

## Comparison of Olson's Circumplex Model with Emotional Focused Couple Therapy on Psychological Well-Being in Women with Marital Dissatisfaction

**Fateme Naghinasab Ardehaee  
(PhD)**

Department of Counseling and  
psychology, Bojnourd Branch,  
Islamic Azad University, Bojnourd,  
Iran

**Mahmoud Jajarmi (PhD)**

Department of Counseling and  
psychology, Bojnourd Branch,  
Islamic Azad University, Bojnourd,  
Iran.

**Mohammad Mohammadipour  
(PhD)**

Department of psychology, Quchan  
Branch, Islamic Azad  
University, Quchan, Iran

**Corresponding Author:**

Mahmoud Jajarmi

**E.mail:**

jajarmimahmoud96@gmail.com

**Address:**

Islamic Azad University, Bojnourd,  
Iran.

**Received: 3 Jun 2017**

**Accepted: 20 Jan 2018**

**Background:** Improving the level of psychological well-being is one of the psychological concerns of the recent century. This study was conducted to compare the Olson's Circumplex Model with Emotional Focused Couple Therapy (EFCT) on psychological well-being in women with marital dissatisfaction.

**Methods:** the participants were sixty dissatisfied married women living in Gorgan, Iran, 2017. Having including criteria, they were randomly divided into two intervention groups. The interventions were performed for both groups through 15 sessions. The Ryff's psychological well-being scale (with six dimensions) was completed before and one week after intervention by the participants.

**Results:** Analysis of covariance showed that both circumplex model and EFCT cause an improvement in psychological well-being. However, EFCT was more effective in the dimensions of purpose in life and personal growth. There were no significant statistical differences between two intervention methods regarding other dimensions of Psychological Well-Being.

**Conclusion:** It is recommended to use these therapeutic approaches for couple and family therapy, preferably EFCT, to improve psychological well-being.

**Keywords:** Circumplex Model, Emotional Focused Couple Therapy (EFCT), Psychological Well-Being (PWB)

## Introduction

Positive psychology considers the mental health as a positive psychological function and conceptualizes it as a "psychological well-being" (1). From this perspective, psychological well-being can be defined as emotional and cognitive responses to the perception of personal characteristics and abilities, the progression, the efficient and effective interaction with the world, the desired relation with the community, and the positive development over the time. This definition also includes components such as life satisfaction, energy, and positive mood (2).

Based on various theoretical orientations the construct of psychological well-being includes various components such as a sense of coherence, life satisfaction, emotional balance, and a general attitude toward optimism or positive orientation toward the life (3). Ryff's model (1995) is considered as one of the most important psychological well-being models. In this view, well-being means the attempt to transcend and promote that manifests itself in the realization of one's talents and abilities. It consists of six main dimensions: self-acceptance, purpose in life, personal growth, positive relationship with others, environmental mastery, and autonomy (4).

Among the predictors of psychological well-being are the following: cognitive flexibility (5), self-compassion and mindfulness (6), quality of marriage and quality of parental cooperation (7), optimism, family relationships, income, social support, and age (8), personal victimization, family victimization, cyber threat, and intimate partner violence (9), gender roles, social networks (10), personality, interaction between personality and being religious, achieving the goals of inner and outer life (11), and job satisfaction (12).

The negative events of life are inversely related to psychological well-being (13). Psychological well-being has a negative relationship with anxiety, depression, and hostility (14). People who are satisfied with their lives and experience positive emotions experience a high level of psychological well-being (15). Intimate partner violence (16), self-esteem (10), self-regulation (17), and family structure and process (18) are the factors influencing psychological well-being. Spirituality/religiousness can lead the person toward a higher level of hope, less perceived stress, adaptation with conditions, reduce low negative emotions, a sense of independence and power, and ultimately more psychological well-being (8, 19).

Considering that psychological well-being is one of the important factors affecting the quality

of marital relationships and parent-child relationships in the family (20), mental health experts and researchers have used various methods to promote psychological well-being such as healthy relationship training (16). Among other models that can be considered in this field and rooted in the family system approach are Olson's Circumplex Model and Emotional Focused Couple Therapy (EFCT).

Circumplex model was defined as "graphic of dynamic relationships within the family" by Olson and DeFrain (2003). This model emphasizes on the internal relations of individuals and the quality of their behaviors. Circumplex model is divided into three dimensions including cohesion, flexibility, and communication (21). Moreover, the model has five levels of flexibility (chaotic, flexible, balanced, constructed, and rigid) and five levels of cohesion (disengaged, separated, balanced, connected, and enmeshed). In total, there are 25 types of family systems in this method (22-24). In the family system, cohesion has been defined as emotional bonding between family members (25). Moreover, in circumplex model, flexibility is defined as the potential of marital or family system to change its power structure, relationship rules and role relationships in responding to developmental and situational stress, and matching patterns of communication in response to change (26). Communication is the third and main dimension, since it facilitates movement in two other dimensions and helps the family change its flexibility and cohesion in order to deal with developmental and situational stress (25). Based on this model, positive communication results in a better understanding and supporting among family members, while lack of communication skills is a barrier against the ability of the family system to change when needed (27).

Family education based on Olson's circumplex model has increased the flexibility of couples (28), and the training of the circumplex model increased the resiliency and reduced couples marital conflicts (29). Comparing Olson's circumplex model and Walsh integrated approach on marital resilience and conflicts of Couple showed that both methods reduced marital conflicts and increased resilience in couples, but Olson's circumplex model was more effective in reducing marital conflicts than Walsh's model (30).

In EFCT, Couples engage in a process during treatment, each of them tries to express their attachment fears and needs and as best as possible to foster a secure attachment link. this will lead to

sustained changes in the satisfaction of couples' relationships (31) and achieving primary adaptive emotional responses to situations (32). Reducing avoidance attachment and anxiety attachment, increasing the trust and depth of emotional experiences in the process of EFT (33, 34), and a higher emotional control using emotion regulation strategies (35) are among the main predictors of higher marital satisfaction and happiness. Furthermore, these predictors play an important role in the long-term consequences of this treatment.

Some studies have supported the effectiveness of emotion-focused work for reducing inconsistency of couple's sexual desire(39), communication tension and increasing the level of mental health of couples(36), improving sexual intimacy(37), major depressive disorder(32), and marital satisfaction(38).

In family studies, the relationship between marriage quality and mental health is one of the key areas for research(7). Considering the impact of family structure and process on psychological well-being(22), different approaches or different models are used for couple therapy such as cognitive-behavioral couple therapy, Gottman method couple therapy and etc. Since the circumplex model attempts to enhance the functions and structures of the family, expanded individual awareness, effective communication skills, problem solving and decision making, and improves the balance of family roles, it can be used to change the overall structure of the family in order to balance. It is also expected that EFCT will affect psychological well-being and its components through the de-escalation of negative cycles of interaction, changing interactional positions, consolidation and integration, and facilitate the emergence of new solutions to old problems. Few studies have been conducted on the effects of systemic interventions on the psychological well-being of couples. In addition, neither circumplex model nor EFCT have been used to assess the psychological well-being and its components, the aim of the present study was to compare the effectiveness of circumplex model and EFCT on the psychological well-being in women with marital dissatisfaction.

## methods

Prior to the study being undertaken, appropriate ethical approval was granted (the authorization number: IR.IAU.BOJNOURD.REC.1396.1).

This study was a semi experimental study with pretest posttest design for comparing the effect of circumplex model and EFCT on psychological well-being (PWB) in women with Marital

Dissatisfaction. A purposive sample was recruited via counseling centers announcements through social media, phone calls and public notice. The inclusion criteria were passing at least 5 years and maximum 18 years from their marriage, living with their spouse at same home, not suffering from any severe physical and psychological issues (no matter treated or untreated), not receiving current treatment (psychological or medical) for her dissatisfaction. In addition, they had read and write literacy, no decision to move from Gorgan (at least until the end of the study), no drug /substance abuse, and agreed to participate in post-test measurement. Loss to follow up criteria include irregular presence in the training course (being absent in more than 3 sessions), severe medical illness and surgery during the study, participation in any other individual or group psychotherapy sessions during the study, and any diagnosed psychiatric disorder in counseling sessions by group leader, and incomplete answers to questionnaire (lack of response to over 5% of questions).

Using Barzegar Bafroei & Pakseresht(41) results( mean and standard deviation) indicated a minimum of 30 participants per each group, by considering 10 percent attrition, to detect medium effect size with 80 percent power ( $\alpha=0.05$ ).

One hundred sixty eight potential participants responded to the initial announcements, amongst 132 were screened via a phone interview for eligibility. They were interviewed by a therapist who was an Iranian female at her early forties, who was a PhD student in counseling, with 6 years of experience as a therapist. She had previously passed courses in emotional techniques and specifically of Emotional Focused Therapy (EFT) for couples. As well as training in circumplex model. All potential participants completed questionnaire consisting of demographic checklist and PWB scale. Of 132, 72 were excluded either for not meeting specified eligibility criteria ( $n=57$ ) or they declined to participate ( $n=15$ ). The remaining were offered a place in the trial; 60 were randomized via a computerized random-number generator system to circumplex model ( $n=30$ ) and EFCT ( $n=30$ ) interventions (Figure 1). A statistician unconnected to the study and blind to its aims completed the computer randomization. Fifteen group intervention sessions were held weekly in accordance with the protocols and lasted for 90-120 minutes, in Binesh and Rastin counselling centers in Gorgan. The post-test were performed one week after the group sessions. Informed consent was obtained from all participants for being included in the study.

For the purpose of describing the sample, participants were asked to provide information regarding age, gender, duration of marriage,

number of children, occupation, income, education and ethnicity.

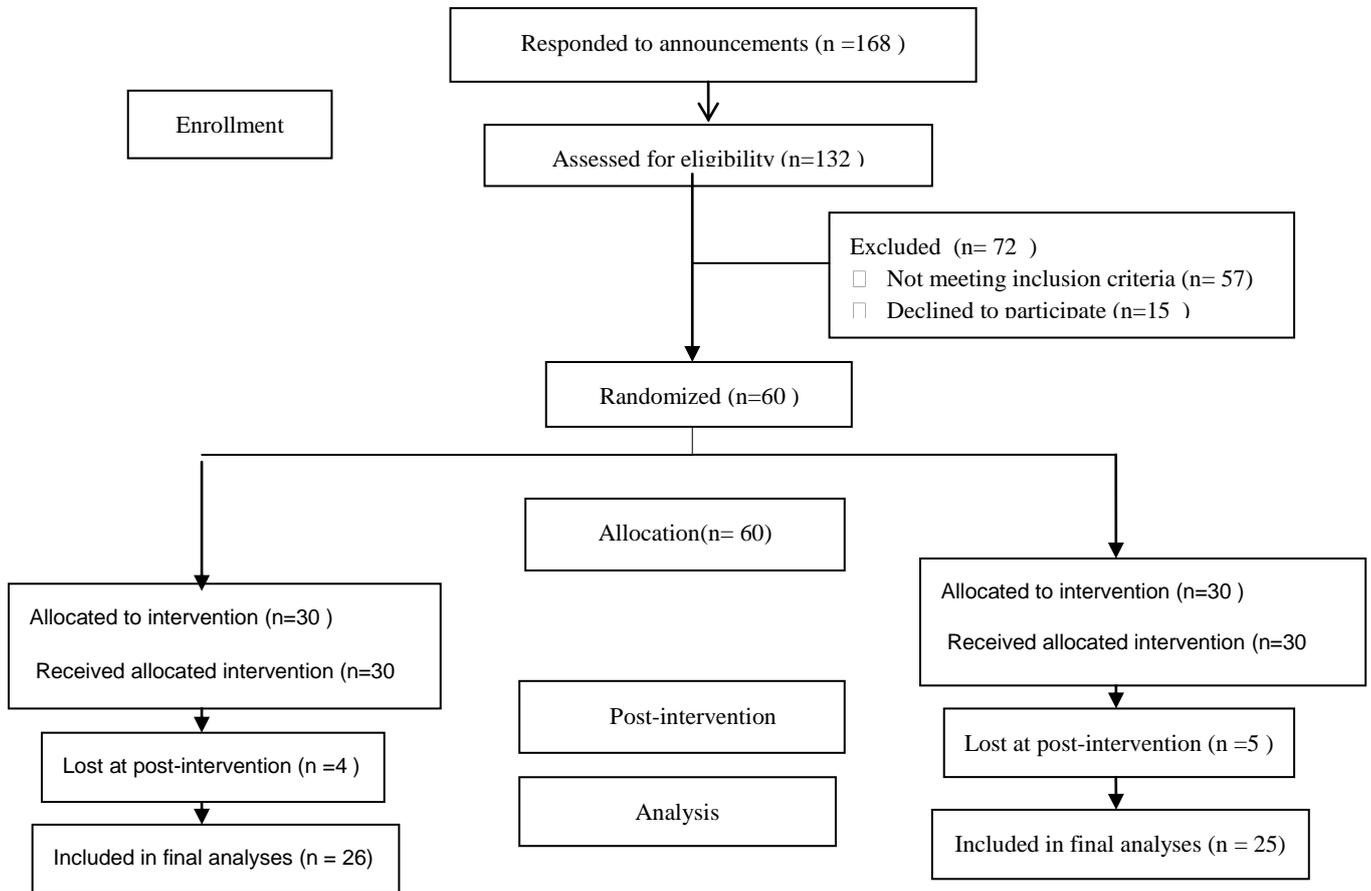


Figure 1: Consort diagram

**PWB scale**

The 84-item Persian version scale (Ryff, 1989) consists of statements (both positive and negative) reflecting the six proposed dimensions of PWB (14 items per dimension). Participants rated their agreement with the statements on a six-point Likert scale. It has been shown that the reliability in the Iranian sample was 0.72 for the Autonomy Scale, 0.79 for the Environmental Mastery Scale,

0.84 for the Personal Growth Scale, 0.76 for the Positive Relations with Others Scale, 0.81 for the Purpose in Life Scale and 0.74 for the Self-Acceptance Scale. The results of factor analysis confirmed the construct validity of the test (42).

The description of treatment sessions based on Circumplex Model (27) and EFCT (43, 44) is presented in Tables 1 and 2.

**Table 1:** Treatment sessions of Circumplex Model

Sessions	Treatment Interventions
1-3	The skill of knowing and aware of the similarities and differences between yourself and the spouse, investigation of damaging / stressful resources on the family, education concepts of cohesion, flexibility and relationship, emotional bonding, family involvement
4-6	Education relationship skill, marital relationship, identifying alliances and boundaries, not excessive in responsibility
7-9	Determine the levels of family flexibility, model and promote proper leadership and control, discipline (set clear limits, appropriate consequences, follow through consistently), education problem solving and decision making skill
10-12	Negotiation, roles, parent- child coalitions( clarity, firmness of generational boundaries, parental nurturance and protection from abuse, restructuring tasks), education assertive behavior
13-15	Some rule changes ( flexibility of rules and enforcement, predictability of rules enforcement), negotiation skill training and conflict resolution

**Table 2:** Treatment sessions of Emotional Focused Couple Therapy

Sessions	Treatment Interventions
1-3	Cycle de- escalation: identify the relational conflict issues between the partners. Identify the negative interaction cycle where these issues are expressed.
4-6	Access the unacknowledged emotions underlying the interactional position each partner takes in this cycle. Reframe the problem in terms of the cycle, accompanying underlying emotions, and attachment needs.
7-9	Changing interactional positions: Promote identification with disowned attachment emotions, needs, and aspects of self.
10-12	Promote acceptance by each partner of the other partner's experience. Facilitate the expression of needs and wants to restructure the interaction based on the new understandings and create bonding events.
13-15	Consolidation and integration: Facilitate the emergence of new solutions to old problems. Consolidate new positions and cycles of attachment behaviors.

Data analysis was performed by SPSS v.16 software with significance level of  $P < 0.05$ . The normality of the data was determined by Shapiro-Wilk's test. The Levine test was used to examine the assumption of homogeneity of variance in the PWB subscales in the two groups of circumplex and EFCT. The general characteristics of both groups were calculated as descriptive statistics. Chi-square test, Fisher's exact test, and t test were performed for homogeneity testing for variables

## Results

Demographic characteristics of the participants were as follows (Table 3). At the end of the study, four participants from circumplex and five from EFCT groups were excluded due to the lack of conditions for continuing the study. Such as, being absent in more than 3 sessions.

Results of independent t- test and Mann Whitney test showed that there was no statistically significant difference between two groups in terms of age, marriage duration and number of children. The age had normal distribution in both groups, but the marriage duration and the number of children both in circumplex and in EFCT groups had no normal distribution.

related to the general characteristics of both groups. After testing the hypothesis of homogeneity of slope of the regression line of components in groups and ensuring the establishment of covariance assumptions, the Univariate covariance analysis was performed on the average scores of Psychological Well-Being components with pre-test control to find out the difference between the two methods of circumplex and EFCT.

Finding showed that there was no statistically significant difference in two groups in terms of education, ethnicity, and income. However, the two groups differed in terms of occupation ( $P = 0.009$ ). The covariance analysis showed that the occupation variable as a covariate did not affect psychological well-being ( $F(1, 49) = 2.92, P = 0.699$ ). Fisher exact test showed no statistically significant difference between two groups in income. To perform covariance analysis, the normal distribution of psychological well-being and its components in circumplex and EFCT groups were determined by Shapiro Wilk test.

In the pre-test, the mean of total score of psychological well-being was  $309.26 \pm 25.09$  and  $310.4 \pm 36.54$  in circumplex and EFCT groups, respectively. Besides, in post-test it was  $353.88 \pm 31.28$  and  $372.48 \pm 35.69$  in circumplex and EFCT groups, respectively. Comparison of means by Mann-Whitney U test showed that the pre-test of the two groups had no significant statistical difference, also the comparison of post-test means by independent t-test showed that there was no significant difference between the two groups in the post-test ( $P= 0.053$ ). Mean and standard deviation of rates of PWB in circumplex group was  $0.14 \pm 0.13$  and in EFCT group was  $0.20 \pm 0.17$ . Comparing results in the pre-test, post-test and the rate of change in the two groups showed that the mean of total score of PWB in post-test of EFCT group was increased more than circumplex group

(Table 4).

Comparing the mean scores of self-acceptance, autonomy, environmental mastery and a positive relationship with others in circumplex and EFCT groups, in the post-test with pre-test control, showed that both circumplex and EFCT methods have similar effects on these dimensions.

Analysis of covariance showed that the two methods of circumplex and EFCT had a different effect on purpose in life ( $P= 0.02$ ,  $F(1, 48) = 5.05$ ,  $SS= 2.70$ ). Furthermore, analysis of covariance indicated that in the presence of personal growth and the pretest as a covariate, the two methods of circumplex and EFCT had a different impact on personal growth ( $P= 0.03$ ,  $F(1,48)= 5.02$ ,  $SS = 1.41$ ) (Table 5).

**Table 3:** Homogeneity testing in accordance with demographic characteristics of the participants (n=51)

Characteristics	Category	Circumplex (n=26)			EFCT (n=25)			P
		n (%)	Mean	SD	n (%)	Mean	SD	
Age			32.92	6.00		32.46	4.99	0.856*
Marriage duration			10.73	4.23		10.36	3.98	0.622†
Number of children								0.603†
Education	≤Middle school	2(7.7)			2(8)			0.164‡
	High school	10(38.5)			6(24)			
	≥ College	14(53.8)			17(68)			
Ethnicity	Fars	23(88.5)			22(88)			0.613‡
	Kurd	2(7.7)			2(8)			
	Turk	1(3.8)			1(4)			
Occupation	Yes	4(15.3)			15(60)			0.009‡
	No	22(84.6)			10(40)			
The average monthly income of family	≤1500000 Rials	1(3.8)			0(0)			0.612§
	1510000-2990000 Rials	25(96.2)			23(92)			
	≥3000000 Rials	0(0.0)			2(8)			

\*Independent t- test, † Mann Whitney. ‡ Chi-square test, §Fisher's exact test, Sig<0.05

**Table 4:** Means and standard deviations and rate of PWB for circumplex and EFCT groups and significance of differences between the groups, including independent t-test

	Group	Mean(SD)			P
		Pre test	Post test	Rate	
		0.053			
Psychological Well-Being	Circumplex(n=26)	309.26(25.09)	353.88(31.28)	0.14±0.13	0.053
	EFCT(n=25)	310.40(36.54)	372.48(35.69)	0.20±0.17	

Table 5: Analysis of covariance(ANCOVA) the effectiveness of circumplex model and EFCT on Psychological Well-Being in women after intervention

	Source	SS	df	MS	F	P-Value	$\eta^2$ Effect size
Self-acceptance	Pre test	0.233	1	0.233	0.733	0.384	.016
	Group	0.194	1	0.194	0.644	0.426	.013
	Error	14.47	48	0.302			
Purpose in life	Pre test	1.55	1	1.55	2.90	0.095	.057
	Group	2.70	1	2.70	5.05	0.029	.095
	Error	25.63	48	0.534			
Personal growth	Pre test	0.859	1	0.859	3.05	0.087	.060
	Group	1.41	1	1.41	5.02	0.030	.095
	Error	13.49	48	0.281			
Positive relations with others	Pre test	0.069	1	0.069	0.397	0.531	.008
	Group	0.046	1	0.046	0.264	0.610	.005
	Error	8.29	48	0.173			
Environmental mastery	Pre test	2.19	1	2.19	11.32	0.002	.191
	Group	0.45	1	0.45	2.32	0.134	.046
	Error	9.29	48	0.194			
Autonomy	Pre test	1.91	1	1.91	10.10	0.003	.174
	Group	0.154	1	0.154	0.813	0.372	.017
	Error	9.09	48	0.189			

## Discussion

The present study contributes to the growing body of literature highlighting the need to explore scientifically the effectiveness of two therapeutic approaches in the improvement of psychological well-being, particularly in women with marital dissatisfaction. The present study examined the effect of Olson's circumplex Model and EFCT in a controlled non-inferiority trial design.

Overall, results of the current study revealed the Olson's circumplex Model and EFCT programmes were equally effective in improving psychological well-being, no

significant differences between groups were observed on self-acceptance, autonomy, environmental mastery, and positive relationship with others, but EFCT had a more positive effect on purpose in life and personal growth.

The results of the present study revealed that one of the important dimensions of psychological well-being is to have a positive relationship with others, especially with family members. In this regard, the quality of this relationship can have a significant effect on parent-child relationship, improvement of

marital relationships, and satisfaction of the relationship. Consequently, it enhances the family cohesion and promotes the well-being of family members, especially children (16). The results of this study in terms of the purpose in life and personal growth are consistent with those of Shokouhi Yekta et al. (2014) who found that anger management training was effective on the components of purpose in life and personal growth of the mothers. However, in their study, changes in the components of positive relationship with others, environmental mastery, autonomy, and self-acceptance were not significant (45).

Also, the findings of this study are in line with the study of Rahbar Karbasdehi et al. (2016) who reported that training stress management based on cognitive-behavioral approach leads to the improvement and enhancement of the psychological well-being of mothers of mentally retarded children (46).

Rostami et al. (2015) reviewed the effectiveness of treatment based on quality of life improvement on the psychological well-being of couples concluded that this treatment enhances personal growth, ability to communication with others, autonomy, purpose in life, the environmental skills, and self-acceptance in incompatible couple's life (47).

Consistent with the findings of present study, Shojaee and Eskandrpour (2016) found that Frankle's logo therapy training increased autonomy, environmental mastery, personal growth, positive relationship, purpose in life, self-acceptance, and happiness among male students (48). Research indicates that positive psychotherapy is an effective strategy to increase the happiness and psychological well-being and to reduce symptoms of depression (49). Moreover, training positive thinking is effective in increasing the dimensions of psychological well-being in infertile women (50).

Upon the effectiveness of EFCT on psychological well-being of unhappy married women, it can be stated that identifying the negative interactive cycle, fears, and basic insecurities in couple relationships, increasing spouse/ self- recognition, developing new interacting ways and other relevant interventions would promote the marital satisfaction (34, 35, 38), increase marital compatibility (51, 52) and would improve the communication patterns (36). Moreover, since

these factors are predictors of psychological well-being, emotional focused intervention can increase the psychological well-being.

## Conclusion

Findings of the present study in the direction to develop the psychological well-being of women in families living in a multicultural environment showed that both circumplex model and EFCT can improve psychological well-being, in components of personal growth, positive relationship with others, purpose in life, autonomy, self-acceptance, and environmental mastery. Therefore, dissatisfied married women can more often manage anxiety, depression, hostility, and negative events of life and experience more life satisfaction. Therefore, considering the effect of the circumplex model on the coherence, flexibility and communication in the family, also, the effect of EFCT on the de-escalation of negative cycles of interaction, changing interactional positions, and facilitating the emergence of new solutions to old problems, these two approaches can be used in situations with different cultures to promote the psychological well-being of women.

## Limitations and strengths

Despite the promising nature of the findings, certain limitations are noted. First, all participants in both groups are female and from the same community; therefore, the generalizability of the results to males and wider community populations is limited. Applying a self-reporting approach for data collection was a limitation too.

Cooperation of counseling centers on informing and coordinating the intervention sessions is one of the strong points of the present study. The willingness of individuals to participate in this research, as well as regular attendance at sessions and doing home works, are other strong points of this study.

To make a better decision on the generalizations of this research, it is recommended performing similar research in other parts of the country as well as in married couples. Such as, comparison the effectiveness of Olson's circumplex model with emotional focused couple therapy on psychological well-being of married men/ women of different ethnicities, and comparison the effectiveness of Olson's circumplex model with emotional focused couple therapy on married men

comparison the effectiveness of Olson's circumplex model with emotional focused couple therapy couples Considering the effectiveness of EFCT and circumplex Model on psychological well-being, using these approaches can help people find out about their weaknesses to know that their problems are not unique. Moreover, using the practical exercises, they will achieve skills in more self-acceptance, purpose in life, personal growth, positive relationship with others, mastery over the environment, and autonomy. Also, according to the findings of this research and the importance of psychological well-being, we can say that assessing the psychological well-being of individuals at different stages of life can help researchers and therapists in designing appropriate preventive and therapeutic interventions.

In addition, given that effective psychological well-being strategies can be effective in educational discussions and couple therapy, thus specialists and authorities are recommended incorporating personal characteristics of individuals, including psychological well-being, in addition to the couples with respect to conflicts and their solutions.

## References

- 1.Ryan RM, Deci EL. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual review of psychology*. 2001;52(1):141-66.
- 2.Karademas EC. Positive and negative aspects of well-being: Common and specific predictors. *Personality and Individual Differences*. 2007;43(2):277-87.
- 3.Dodge R, Daly AP, Huyton J, Sanders LD. The challenge of defining wellbeing. *International journal of wellbeing*. 2012;2(3):222-35.
- 4.Ryff CD. Psychological well-being in adult life. *Current directions in psychological science*. 1995;4(4):99-104.
- 5.Cardom RD. The mediating role of cognitive flexibility on the relationship between cross-race interactions and psychological well-being. Ph.D Dessettation: University of Kentucky; 2017.
- 6.Fairbanks L. Self-Compassion, Mindfulness and Wellbeing in Counselors-in-Training. 2016. All Master's Theses. Paper 380.
- 7.Norlin D, Broberg M. Parents of children with and without intellectual disability: couple relationship and individual well-being.

## Acknowledgments

The authors would like to thank all of the participants who took part in this study, also would like to thank counseling centers staffs of Binesh and Rastin which cooperated in this study.

## Compliance with Ethical Standards

The Institutional Review Board of Bojnourd Branch, Islamic Azad University (Bojnourd, Iran) was dedicated to endorse the ethical conduct of the study and to approve the protocol. The board is constituted and operates in accordance with the principles and requirements described in the Guidelines on Research Involving Human Subject. The study was registered under the Iranian Registry of Clinical Trials (IRCT2017072813776N5).

## Conflicts of interest

Authors declare that they have no conflict of interest.

## Funding

Authors received funding from Islamic Azad University, Bojnourd Branch.

*Journal of Intellectual Disability Research*. 2013;57(6):552-66.

8.Padhy M, Chelli K, Padiri RA. Optimism and Psychological Well-Being of Police Officers With Different Work Experiences. *Sage Journal*. 2015;5(2): 1-7.

9.Stoliker B.E. Victimization, Stress, and Psychological Well-being: An Analysis of the 2009 Canadian Victimization Survey: The University of Western Ontario; 2016. Electronic Thesis and Dissertation Repository. Paper 3660.

10.Murtiningtyas RA, Uyun Z. Relationship Between Self Esteem With Psychological Well-Being In Adolescent. Ph.D Dessettation : Universitas Muhammadiyah Surakarta; 2017.

11.Kassahun T. Psychological and Subjective Well-being of Ethiopian Adults: Correlates and Socio-Cultural Constructions. Ph.D Dessettation: Addis Ababa University; 2015.

12.Wilkinson M. Work-life balance and psychological well-being in men and women. Ph.D Dessettation: Auburn University; 2013.

13.Faircloth AL. Resilience as a Mediator of the Relationship Between Negative Life Events and Psychological Well-Being. 2017.

14. Bhamani MA, Khan MM, Karim MS, Mir MU. Depression and its association with functional status and physical activity in the elderly in Karachi, Pakistan. *Asian journal of psychiatry*. 2015;14:46-51.
15. Boehm JK, Kubzansky LD. The heart's content: the association between positive psychological well-being and cardiovascular health. *Psychological bulletin*. 2012;138(4):655.
16. Ness Roberts EE. Differences in the impact of a healthy relationship intervention on family cohesion, parent-child relationship and child well-being by intimate partner violence relationship type. Ph.D Dissertation : University of Louisville; 2015.
17. Boshoff N. Self-regulation and psychological wellbeing in a cohort of black South African teachers: the SABPA study: the North West University; 2014.
18. Falci CD. The Effects of Family Structure and Family Process on the Psychological Well-Being of Children: From the Children's Point of View. Blacksburg, Virginia 1997. Electronic Thesis and Dissertation Repository. Paper 13010.
19. Jeter BR. Spirituality and Psychological Well-Being Among ALS Caregivers: Hope and Perceived Stress as Mediators (Doctoral dissertation, East Tennessee State University). 2016.
20. Franklin K. The impact of deployment and psychological well-being on family relationships: A secondary analysis of Air Force Community Assessment Data. Ph.D Dissertation: Virginia Commonwealth University; 2010.
21. Olson D, Gorall DM. Circumplex model of marital and family system. *Normal Family Processes*. 1<sup>th</sup> ed: Routledge; 2003.
22. McAdams CR, Avadhanam R, Foster VA, Harris PN, Javaheri A, Kim S, et al. The Viability of Structural Family Therapy in the Twenty-first Century: An Analysis of Key Indicators. *Contemporary Family Therapy*. 2016;38(3):255-61.
23. Minuchin S. *Families and Family Therapy*. 6<sup>th</sup> ed: Tehran: Amirkabir; 2015. 352 p.
24. Nichols M, Tafuri S. Techniques of structural family assessment: A qualitative analysis of how experts promote a systemic perspective. *Family process*. 2013;52(2):207-15.
25. Olson DH. Circumplex model of marital and family systems. *Journal of family therapy*. 2000;22(2):144-67.
26. Olson D, Russell CS, Sprenkle DH. *Circumplex model: Systemic assessment and treatment of families*. 1<sup>th</sup> ed: Routledge; 2014.
27. Ghanbari Panah A. An overview of family dynamics based on circumplex model. Tehran: Elmi Bonyadi Press; 2016.
28. Jalali I, Ahadi H, Kiamanesh A. The effectiveness of family training based on Olson approach for family adaptation and cohesion. *Journal of psychological models and methods*. 2016;7(24):1-22.
29. Hosseini Hajibekandeh N, Navabinejad S, Kiamanesh A. Effectiveness of Olson Circumplex Model in couples, resiliency and marital conflicts. *Family Psychology*. 2016;3(1):47-58.
30. Hosseini N, Navabinejad S, Kiamanesh A. Comparing the Effectiveness of Olson Circumplex Model and Walsh Integrated Approach on Marital Resilience and Conflicts of Couple. *International Journal of Behavioral Sciences*. 2017;10(3):123-8.
31. Johnson SM, Bradley B, Furrow JL, Lee A, Palmer G, Tilley D, et al. *Becoming an emotionally focused couple therapist: The workbook*: Taylor & Francis; 2013.
32. Cucu-Ciuhan G. Raised by a schizophrenic mother: application of emotion focused therapy in a clinical case with mild depression. *Procedia-Social and Behavioral Sciences*. 2015;205:30-4.
33. Burgess Moser M, Johnson SM, Dalglish TL, Lafontaine MF, Wiebe SA, Tasca GA. Changes in relationship-specific attachment in emotionally focused couple therapy. *Journal of marital and family therapy*. 2015;42(2):231-45.
34. Wiebe SA, Johnson SM, Burgess Moser M, Dalglish TL, Tasca GA. Predicting Follow-up Outcomes in Emotionally Focused Couple Therapy: The Role of Change in Trust, Relationship-Specific Attachment, and Emotional Engagement. *Journal of marital and family therapy*. 2017;43(2):213-26.
35. Dalglish TL, Johnson SM, Burgess Moser M, Lafontaine MF, Wiebe SA, Tasca GA. Predicting change in marital satisfaction throughout Emotionally Focused Couple Therapy. *Journal of Marital and Family Therapy*. 2015;41(3):276-91.
36. Javidi N, Soleimani A, Ahmadi K, Samadzadeh M. The effectiveness of emotionally focused couples therapy (EFT) to improve communication patterns in couples. *J Res Behave Sci*. 2014;11(5):402-10.
37. Badihi Zerati F, Mosavi R. Efficacy of emotion-focused couple therapy on the change of adult attachment styles and sexual intimacy. *Counseling Culture and Psychotherapy* 2016;7(25):71-90.
38. Etemadi A, Barabadi Ha. The Effectiveness of Emotionally Focused group Couple Therapy on Marital Satisfaction in couples referred to Counseling Center Education District 2 Mashhad. *Research in Clinical Psychology and Counselings* 2015;4(1):114-95.

39. Girard A, Woolley SR. Using Emotionally Focused Therapy to Treat Sexual Desire Discrepancy in Couples. *Journal of Sex & Marital Therapy*. 2017;10:1-6.
40. Goldenberg H, Goldenberg I. *Family therapy: An overview*. 1<sup>th</sup> ed: Rasa; 2012. 872 p.
41. Barzegar Bafroei K, Pakseresht F. The effectiveness of spiritual therapy on psychological well-being And academic achievement of female students. *Fasnameh-Ye Akhlagh A Research Extension Quarterly*. 2015;4(16):147-23.
42. Michaeli Manee F. The Study of Ryff Psychological Well-being Scale Factorial Structure between Urmia University Students. *Journal of Modern Psychological Researches*. 2010;5(18):143-65.
43. Johnson SM. *The practice of emotionally focused couple therapy: Creating connection*. 1<sup>th</sup> ed: Routledge; 2012.
44. Keiley MK. *Manual Emotionally-Focused Therapy In: Auburn University*, 2011.
45. Shokouhi Yekta M, Rafi' Khah M, Zamani N, Pour Karimi J. The Impact of Anger Management Instruction on Mothers' Psychological Well-Being. *Quarterly Journal Of Family and Research*. 2014;11(1):73-86.
46. Rahbar Karbasdehi F, Abolghasemi A, Rahbar Karbasdehi E. Effect of Stress Management Training Based on Cognitive-Behavioral Approach on Improving Parent-Child Relationship and Psychological Well-Being in Mothers of Children with Intellectual Disability. *Quarterly Journal of Child Mental Health*. 2016;3(3):59-71.
47. Rostami M, Abolghasemi A, narimani M. The effectiveness of Treatment based on improving quality of life on psychological well-being of Incompatible couples Family counseling and psychotherapy. 2013;3(1):124-05.
48. Shojaee A, Eskandarpour B. A study of the effectiveness of Frankel's logotherapy training on psychological well-being and happiness of students *Journal of school psychology*. 2016;5(2):71-91.
49. Noferesty A, Roshan R, Fata L, Hassan Abadi HR, Pasandideh A, Shaeiri MR. The Effectiveness of Positive Psychotherapy in Increasing Happiness and Psychological Well-being in People with Depression Symptoms : A Multiple-baseline Study. *Positive Psychology Research*. 2015;1(1):1-18.
50. Dargahi S, Mohsenzade F, Zaharakar K. The Effect of Positive Thinking Training on Psychological Well-being and Perceived Quality of Marital Relationship on Infertile Women. *Positive Psychology Research*. 2015;1(3):45-58.
51. Soleimani AA, Najafi M, Ahmadi K, Javidi N, Kamkar EH, Mahboubi M. The effectiveness of emotionally focused couples therapy on sexual satisfaction and marital adjustment of infertile couples with marital conflicts. *International journal of fertility & sterility*. 2015;9(3):393.
52. Ziaolhagh MS, Hassan Abadi H, Ghanbari Hashem Abadi B, Modares Gharavi M. The Effect of Emotionally Focused Couple Therapy in Marital Adjustment. *Journal of Family Research*. 2012;8(1):66-49.