] that religiosity modified the association between marital satisfaction and EMR. Total agreement can be found in Esselmont and Bierman study [38] which found that spouses are more likely to be faithful when marriages are based on a religious customs, but only when they also have a strong degree of personal religiosity. Ahmadi and Hosseini [39] demonstrated that an increase of religiosity, marital satisfaction will raise and vice versa. It could be interpreted that religion can influence marital satisfaction and indirectly is a correlated factor with EMR.

Our findings confirm the first hypothesis of our study that women with EMR are less satisfied with all dimension of their matrimonial relationship. For explaining these results it should be considered that there is some problem in style of marriage in Iran. The most important one is the short period of familiarity before legal marriage. The second is that sexual activity before marriage is a great sin in Islam and Iranian women have little experience in this issue before their marriage. The third is sexual education which is not common for teens in Iranian school that could be effected indirectly marital satisfaction because sexual activity will be changed as a goal of marriage without considering the most important understanding. Arranged marriage is the fourth problematic issues that its prevalence has decreased in the last decades but it is still common in traditional family and it can influence the quality of marriage obviously.

The secondary aim was to assess the personality in both groups and compare with each other. According to our results, it may be justified that obsessive compulsive personality could be considered as a protective factor against EMR. Borderline, depressive, negativistic, masochistic and sadistic traits can be predictive factors to Extramarital relationship. Lak and Younesi [40] showed that the individuals (men and women) with infidelity had high score in Negativistic, Compulsive, Sadistic, Antisocial, Narcissistic, Dependent, Avoidant, Schizotypal and Paranoid traits that in some item are common with our finding. Buss and Shackelford [34] found that high score on narcissism, psychoticism and being low on conscientiousness are predictors for extramarital relationship. In the study by Schmitt [41] showed that EMR across 10 world regions correlated with low consciousness and agreeableness.

According to the mentioned argument we concluded that all subscales of marital satisfaction and personality traits in both groups had significant difference with each other but what came to mind is that maybe there is a correlation between both of them and marital satisfaction has been influenced by their character. For achieving this goal we calculated their correlations. In group with EMR histrionic trait was obviously and positively correlated with marital satisfaction that could interpret this trait increases marital satisfaction as a true or false result. However with this correlation marital satisfaction in this group is still significantly lower than N-EMR group. N-EMR group showed a negative correlation between marital satisfaction and depressive trait. Totally it can be concluded that except component of marital satisfaction, personality characteristics could influence marital satisfaction. Some studies revealed that there was a significant negative correlation between neuroticism and marital satisfaction [42, 43]. Ariane et al. [44] showed in his study that extroversion, neuroticism and agreeableness as a modifier between communication and marital stability.

Beside clinical personality that was measured by MCMI-III, the clinical syndrome were assessed and the results showed there was significant difference between the groups in anxiety, dysthymia, somatoform and post-traumatic stress disorder in a way that women with EMR obtained higher score in these subscales. The most important point here is that if these items are cause or consequences of infidelity. Anxiety and somatoform symptom can be manifestation of guilt feelings in unfaithful women. Dysthymia can be a predictive factor of unfaithfulness indirectly by effecting marital satisfaction. Burns et al. [45] demonstrated that dysthymia was correlated with low marital satisfaction demonstrating that chronic and low-level of depression may be more associative with interpersonal problems than acute forms. The significant increasing of post-traumatic stress disorder¹ in women with EMR can be interpreted as two aspects; in one hand revealing the relationship to their spouse may lead to stressing event that PTSD occurs. In other hand maybe some events in their past history are back of this disorder.

Few improvements that can be addressed in future studies include: 1- we didn't access to their spouse's information that may be influenced their marital satisfaction indirectly. Due the ethical issue and requirement of keeping patients' records completely confidential, their partners' were not included in this study. 2-To prevent biased result a difference should be considered between secret relationships and which are revealed to the partner. 3- Marital satisfaction of participant before involving the EMR should be investigated to distinguish it between being cause or a consequence of infidelity. 4-We had to get permission from ethical committee and we didn't access the prevalence of EMR in Iran. Extended research based on its prevalence recommended and changing attitudes on this issue for helping couple being affected is important. 5-Since the present study is a cross-sectional one, for finding a cause-effect relationship between marital satisfaction and personality with EMR, a longitudinal study is recommended.

CONCLUSION

In summary, EMR is a multi-factorial issue and despite the vast and worldwide researches, its etiology is still ambiguous. Even more developing countries are a transitional society and it is expected that EMR and divorce rate increase but they shouldn't be denied. According to our findings, it is suggested that therapists who face to individuals with EMR before judging and advising, should look for a correlation problem with a focus on their resolve that may be helpful to couples being affected. As a primary prevention, sexual education and increasing the duration of engagement before marriage are recommended. As a secondary prevention a good couples' counsellor is needed. For further investigation assessment of their spouse's character and marital satisfaction and longitudinal study for evaluation of suspicious contributing factors during the time is recommended.

ACKNOWLEDGEMENT

We thank our colleagues from Neuroscience research center, Kerman University of Medical Sciences and Health Services, Kerman, IR Iran, who provided financial support, insight and expertise that greatly assisted the research.

REFERENCES

- [1] Sadock BJ, Sadock VA. Comprehensive Textbook of Psychiatry, Sociobiology, 2009, pp, 2027-2060.
- [2] Aghajanian A, Journal of Marriage and Family 1986; 4(8): 749-755.
- [3] Karney BR. Psychological Science Agenda 2010; 240-242.
- [4] Sadock BJ, Sadock VA. Comprehensive Textbook of Psychiatry, Sociobiology, 2009, pp, 716-728.
- [5] Atwood JD, Journal of Couple & Relationship Therapy 2002; 1(3): 37-56.
- [6] Allen ES, Rhoades GK, Stanley SM, Markman HJ, Williams T, Melton J, Clements ML. Family Process 2008; 4(7): 243-259.
- [7] Devi R. International Journal of Humanities and Social Science 2015; 4(2): 62-71.
- [8] Whisman MA, Gordon C, Chatav Y. Journal of Family Psychology 2007; 2(1): 320-324.
- [9] Whisman MA, Snyder DK. Journal of Family Psychology 2007; 2(1): 147-154.
- [10] Amato PR, Rogers SJ. J Marriage and Family 1997; 5(9): 612-624.
- [11] Atkins DC, Yi J, Baucom DH. J Family Psychology 2005; 1(9): 470-473.
- [12] Treas J, Giesen D. Journal of Marriage and Family 2000; 6(2): 48-60.
- [13] DeMaris A. Sex Research 2009; 4(6): 597-607.
- [14] Morgan T, Docan C. Communication Quarterly 2007; 5: 317-342.
- [15] Shaw SM. J Leisure Research 1997; 2(9): 98-112.
- [16] Atkins DC, Baucom DH, Jacobson NS. J Family Psychology 2001; 1(5): 735-749.
- [17] Glass SP, Wright TL. Sex Roles 1985; 12: 1101-1120.
- [18] Najarpourian S. Interdisciplinary Journal of Contemporary Research in Business 2012; 4(5): 372-383.
- [19] McNulty JK, Widman L. Arch Sex Behavior 2014; 4:1315-1325.
- [20] Sharifi A, Moulavi H, Namdari K. J Knowledge & Research in psychology 2008; 9: 27-38.
- [21] Nasiri Zarch Z, Marashi M, Raji H. Iranian Journal of Psychiatry 2014; 9(4): 188-196.
- [22] Rostami A, Ghazinouri M, Richter J. Global Journal of Health Science 2013; 5(4):151-164.
- [23] Fower BJ, Olson DH. J Marital and Family Therapy 1989; 1(5): 65-79.
- [24] IBM SPSS Statistics for Windows. 2011. Version 20.0. Armonk, NY, USA. IBM Corp.
- [25] White LK, Booth A. Journal of Family Issues 1991; 1(2): 5-21.
- [26] Javidnia N, Golzari M, Borjali A. International Journal of Psychology and Behavioral Research 2014; 3(4): 252-257.
- [27] Rafat mah A, Aref N, Nasrollahi B. Procedia–Social and Behavioral Sciences 2011; 30: 1381-1384.
- [28] Klaus A, Schneewind AKG. Family Relations 2001; 5: 63-71.
- [29] Huston TL, Anita L. Personality and Social Psychology 1991; 6: 721-733.
- [30] Askari M, Sidek B. International Journal of Psychological Studies 2012; 4(1): 182-195.
- [31] Litzinger SC. J Sex and Marital Therapy 2005; 3: 409-424.
- [32] Khazaei M, Rostami R, Zaryabi A. Procedia–Social and Behavioral Sciences 2011; 30: 783-785.
- [33] Ziaee T, Jannati Y, Mobasheri E. Iranian Journal of Psychiatry and Behavioral Science 2014; 8(2): 44-51.
- [34] Buss DM, Shackelford TK. J Research in Personality 1997; 3(1): 193-221.
- [35] Zimmerman KJ, Roberts CW. J financial counselling and planning 2012; 2: 46-54.



- [36] Johnson HA. Marriage & Family Review 2006; 40: 69-91.
- [37] Yuen WK, Chan Chung YJ. Psychology 2014; 5(5): 349-357.
- [38] Esselmont C, Bierman A. Sociology of Religion 2014; 7: 463- 487.
- [39] Ahmadi K, Hosseini HF. Pastoral Psychology 2009; 5(7): 211-221.
- [40] Lak M, Younesi S. Indian Journal of Fundamental and Applied Life Science 2014; 4(3): 234-241.
- [41] Schmitt DP. European Journal of Personality 2004; 1(8): 301-319.
- [42] Javanmard G, Garegozlo R. Procedia-Social and Behavioral Sciences 2013; 8(4): 396-399.
- [43] Taheri M, Jafarian f, Yazdanpoor M. GMP Review 2015; 16(3): 404-409.
- [44] Ariane L, Claude B, Stéphane S. European Journal of Psychology 2010; 6(2): 11-31.
- [45] Burns DD, Sayers, SL, Moras K. Journal of Consulting and Clinical Psychology 1994; 6: 1033-1043.