



Emotional Intelligence Training Based on The Circumplex Model to Enhance Relational Balance in Newly Married Couples

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ABSTRACT

The early marital period commonly defined as the first five years of marriage constitutes a critical developmental transition during which couples face heightened risk of conflict, relational dissatisfaction, and dissolution. Communication deficits, emotional dysregulation, and imbalanced relational dynamics are the primary antecedents of this vulnerability. The present study aimed to design and preliminarily evaluate an Emotional Intelligence Training Programme grounded in Olson's Circumplex Model (2000) and Goleman's (2009) five-component EI framework. Employing a research-and-development (R&D) methodology with a two-group pre-test–post-test experimental design, the programme was implemented across four structured sessions (total duration: 347 minutes) with three married couples as the experimental group and three as the control group. Outcome measures included the FACES IV scale (cohesion, flexibility, communication) and an adapted emotional intelligence scale. Post-training results indicated significant improvements in EI scores (Wilcoxon signed-rank test, $p = 0.027$) and shifts in couple cohesion and flexibility toward balanced levels in the experimental group. The module represents a contextually adapted, preventive intervention with potential for broader clinical application in Indonesian couple counselling.

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INTRODUCTION

Marriage constitutes one of the most consequential developmental transitions in adult life, demanding the continuous negotiation of individual identities, shared responsibilities, and divergent interpersonal expectations. The early marital period generally spanning the first five years of union has been consistently identified as a phase of particular vulnerability. During this formative stage, partners must reconcile differences in background, personality, communication style, and cultural orientation while simultaneously managing transitions away from families of origin and assuming new domestic roles (Clinebell & Clinebell, 1970; D. H. L. . Olson et al., 2025). Empirical evidence confirms that marital satisfaction declines most steeply within this

early period, with the risk of dissolution significantly elevated relative to more established couples (Birditt et al., 2010; Putnam, 2011).

Communication impairment has been identified as the most prominent early predictor of marital deterioration. Couples in the early marital period frequently encounter difficulty articulating emotional states, resist self-disclosure, and resort to avoidant conflict behaviours collectively termed withdrawal that longitudinal research associates with elevated divorce risk (Birditt et al., 2010; Strizzi et al., 2020). Indonesian national data lend further urgency to this concern: records from the West Java Religious Court document 41,502 divorce cases attributable to prolonged marital disputes in 2024 alone, with 13,683 cases involving couples married fewer than five years (Pengadilan Tinggi Agama Jawa Barat, 2024). These figures underscore the pressing need for preventive, evidence-based interventions addressing the communicative and emotional foundations of marriage at its most formative stage.

Olson's Circumplex Model of Marital and Family Systems provides a theoretically robust framework for conceptualising relational health. The model identifies three interconnected dimensions cohesion, flexibility, and communication and posits that balanced systems, characterised by moderate and functional levels across all three dimensions, demonstrate superior adaptive capacity and relational satisfaction compared with unbalanced systems (Olson, 2000). Cohesion reflects the degree of emotional bonding between partners and requires a dynamic equilibrium between separateness and togetherness; extreme disengagement or enmeshment both impair relational functioning (Neto et al., 2021). Flexibility denotes a couple's capacity to modify leadership structures, role distributions, and relational rules in response to contextual demands a dimension especially salient for dual-income couples navigating work-family conflict (Hajiabasi & Taher, 2022; Ledermann et al., 2010). Critically, communication operates as the facilitating dimension through which cohesion and flexibility are regulated, rendering it the primary target of relational intervention (Panah & Mustafa, 2019).

A substantial body of research has established emotional intelligence (EI) as a decisive psychological resource in marital functioning. Goleman (1995) defined EI as the capacity to recognise one's own emotions and those of others, to motivate oneself, and to manage emotions effectively within interpersonal contexts. At the dyadic level, EI operates through several mechanisms: emotional self-awareness reduces impulsive conflict escalation; emotion regulation enables constructive responses to negative affect; empathy deepens felt closeness by sensitising partners to unspoken emotional needs; and social competence encompassing active listening, assertive expression, and negotiation directly supports the communication quality that the Circumplex Model identifies as prerequisite to relational balance (Batool & Khalid, 2012; Litzinger & Gordon, 2005; Parsakia et al., 2024). Meta-analytic evidence corroborates the clinical significance of this construct: Jardine et al (2022) reported a significant positive correlation between EI and romantic relationship satisfaction across diverse populations, with a mean estimated effect size $r = 0.37$, affirming EI as a robust predictor of marital quality.

Crucially, EI is not a fixed trait; it constitutes a malleable psychological capacity amenable to structured intervention. Hodzic et al (2018) meta-analysis of 20 EI training studies confirmed significant improvements in emotional perception and regulation following training programmes across varied populations. Nelis et al (2009) demonstrated, through a randomised controlled design, that EI training produced significant and durable gains in emotional competencies relative to waitlist controls. In couple contexts, Mónaco et al (2021) found that the EMOVERE psychoeducational programme significantly improved emotional self-regulation and inter-

partner emotion regulation in young couples, and Milani et al. (2020) reported that EI training for married women produced clinically meaningful increases in marital satisfaction and psychological well-being.

Despite this convergent evidence, a conspicuous gap persists: no structured EI training module has been developed that explicitly integrates Goleman (1995) five-component framework with Olson's Circumplex Model for couples in the early marital period. Furthermore, extant EI-focused couple programmes have predominantly been developed within Western cultural contexts characterised by direct, high-disclosure communication norms. Indonesian couples, consistent with broader East Asian collectivist patterns, tend to exhibit indirect emotional expression, heightened conflict avoidance, and a prioritisation of relational harmony over self-assertion (Luthfi, 2017; N. Sari et al., 2018). These cultural specificities require contextual adaptation of both content and delivery methodology if intervention outcomes are to be meaningful and sustainable in the Indonesian socio-cultural context. The present study addresses this gap by designing and preliminarily evaluating an Emotional Intelligence Training Programme based on the Circumplex Model (EIT-CM) for Indonesian married couples within their first to fifth year of marriage.

METHODS

This study employed a research-and-development (R&D) methodology based on the framework proposed by Walter R. Borg and Meredith D. Gall (2023), which focuses on the systematic development, refinement, and validation of educational and psychological intervention products. Although the original Borg and Gall model consists of ten stages, the present study implemented five essential stages due to the limited scope and small-scale nature of the field trial. These stages included: (1) needs identification and literature review, (2) planning and module design, (3) preliminary development and expert validation, (4) small-group field testing through experimental implementation, and (5) final revision of the intervention module.

The field-testing phase adopted a two-group pre-test–post-test quasi-experimental design involving six married couples who were assigned to either an experimental group or a control group, with each group consisting of three couples. Participants in the experimental group received the Emotional Intelligence Training Programme based on the Circumplex Model (EIT-CM), whereas the control group did not receive any intervention during the same period. Both groups completed pre-test and post-test assessments measuring emotional intelligence and relational balance before and after the intervention period.

Participants were recruited through purposive sampling techniques according to predetermined inclusion criteria. Eligible participants were adults aged between 25 and 40 years who had been married for one to five years, were living independently from in-laws, were in their first marriage, had completed at least senior secondary education (SMA/SMK), and maintained stable employment. Couples with a documented history of intimate partner violence were excluded because the intervention assumed the presence of basic relational safety and emotional stability, conditions considered necessary for the effectiveness of emotional intelligence training (Chansa et al., 2017; Yusadek, 2023). All participating couples provided written informed consent before participation. The selected age range corresponded to Erikson's developmental stage of intimacy versus isolation and reflected a period associated with increased emotional regulation capacity due to prefrontal cortex maturation (Kolk & Rakic, 2022; Papalia et al., 2008). Preliminary screening was conducted through structured interviews based on Olson's

Circumplex Model dimensions to assess communication patterns, emotional closeness, and relational adaptability. Screening results were subsequently used to generate participants' relational profiles through the FACES IV circumplex chart, which also functioned as psychoeducational material during the intervention process.

The Emotional Intelligence Training Programme based on the Circumplex Model (EIT-CM) was developed by integrating Goleman (1998) emotional intelligence framework with Olson's Circumplex Model of marital functioning. The programme addressed five dimensions of emotional intelligence, namely self-awareness, self-regulation, self-motivation, empathy, and social skills, and was delivered across four sequential sessions with a total implementation duration of 347 minutes. The intervention combined psychoeducational lectures, facilitated discussions, structured exercises, case analyses, and role-play activities. Session 1 focused on emotional self-awareness and recognition of emotional patterns in marital relationships. Session 2 addressed emotional self-regulation, stress management, dyadic coping, and constructive conflict resolution strategies. Session 3 focused on self-motivation and marital goal setting from psychological, socio-cultural, and legal perspectives. Session 4 emphasised empathy and social skills through active listening exercises, interpretation of non-verbal communication, and structured role-play activities based on participants' circumplex relational profiles.

Module validity was established through expert judgment conducted by two licensed psychologists specialising in marital and family psychology at Universitas Islam Bandung. Recommendations from the expert review process were incorporated into the revised version of the module prior to implementation. Furthermore, cultural adaptation was undertaken to ensure that communication exercises remained compatible with Indonesian socio-cultural norms, which are generally characterised by indirect emotional expression and tendencies toward conflict avoidance. Nevertheless, the programme continued to encourage gradual emotional openness, empathic interaction, and assertive listening behaviours within marital communication.

Relational balance was measured using the Family Adaptability and Cohesion Evaluation Scale IV (FACES IV) developed by Olson, Gorall, and Tiesel 2006) and adapted into Indonesian through expert judgment procedures. The instrument consisted of 62 items measuring six relational dimensions, namely Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, and Chaotic, in addition to a 10-item Communication scale. Responses were recorded using a five-point Likert scale ranging from strongly disagree to strongly agree. Cohesion and flexibility scores were subsequently plotted on the circumplex chart to determine whether participants demonstrated balanced or unbalanced relational functioning, with balanced functioning defined as scores within the 15th to 85th percentile range. Communication quality was categorised into poor, good, or very good classifications based on aggregated scores. Emotional intelligence was assessed using a 25-item emotional intelligence scale adapted from Goleman (1998) framework and previously utilised by (Dewi & Wilani, 2016), which demonstrated a reliability coefficient of $\alpha = 0.885$. The scale consisted of seven favourable items and eighteen unfavourable items distributed across five subdimensions corresponding to self-awareness, self-regulation, self-motivation, empathy, and social skills.

Data collection was conducted in four sequential phases. The preparation phase included literature review, module development, expert validation, and adaptation of the FACES IV instrument. The screening phase involved structured interviews and preliminary questionnaire administration to verify participant eligibility and establish baseline relational profiles. Subsequently, pre-test assessments measuring emotional intelligence and relational balance were

administered to both groups prior to the intervention. The experimental group then participated in the four-session EIT-CM programme, with each session concluding in participant evaluations and facilitated discussions designed to collect feedback regarding programme relevance and implementation. Finally, post-test assessments were administered to both groups within one week after completion of the intervention.

Quantitative data were analysed using the Wilcoxon Signed-Rank Test, a non-parametric statistical procedure appropriate for comparing paired pre-test and post-test scores derived from ordinal or non-normally distributed data. This analytical method was selected because of the small sample size and the ordinal characteristics of the emotional intelligence instrument. Statistical significance was determined at $\alpha = 0.05$. In addition, FACES IV cohesion and flexibility scores were analysed through circumplex chart plotting to identify directional changes in relational balance following the intervention. Qualitative data obtained from participant evaluation forms, observation notes, and brief post-session interviews were analysed thematically to examine participants' perceptions regarding the relevance, acceptability, and practical usefulness of the intervention programme.

RESULTS AND DISCUSSION

MODE VALIDATION

Expert validation of the EIT-CM module was conducted by two licensed psychologists specialising in marital and family psychology. The first expert judge assessed the module as fit for use, recommending that facilitators provide more graduated and explicit guidance for each activity. The second expert judge recommended a clearer structural distinction between internal EI components (self-awareness, self-regulation, self-motivation) and external EI components (empathy, social skills), with the latter addressed through direct inter-partner role-play to enable immediate feedback. Both recommendations were incorporated into the revised module: Sessions 1–3 were retained as reflective and psychoeducational in character, while Session 4 was restructured to include direct couple role-play exercises with real-time partner feedback on perceived understanding and listening quality.

PARTICIPANT REACTIONS TO THE MODULE

Participant feedback was collected through structured evaluation forms and facilitated discussion at the close of each session. Across all four sessions, participants consistently rated the material as systematically organised, linguistically accessible, and directly relevant to their daily relational experiences. In Session 1, participants reported gaining insight into emotion recognition, acknowledging that they had previously overlooked somatic cues such as shoulder tension as a marker of anger both in themselves and their partners. Session 2 was rated as highly relatable; participants engaged actively with the coping mechanism material and expressed intent to apply de-escalation strategies before addressing conflict. One participant suggested including additional resources on stress management, while another noted that the dyadic coping terminology required clearer lay explanation. Session 3 prompted participants to reconnect with their marital goals; wives in particular articulated the importance of quality time, indicating that the session successfully activated motivational engagement. Session 4 elicited the most substantive participant reactions: participants reflected on past defensive communicative behaviours including blame attribution and avoidance and identified empathy and active listening

as the core competencies they intended to cultivate. Feedback also suggested that the facilitator could have been more directive in encouraging role-play participation.

EMOTIONAL INTELLIGENCE OUTCOMES

Table 4 presents EI pre-test and post-test scores for both groups. In the experimental group, all six participants recorded increases in EI scores following the training programme, with scores shifting from a range of 50–63 at pre-test to 57–77 at post-test. The most substantial individual gain was observed in participant D (husband), who increased his score by 27 points (from 50 to 77), the only experimental participant classified as low EI at baseline. In contrast, EI scores in the control group remained largely stable or declined marginally across the same interval, with no participant recording a meaningful upward shift attributable to a structured intervention. Statistical analysis using the Wilcoxon Signed-Rank Test yielded Asymp. Sig. = 0.027 ($p < 0.05$), confirming a statistically significant difference between pre-test and post-test EI scores in the experimental group.

Table 4. Pre-test and Post-test Emotional Intelligence Scores

Participant	Group	Pre-test Score	Category	Post-test Score	Category
WD (wife)	Experimental	63	High	68	High
AW (husband)	Experimental	57	High	66	High
AD (wife)	Experimental	60	High	67	High
BM (husband)	Experimental	51	High	57	High
S (wife)	Experimental	60	High	67	High
D (husband)	Experimental	50	Low	77	High
II (wife)	Control	74	High	74	High
MJ (husband)	Control	73	High	73	High
NS (wife)	Control	63	High	70	High
DN (husband)	Control	66	High	65	High
TA (wife)	Control	73	High	71	High
MIA (husband)	Control	78	High	70	High

Note: Wilcoxon Signed-Rank Test (experimental group): Asymp. Sig. = 0.027 ($p < 0.05$).

RELATIONAL BALANCE OUTCOMES (FACES IV)

Table 5 summarises communication levels and the direction of cohesion and flexibility shifts for the experimental group across pre-test and post-test assessments.

Table 5. Pre-test and Post-test Communication Levels and Relational Balance — Experimental Group

Participant	Communication Pre	Communication Post	Cohesion Pre	Cohesion Post	Flexibility
WD (wife)	Very low	High	Unbalanced (85%)	Balanced (connected)	Balanced → Balanced
AW (husband)	Low	Moderate	Balanced	Balanced	Balanced → Balanced
AD (wife)	Moderate	High	Unbalanced (85%)	Balanced (connected)	Balanced → Balanced
BM (husband)	Moderate	High	Balanced	Balanced	Balanced → Balanced
S (wife)	Low	Moderate	Very connected (82.5%)	Balanced (connected)	Balanced → Balanced
D (husband)	Moderate	High	Balanced	Balanced	Balanced → Balanced

Note: 'Unbalanced' = cohesion score $\geq$ 85th percentile or $\leq$ 15th percentile. 'Very connected' = borderline enmeshment (82.5%). Flexibility remained balanced for all experimental participants at both time points.

Prior to training, two of three wives in the experimental group presented cohesion scores at or above the 85th percentile threshold, indicating enmeshed-range bonding; the third wife's cohesion score of 82.5% placed her in a very connected but borderline unbalanced position. All three husbands were within balanced cohesion ranges at pre-test. Following the intervention, cohesion scores for all three wives shifted into the balanced range, consistent with connected or cohesive levels as defined by the FACES IV framework. Flexibility remained within balanced parameters for all experimental participants at both time points a finding consistent with the dual-income status of all three wives, who maintained functional role exchange with their husbands. Communication levels improved for every experimental participant, with the most marked gain observed in WD, whose score advanced from very low to high. In the control group, no meaningful shifts in cohesion or flexibility were observed, and communication levels remained unchanged across the assessment period.

DISCUSSION

The present study demonstrated that a four-session Emotional Intelligence Training Programme grounded in Olson's Circumplex Model produced statistically significant improvements in EI scores and observable shifts toward balanced relational functioning among Indonesian newly married couples. These findings are consistent with, and extend, the existing literature reviewed in this study.

The significant pre-test to post-test EI gains in the experimental group (Wilcoxon $p = 0.027$) replicate the core finding of Hodzic et al (2018) meta-analysis, which established that structured EI training reliably produces improvements in emotional competencies across diverse populations. More specifically, the pattern of gains mirrors results reported by Nelis et al. (2009), whose randomised controlled study found that even relatively brief, skills-based EI training sufficed to produce meaningful and durable improvements. The absence of equivalent gains in the untreated control group, whose scores remained stable or declined marginally, reinforces the inference that observed EI improvements were attributable to the training rather than to measurement artefacts or maturation effects. Fluctuations in control group scores are consistent

with the test-retest variability documented in affective assessments under conditions of fatigue or psychological stress (Salovey & Mayer, 1990).

The finding that husbands entered the training with lower baseline EI scores than their wives corroborates prior research documenting a consistent gender differential in emotional competencies, and aligns with the observation by Batool & Khalid (2012) that men exhibit greater difficulty in emotional expression, contributing to relational asymmetries in the early marital period. The markedly larger EI gain in participant D whose educational background differed from that of other participants suggests that individuals with lower pre-existing exposure to emotionally demanding professional environments may have more room for rapid EI development, consistent with Joseph & Newman (2010) observation that complex occupational environments facilitate higher-order emotional processing over time.

Critically, EI gains were accompanied by measurable improvements in relational balance as operationalised by the Circumplex Model. The post-training shift of all three wives' cohesion scores from unbalanced (enmeshed-range) to balanced levels directly supports (Olson, 2000; 2019) central hypothesis that balanced couple systems characterised by moderate, functional levels of cohesion and flexibility are associated with superior relational functioning. The mechanism underlying this shift is theoretically coherent: as participants developed greater empathic accuracy and emotion regulation capacity, they became better equipped to meet partners' emotional needs without collapsing into fusion, thereby sustaining both closeness and individuation. This dynamic maps precisely onto Neto et al (2021) account of how empathy prevents emotional disengagement while simultaneously protecting against enmeshment.

The consistent improvements in communication level across all experimental participants provide further convergent evidence. Olson (2000; 2011) positioned communication as the facilitating dimension of the Circumplex Model the medium through which cohesion and flexibility are regulated and the present findings support this functional role. As participants developed active listening skills, assertive self-expression, and greater sensitivity to their partners' non-verbal cues, their communicative behaviour became more aligned with the positive communication profile described by Olson (2011): empathic, open, and conducive to mutually agreeable role negotiation. This is consistent with Litzinger & Gordon (2005), who identified communication quality as a central pathway linking EI to marital satisfaction, and with Parsakia et al (2024), who found that couples with higher EI employ constructive communication strategies including active listening and empathic responding that reduce conflict and enhance relational well-being.

The stability of flexibility scores across both assessment points warrants interpretation rather than dismissal. All three wives in the experimental group held concurrent employment, and their husbands demonstrated behavioural flexibility in domestic role sharing for instance, assuming household tasks when wives were occupied with work demands. This suggests that flexibility was already functionally present in these couples' relational systems, consistent with Hajiabasi & Taher (2022) account of how adaptive couples leverage flexibility to reframe, tolerate, and resolve conflict. The training thus reinforced rather than initiated flexible functioning, which may explain why change on this dimension was less pronounced than on cohesion or communication. This also implies that future replications involving couples with more rigid relational structures might yield more substantial flexibility gains.

The module's structure combining psychoeducation, facilitated discussion, case analysis, and direct inter-partner role-play proved acceptable and engaging across all four sessions. Participant feedback indicated that the content was both theoretically informative and experientially resonant, reflecting the training design principle advanced by Nelis et al (2009) that effective EI interventions must couple conceptual understanding with applied skill practice. The inclusion of the FACES IV circumplex chart as psychoeducational material in Session 4 was particularly valued: participants were able to identify their own relational profiles and engage in targeted discussion of areas requiring development, exemplifying the assessment-as-intervention approach inherent in the Circumplex Model framework (Olson et al., 2019). The cultural adaptation embedded throughout the programme re-framing assertiveness and self-disclosure exercises to accommodate Indonesian norms of indirect communication and conflict avoidance appeared to facilitate rather than impede engagement, addressing the contextual gap identified by (Luthfi, 2017; V. A. Sari & Tiwari, 2024)

Several limitations constrain the generalisability of these findings. The small sample (three couples per group) was sufficient to detect within-group change but precludes broader statistical inference. The absence of long-term follow-up means that the durability of EI and relational gains remains untested; given that EI is a trainable but not permanently altered trait, booster sessions or follow-up contacts would likely be necessary to sustain gains. Pre-test heterogeneity in communication levels notably, WD entered training with a very low communication score while her husband was at low means that the homogeneity of starting conditions was not controlled. The 10-item FACES IV communication subscale may also underrepresent the breadth of communicative competencies targeted by the training, particularly dimensions of self-disclosure and topical focus, which were emphasised in Sessions 2 and 4. Finally, the cultural profiles of participants were not systematically documented, limiting the precision with which cultural factors can be accounted for in interpreting relational dynamics.

CONCLUSION

This study concludes that the Emotional Intelligence Training Programme based on Olson's Circumplex Model (EIT-CM) demonstrates promising efficacy as a preventive intervention for enhancing emotional intelligence and relational balance among couples in the early years of marriage. The statistically significant improvement in emotional intelligence scores, accompanied by observable shifts from unbalanced to balanced relational cohesion and improved communication patterns, indicates that the integration of emotional competence training with the Circumplex Model provides a theoretically coherent and empirically supported framework for strengthening marital functioning. These findings further reinforce the proposition that emotional intelligence operates as a critical mechanism through which couples regulate emotional closeness, communication quality, and adaptive relational processes during a developmental stage characterised by heightened vulnerability to conflict and dissatisfaction.

Moreover, the culturally adapted structure of the EIT-CM programme integrating psychoeducation, reflective exercises, dyadic coping strategies, and experiential role-play activities appeared effective in facilitating emotional openness and constructive communication within the Indonesian socio-cultural context, where indirect emotional expression and conflict avoidance are relatively prevalent. Although the study was limited by its small sample size and the absence of longitudinal follow-up assessment, the findings provide preliminary evidence that emotionally focused preventive interventions may contribute meaningfully to marital adjustment

and relational resilience among newly married couples. Future studies involving larger samples, controlled randomised designs, and long-term evaluation are recommended to further establish the programme's clinical utility and generalisability across diverse cultural and relational contexts.

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