



## Effectiveness of Cognitive-Behavioral Couple Therapy Based on Happiness in the Social Well-being and Sexual Performance of Couples

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**Abstract:** The present study aimed to investigate the effectiveness of cognitive behavioral couple therapy based on happiness in social well-being and sexual performance of couples referring to psychological clinics in Bushehr city in 2021. The present research method was semi-experimental with a pre-test-post-test design with a control group. The statistical population of was all couples referring to the psychological clinics of Bushehr city, from this population, 15 couples who had the highest problems in the field of social well-being and sexual performance were selected by purposeful sampling and randomly assigned to experimental and control groups. After the pre-test, the experimental group was exposed to cognitive behavioral couple therapy based on happiness for 10 sessions of 60 minutes (one session each week). Keys social well-being questionnaire and Rosen sexual function index was used to collect data. The findings indicated that the intervention improved social well being and its components: social integration, social acceptance, social actualization, social contribution, and social coherence in the experimental group. Also, the intervention significantly increased sexual desire, psychological arousal, lubrication, orgasm, and satisfaction (components of sexual performance). The findings generally support the use of this method of couple's therapy in improving the social well-being and sexual performance of couples.

**Keywords:** Cognitive-behavioral couple therapy based on happiness, Social well-being, Sexual performance, Couples

## Introduction

Relations between spouses are very important as a part of family relations. These relationships have emotional, psychological, and sexual aspects, and in all of these fields, couples' awareness and knowledge of their role in creating a accurate and productive relationship is of particular importance ([Impett et al., 2018](#)). If a man or a woman knows what duties he/she has towards his/her spouse and is able to carry them out well, he/she can strengthen family bonds, strengthen the family as the cornerstone of society and prevent the emergence and exacerbation of mental disorders.

Also, there are various needs in the family, including the need for peace, the need for well-being, the need for security, emotional needs, and sexual needs. Sexual need is one of the basic needs of couples in marriage and marital bond. In humans, education about sexual issues plays a role in establishing a correct sexual relationship ([Benavides et al., 2019](#)). Dissatisfaction with sexual relations can lead to deep problems in couples' relationships and cause hatred of the spouse, resentment, jealousy,

competition, feeling of revenge, feeling of humiliation, feeling of lack of self-confidence and the like. These issues are reinforced or manifested in the form of tensions and disputes and gradually deepen the gap between spouses ([Halford & Pepping, 2019](#)). Educational and therapeutic interventions can successfully solve emotional and sexual problems of couples ([Tahan et al., 2020](#)).

Couple therapy based on happiness in a cognitive-behavioral way is one of the treatment methods that can affect the social health of couples. Happiness is one of the variables that play a role in the social health and sexual performance of couples, and in recent years, it has been considered in the field of personality and health psychology ([Ludwigs et al., 2019](#)).

Many researches show that happy people are successful in different areas of their lives such as: marriage, income, job, relationships and health. This research argues that there is a relationship between happiness and success not because success makes people happy; but because positive emotions create success ([Stephoe, 2019](#)). The conceptualizations that have been made about happiness can be divided into two general categories: some experts have defined happiness by explaining and explaining its components. One of approaches considered happiness as three components concept, namely positive emotions (joy), satisfaction with life, and the absence of negative emotions such as anxiety and depression ([Cloutier & Pfeiffer, 2015](#)). Other definitions of happiness include a kind of evaluation process ([Lauriola & Iani, 2015](#)). For example, [Jang et al. \(2018\)](#) define happiness as the degree of favorability a person judges about the overall quality of life. [Biswas-Diener and Wiese \(2018\)](#) consider happiness as a field of psychology that refers to how a person evaluates (cognitive-emotional) in his own life and includes variables such as: satisfaction with life, satisfaction with marriage, mood, positive emotions and lack of anxiety and depression. Cognitive evaluation includes examining certain aspects of life, and emotional evaluation is in the form of feelings and emotions that a person experiences in life ([Luo, 2019](#)). From [Fordyce \(1988\)](#) point of view, happiness is only a positive emotion or feeling that is accompanied by satisfaction and is usually described by words such as pleasure, feeling of well-being, cheerfulness and pleasure. In analyzing the concept of happiness, theorists have mainly mentioned two cognitive and emotional components. The cognitive component mostly refers to life satisfaction and the emotional component mostly refers to states such as: laughing, humor and balance between positive and negative emotions.

So far, several methods including; Transactional Analysis (TA), interventions based on choice theory and cognitive-behavioral, solution-oriented counseling and cognitive-behavioral training have been used to increase social health and sexual performance ([Kang et al., 2018](#)). The happiness-based couple therapy that was conducted in this research was designed and implemented based on the cognitive-behavioral approach. Cognitive interventions are designed to increase the skills of family members to evaluate the validity and appropriateness of their cognitions, and therapists should not do all the work themselves; rather, for cognitive interventions to be effective, specific cognitive distortions must be revealed so that clients learn to test their presuppositions. One of the primary goals of this approach is to help family members learn to identify their future thoughts that pass through their minds. The importance of identifying such spontaneous thoughts is that these thoughts are usually a reflection of

underlying schemas. In behavioral and cognitive-behavioral couple therapy, therapist is as an expert and teacher. She/he helps families and couples identify dysfunctional behaviors. Such a process helps family members to eliminate dysfunctional behaviors and replace them with more effective ways of establishing relationships ([Epstein et al., 2015](#)). The cognitive-behavioral approach uses learning theory, which is a well-documented and proven method for working with families. The learning theory is based on recognizing and finding problematic behaviors and using behavioral and cognitive techniques such as making a conditional contract with reinforcement and punishment ([Magen, 2009](#)). Therapists in this approach believe that many problems are caused by inadequate personal, social or work skills and that clients who do not have sufficient skills need education ([Terpstra et al., 2018](#)).

[Keyes and Shapiro \(2004\)](#) believe that social well-being is the assessment and knowledge of a person on how he functions in society and the quality of his relationships with other people, relatives and social groups of which he considers himself as a member. In other words, it is a person's ability to interact effectively with others and the community in order to create personally satisfying relationships and fulfill social roles ([Keyes & Shapiro, 2004](#)).

Health has different dimensions, which are mostly emphasized on individual dimensions, but what determine the health of a society are the indicators known as social well-being. Social well-being has different psychological, physical, economic and political dimensions and many factors affect it. In social well-being, social factors are effective and social dimensions are more important than individual dimensions ([Keyes & Shapiro, 2004](#)).

Another variable that plays an effective and vital role in increasing women's adaptation is sexual performance. Various factors play a role in determining sexual behaviors and performance. These tendencies include the perception of masculinity and femininity and private thoughts and imaginations and behavior. For a normal person, the attraction of another person and the resulting love and passion are deeply related to feelings of sincere happiness. Sexual performance is a behavior that provides pleasure to the individual and his/her sexual partner and includes the stimulation of the sexual organs with intercourse. There is no disproportionate feeling of guilt or anxiety in it and it is not due to compulsion ([Byrne, 2022](#)). A person's sexual function is so intertwined with his whole personality that it is impossible to talk about sexual function as an independent phenomenon. Undoubtedly, sexual dysfunction is an important public health problem, which is more common in women than in men. Sexual dysfunction in women includes disorder in desire, mental stimulation, orgasm, and sexual pain, which causes problems in the individual and even interpersonal problems ([Faubion & Rullo, 2015](#)).

According to previous studies, the effectiveness of happiness-based couple therapy in a cognitive-behavioral way on the social well-being and sexual performance of couples has not been sufficiently investigated and in some studies, inconsistent results have been obtained.

In one of the studies, [Akbari et al. \(2020\)](#) compared of the effectiveness of communication skills training and cognitive-behavioral therapy in improving marital satisfaction and happiness of couples with sexual desire disorder. The results showed that communication skills training and cognitive behavioral therapy could significantly increase marital satisfaction and happiness and there were no

statistically significant differences between communication skills training and cognitive behavioral therapy in increasing marital satisfaction and happiness. [Noorani et al. \(2021\)](#) studied the effectiveness of structural-systemic couple therapy on marital satisfaction. The results showed that the effectiveness of structural-systemic couple therapy is effective on the marital satisfaction of couples. In a research, [Biranvand et al. \(2020\)](#) investigated the effectiveness of cognitive-behavioral couple therapy on irrational beliefs and the mental health of couples suffering from marital conflicts. The results showed that that cognitive-behavioral couple therapy was effective as an effective intervention in correcting irrational beliefs and increasing the mental health of couples with marital conflicts.

In another study, [Klann et al. \(2011\)](#) aimed to replicate their earlier findings in a similar setting with identical measures.. The results demonstrate that the results are remarkably similar across the two studies and that couple therapy in these applied settings helps to improve relationship distress as well as individuals' depression.

Based on this and considering that it is necessary to identify effective interventions on couples' problems, the aim of this study is to investigate the effectiveness of happiness-based couple therapy in a cognitive-behavioral way on the social well-being and sexual performance in couples referring to psychological clinics in Bushehr city, Iran.

## Materials and Methods

The research method was semi-experimental with a pre-test-post-test design with a control group. The statistical population of was all couples referring to the psychological clinics of Bushehr city, from this population, 15 couples who had the highest problems in the field of social well-being and sexual performance were selected by purposeful sampling and randomly assigned to experimental and control groups. After the pre-test, the experimental group was exposed to cognitive behavioral couple therapy based on happiness for 10 sessions of 60 minutes (one session each week). The inclusion criteria were: 1- no acute mental and personality disorders (based on personality test) 2- no physical or psychological illness. Also, the exclusion criteria were: 1- Not attending more than two consecutive meetings 2- Requesting non-cooperation by the individual 3- Lack of motivation to perform activities. All participants completed the informed consent form before the study. The following questionnaires were used to collect data:

**Keyes Social Well-being Questionnaire (1998):** This questionnaire was designed by [Keyes \(1998\)](#) based on his theoretical model of social well-being structure. This questionnaire consists of 33 items and five subscales include social actualization (questions 1 -4); social integration (questions 5 -7) , social coherence (questions 8 -10) , social acceptance (questions 11 -15) and social contribution (questions 16 -20) on a 5 -point Likert scale (very high, 5 and very low, 1). The range of scores is between 20 and 100, and higher scores indicate higher social well –being. [Keyes \(1998\)](#) reported the reliability of the questionnaire based on Cronbach's alpha 0.80 and the validity of the questionnaire 0.82 with the help of structural analysis. In the present study, the reliability of the questionnaire was obtained by calculating Cronbach's alpha coefficient equal to 0.86.

**The Female Sexual Function Index (FSFI):** [Rosen et al. \(2000\)](#) developed sexual performance questionnaire that has 19 questions. Sexual performance has 6 subscales (desire 1 and 2, psychological stimulation 3, 4, 5 and 6, humidity 7, 8, 9 and 10, orgasm 11, 12 and 13, satisfaction 14, 15 and 16 and sexual pain 17 and 18 and 19). The response scale of this questionnaire is based on different ranges. Regarding the method of scoring, according to the instructions of the questionnaire designer, the scores of each field were obtained by summing the scores of the questions of each field and multiplying it by the factor number (since in the FSFI questionnaire, the number of questions in the fields are not equal to each other, first of all Equal weighting of the domains with each other, the scores obtained from the questions of each domain are added together and then multiplied by the factor number). The considered scores are for questions 1- desire 2- sexual stimulation, 3- humidity, 4- orgasm, 5- pain and 6- sexual satisfaction (1-5 or 0). A score of zero indicates that the person has not had sexual activity during the last 4 weeks. By adding the scores of six areas, the total score of the scale is obtained. In this way, scoring is done in such a way that a higher score indicates a better sexual function. [Rosen et al. \(2000\)](#) reported the validity of the questionnaire in their research using factor analysis of 0.83 and the reliability of the questionnaire using Cronbach's alpha coefficient of 0.81. In the present study, reliability was obtained by calculating Cronbach's alpha coefficient equal to 0.90.

**Cognitive-behavioral happiness-based couple therapy protocol:** In this study, cognitive-behavioral happiness-based couple therapy was presented in 10 sessions and taken from the protocol of Javidi et al. The first session includes familiarization, description of the work process, pre-examination. The second session: definition of happiness, examination of the subject's motivation. The third session: teaching the technique of "expressing feelings", the technique of "increasing optimism" and the technique of "having intimate relationships". The fourth session: teaching techniques of "increasing physical activity" and social relations and organizing cognitive therapy group. The fifth session: presentation and practice of organizing and planning techniques, stopping worry, in the form of a scenario in the session. Sixth session: Teaching the technique of avoiding worrying thoughts and the technique of creative thinking and explaining how faulty and irrational thoughts are formed. Seventh session: working on faulty thoughts, introducing the CBT model, getting to know the concept of a healthy personality and practicing being yourself, the difference between the real self and the ideal self. Eighth session: practicing the technique of living in the present and the technique of prioritizing happiness, recognizing "communication patterns" of couples. Session 9: Treating couples' "faulty cycle of communication interactions", receiving couples' reports and post-test implementation.

## Results

The mean and standard deviation of social well-being components are presented in Table 1.

**Table 1.** mean and standard deviation of social well-being components in the experimental group and the control group in the post-test

Variables	Experimental group		Control group	
	Mean	SD	Mean	SD
Social integration	40.22	0.32	36.84	0.28
Social coherence	32.99	0.38	28.67	0.29
Social contribution	30.34	1.24	26.55	0.87
Social actualization	23.15	0.48	19.97	0.56
Social acceptance	21.15	0.48	18.34	0.43

According to Table 1, the average scores of the components of social well-being, i.e. social integration, social coherence, social contribution, social actualization and social acceptance in the subjects of the experimental group in the post-test stage are higher than those of the control group. The results of multivariate covariance analysis on post-test scores of social well-being components are presented in Table 2.

**Table 2.** Summary of multivariate covariance analysis results on post-test scores of social well-being components

Effect	Test	Value	F	Df1	DF2	p	Eta
Group	Pillai's trace	0.802	21.26	5	54	0.001	0.80
	Wilks' lambda	0.198	21.26	5	54	0.001	0.80
	Hotelling's trace	4.05	21.26	5	54	0.001	0.80
	Roy's largest root	4.05	21.26	5	54	0.001	0.80

According to Table 2, the value of F in four MANOVA tests is significant at the level of 0.001. Therefore, the effect of the group variable on at least one of the dependent variables (social well-being components) is significant. Therefore, it can be said that there is a significant difference between two groups in at least one of the components. Table 3 shows the results of ANOVA embedded in MANOVA.

**Table 3.** Results of ANOVA embedded in MANOVA related to social well-being components

Index	Variable	SS	DF	MS	F	p	Eta
Group	Social integration	72.64	1	72.64	72.64	0.001	49.53
	Social coherence	118.95	1	118.95	118.95	0.001	58.70
	Social contribution	86.33	1	86.33	86.33	0.001	4.06
	Social actualization	64.37	1	64.37	64.37	0.001	19.59
	Social acceptance	6.37	1	6.37	60.37	0.001	18.25

The results of one-way covariance analysis embedded in MANCOVA showed that there is a significant difference between the two groups in social integration ( $F=49.53$  and  $P=0.001$ ), social



coherence ( $F=58.7$  and  $P=0.001$ ), social contribution ( $F=41.06$  and  $P=0.001$ ), social actualization ( $F=19.59$  and  $P=0.001$ ) and social acceptance ( $F=18.25$  and  $P=0.001$ ). The mean and standard deviation of sexual performance components are presented in Table 4.

**Table 4.** mean and standard deviation of sexual performance components in the experimental group and the control group in the post-test

Variables	Experimental group		Control group	
	Mean	SD	Mean	SD
Sexual desire	5	0.22	4.24	0.63
Mental stimulation	4.66	0.11	3.76	0.54
Humidity	4.82	0.09	3.69	0.21
Orgasm	4.81	0.22	3.74	0.41
Satisfaction	5.41	0.12	4.31	0.26
Sexual pain	3.12	0.43	4.18	0.13

According to Table 4, the average scores of the components of sexual performance, i.e. sexual desire, mental stimulation, humidity, orgasm, satisfaction and sexual pain in the subjects of the experimental group in the post-test stage are higher than those of the control group (in the case of sexual pain is lower). The results of multivariate covariance analysis on post-test scores of sexual performance components are presented in Table 5.

**Table 5.** Summary of multivariate covariance analysis results on post-test scores of sexual performance components

Effect	Test	Value	F	Df1	DF2	p	Eta
Group	Pillai's trace	0.904	26.7	6	17	0.001	0.904
	Wilks' lambda	0.096	26.7	6	17	0.001	0.904
	Hotelling's trace	9.44	26.7	6	17	0.001	0.904
	Roy's largest root	9.44	26.7	6	17	0.001	0.904

According to Table 5, the value of F in four MANOVA tests is significant at the level of 0.001. Therefore, the effect of the group variable on at least one of the dependent variables (sexual performance components) is significant. Therefore, it can be said that there is a significant difference between two groups in at least one of the components. Table 6 shows the results of ANOVA embedded in MANOVA.

**Table 6.** Results of ANOVA embedded in MANOVA related to sexual performance components

Index	Variable	SS	DF	MS	F	p	Eta
Group	Sexual desire	3.67	1	3.67	5.21	0.001	0.19
	Mental stimulation	5.19	1	5.19	27.77	0.001	0.56
	Humidity	8.12	1	8.12	63.04	0.001	0.74
	Orgasm	7.01	1	7.01	10.08	0.001	0.31
	Satisfaction	7.73	1	7.73	33.92	0.001	0.61
	Sexual pain	7.03	1	7.03	29.36	0.001	0.57

The results of one-way covariance analysis embedded in MANCOVA showed that there is a significant difference between the two groups in sexual desire ( $F=5.21$  and  $P=0.001$ ), mental stimulation ( $F=27.77$  and  $P=0.001$ ), humidity ( $F=63.04$  and  $P=0.001$ ), orgasm ( $F=10.08$  and  $P=0.001$ ), orgasm ( $F=33.92$  and  $P=0.001$ ) and sexual pain ( $F=29.36$  and  $P=0.001$ ).

## Discussion

The aim of this research was the effectiveness of happiness-based couple therapy in a cognitive-behavioral way on the social well-being and sexual performance of couples referred to Bushehr psychology clinics. Our results revealed that couple therapy based on happiness in a cognitive-behavioral way improved social well-being and its components in the subjects of the experimental group compared to the control group. Also, the estimated average score of each of the components of sexual performance, in the subjects of the experimental group in the post-test phase is higher than that of the subjects in the control group, but sexual pain in the subjects of the experimental group that is lower..

Our results are in line with former studies ([Akbari et al., 2020](#); [Biranvand et al., 2020](#); [Noorani et al., 2021](#); [Tahan et al., 2020](#)). Examining and explaining the above hypothesis showed that one of the basic human needs is happiness and vitality. Research has shown that couples who have a higher sense of happiness and hope are better prepared to deal with life's troubles and distresses and have a better performance. Happiness as a coping mechanism may prevent negative thoughts by creating positive thoughts. Therefore, happiness is effective in psychological and physical well-being, and happiness as one of the characteristics of human personality is a unique quality.

Happiness is among the variables that are involved in the social well-being and sexual performance of couples and the quality and reduction of depression symptoms. Happiness is one of the basic emotions and one of the most important psychological needs of humans. Happiness includes several mental concepts such as cheerfulness, contentment, pleasure and enjoyableness, but it does not mean baseless optimism and self-deception, denying the facts and not seeing one's own and others' problems. Being one of the most important psychological needs of human beings, happiness and vitality has always occupied the human mind due to the major effects it has on the formation of the human personality and life.

Psychologists consider happiness to be a type of "positive excitement" that has a profound effect on physical, cognitive and psychological mechanisms and improves human performance in various fields ([Steptoe, 2019](#)). All people strive to live happily and to be satisfied with life. For this purpose, they have friendly relations with others in the community. They care about their own health. They try and are optimistic about life. But sometimes, the couple's low ability to achieve happiness and success in life can destroy their hope, the couple's self-confidence is reduced and negative thoughts and feelings come to them and they suffer from psychological problems. Mental health experts emphasize the role and importance of happiness in life and consider happiness as one of the most important reasons for improving mental health in couples.



The effect that happiness has on the physical and mental health of couples cannot be compared to anything else. Some people believe that happiness is influenced by genetics, of course this claim is true, but most of it is related to the individual and his skills. Happiness can control heart rate and keep blood pressure in balance. With the research they have done on some happy couples, it has been proven that the risk of cardiovascular diseases in them has been greatly reduced compared to other couples (Kimmes et al., 2018). Also, the relationship between happiness and the health of one's body is direct, and research shows that happiness can strengthen the body's immune system, and the body can resist diseases well, and it can prevent diseases such as heart problems, depression, and mental health (Veenhoven, 2008). In this regard, couple therapy based on happiness in a cognitive-behavioral way can help to increase the social health and sexual performance of couples.

Therefore, it is suggested that counseling centers should consider happiness-based cognitive-behavioral therapy in the form of complementary programs along with other trainings for couples and observe the very positive effects of this training in improving their social health and sexual performance.

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**Conflict of interest:** The authors state no conflict of interest in the study.

**Financial sponsor:** The authors acknowledge that they have not received any financial support for all stages of the study, writing and publication of the paper.

**Acknowledgements:** The researchers wish to thank all the individuals who participated in the study.

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