

# The Study of Content Validity, Construct Validity, Reliability of the Relational Ethics Scale (RES) in the Thai Version

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**Objective:** To assess content validity, construct validity, and reliability of Relational Ethics Scale (RES) in Thai version.

**Materials and Methods:** The researcher translated RES into Thai and then translated back into English. Then, RES in Thai version was given to 120 patients aged between 18 to 60 years in Department of Psychiatry, HRH Princess Maha Chakri Sirindhorn Medical Center. Content validity was measured by item-objective congruence index (IOC). Construct validity was measured by confirmatory factor analysis (CFA), referred from the Root Mean Square Error of Approximation (RMSEA) and loading factor. Cronbach's alpha coefficient was used for reliability measurement.

**Results:** IOC of RES in Thai version was 0.86, RMSEA was 0.06, the loading factor of all questions >0.30, and overall internal consistency of RES was 0.96.

**Conclusion:** RES in Thai version contained content validity and construct validity. If it is developed further to determine predictive, concurrent validity and determine sensitivity and specificity, it can be used for evaluation and treatment planning accurately in psychological intervention.

**Keywords:** Relational ethics scale; Thai version; Vertical relationship; Horizontal relationship

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A survey in the United States found that one of the two spouses ended up divorcing. Not only more than a million children a year but also spouse suffer from their divorce. In Thailand, the divorce rate is also increasing. The number of divorce registrants 76,037 couples in 2001<sup>(1)</sup> rose to 128,514 pairs in 2019<sup>(2)</sup>. Psychiatrists and psychologists, therefore, had to work harder to restore the family function by psychotherapy or psychological intervention. Family problem in spouse and child-rearing have their root in relationships with parents or caregivers at a young age<sup>(3)</sup>, generally family intervention may not concern this root of the problem.

Contextual family therapy and contextual theory, one of the emerging theories of family therapy that an integrative, strength-based framework that was developed by Ivan Boszormenyi-Nagy<sup>(3)</sup>. According to the contextual theory, symptoms occur when there is a perceived imbalance of fairness in relationships<sup>(3,4)</sup>. The imbalance of fairness is

based on vertical families (parent-child relationship are transferred and affected horizontal relationship (romantic relationship or close friendship)<sup>(3,4)</sup>. Furthermore most often individuals will move to satisfy this entitlement through their children<sup>(5)</sup>. That is because attachment from vertical families changes its form into an internalized object that influences feelings and attitudes which finally affect romantic relationship, close friendship and children<sup>(3-5)</sup>. Therefore, influences of vertical families still remain in horizontal families, either consciously or unconsciously<sup>(6)</sup>.

This theory based on dimension of relational reality. 1) Fact, objectifiable, there include such as genetics, physical health, family history; 2) Family transaction, the communication of interaction pattern in family, which define power alignments, structure; 3) Relational ethics, subjective balance of trustworthiness, justice, loyalty and entitlement between members in family<sup>(3-5)</sup>. Relational ethics is the root powerful and influential dimension in shaping individual and family including vertical and horizontal relationship<sup>(3-5)</sup>; therefore, it is helpful in working with families, children, adolescents, couple and elderly<sup>(3-5)</sup>. In order for empirical testing called relational ethics scale (RES) to be performed systematically on contextual theories, appropriate testing instruments was developed and validated through multiple processes. RES original version is good content, construct, predictive, concurrent validity and good reliability<sup>(5)</sup>.

RES has been used in United states and some European countries<sup>(7)</sup>. According to literature review, it was found that this form has never been translated into Thai or studied in Thailand. Current family relationship assessment

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forms do not have any supporting by theories and not by systemic approach both vertical and horizontal relationships. Therefore, RES translation into Thai, with good reliability and good validity, to measure family relationship is necessary, because supporting by theory and systematic approach tools is not only for evaluation and treatment accurately but also follow-up relationships in psychological intervention.

## Materials and Methods

### Study design and population

This is a descriptive and cross-sectional research. The samples were out patients department of psychiatry, HRH Princess Maha Chakri Sirindhorn Medical Center, Srinakharinwirot University, between August 2017 and November 2018. For the inclusion criteria, 1) age between 18 to 60 years; 2) able to read and understand Thai; 3) used to have or were having lovers, close friends, or husbands/wives under or not under marriage and with or without marriage certificate; 4) consented to participate in the research after acknowledgement of the details. For the exclusion criteria, 1) had intellectual disability and could not understand language, or had mental deficiency; 2) had severe psychiatric disorders and could not be interviewed, e.g., high degree intention to suicide or having hallucinations/auditory hallucination; 3) rejected or withdrew from the study. Because construct validity was measured by confirmatory factor analysis (CFA). This research paper studied 6 latent variables and 24 indicators. Therefore, the sample size should have approximately 240 samples (10: 1 indicator) or (5: 1) approximately 120 samples<sup>(8)</sup>. 120 samples were obtained by non-probability sampling (purposive sampling).

Process: There were 2 steps as follows

Step 1: Translation process – The researcher translated RES in accordance with the suggestions of WHO - Composite International Diagnosis Interview as follows.

1) Forward translation: Translation by research physicians with knowledge and understanding of family problems, and with expertise in child and adolescent psychiatry.

2) Expert panel: The researcher attended the meeting to consider and examine appropriateness of RES translation in Thai version. The researcher also met with the advisor who was expert in family therapy for the edition of RES in Thai version (1<sup>st</sup> edition). Then, the researcher requested for comments on the congruence between English and Thai versions from 4 experts with work experiences in psychiatry not less than 5 years, i.e., psychiatrists, child and adolescent psychiatrists, or psychologists. The researcher met with the advisor afterwards for RES re-edition (2<sup>nd</sup> edition).

3) Backward translation: translation back to original language version. Researcher requested the expert in American/English language.

4) Cognitive interview: RES in Thai version was tested on patients in department of psychiatry, HRH Princess Maha Chakri Sirindhorn Medical Center, Srinakharinwirot University. To clarify, 20 samples were interviewed face to

face to study their understanding of each question.

5) Final version: After all steps had been completed, the last edited RES was used as the final version.

Step 2: Validation process

1) After the final RES in Thai version was obtained, the samples were instructed to do RES without dividing them into groups. The data collected included 1) basic data and 2) the data obtain from the final RES in Thai version.

2) Score recording: 1) The scores were divided in accordance with likert scale, i.e., 1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = strongly agree; 2) For negative questions, i.e., No. 2, 3, 6, 8, 9, 12, 14, 15, 18, 19, 22, and 23, the scores must be reversed into 5 = 1, 4 = 2, 3 = 3, 2 = 4, and 1 = 5; 3). Raw scores were recorded and summed in their own questions. The total score was obtained from the calculation of No. 1 to 24. Vertical relationship included No. 1 to 12. Horizontal relationship included No. 13 to 24. Vertical trust-justice included No. 1, 2, 7, 8, 10, and 12. Vertical entitlement included No. 4, 6, and 9. Vertical loyalty included No. 3, 5, and 11. Horizontal trust-justice included No. 14, 16, 18, 20, 23, and 24. Horizontal entitlement included No. 15, 19, and 22. Horizontal loyalty included No. 13, 17, and 21, respectively.

### Statistical analysis

Data and components were analyzed by SPSS version 26.0 and Amos 2.0. The data related to basic characteristics, e.g., understanding of intellectual interview and IOC was collected in the forms of number and percentage. Construct validity was measured by Confirmatory factor analysis (CFA), referred from the Root Mean Square Error of Approximation (RMSEA) and loading factor. Cronbach's alpha coefficient was used for reliability measurement. The significance level was set up at  $p < 0.05$ .

### Ethics

The researcher was permitted by Dr. Terry Hargrave to translate RES into Thai, and was certified by Human Research Ethics Committee, Faculty of Medicine, HRH Princess Maha Chakri Sirindhorn Medical Center, Srinakharinwirot University, under the approval No. SWUEC/E-356/2016 (BE 2559) and has been reviewed and approved by TCTR Committee on 01 February 2021. The TCTR identification number is TCTR20210201001. All participants had been notified of the process and sign the consent form before they participated in the research.

## Results

### Item-objective congruence index (IOC)

The questions from 1<sup>st</sup> edition of RES were measured for IOC by 4 experts with work experiences in psychiatry.

It was found that total IOC of the entire form = 0.86, which was over 0.50 in all questions. Most or 62.50% of the questions had IOC = 1.00, followed by 20.83% that had IOC = 0.75. The lowest or 4.16% of the questions had IOC = 0.50.

### Cognitive interview

The population initially consisted of 20 samples. Most of them understood questions. The question rarely understood by the samples was about horizontal relationship, No. 14 “I don’t trust he/she that he/she will perceive what I am interested in” 7 samples out of 20 were uncertain (35% of total population). That was because the samples suspected of sentence spacing. When they were asked if the parentheses were added in the sentence as “I don’t trust (him/her) that (he/she) will perceive what I am interested in” it was found that the samples could better understand the sentence.

### Basic data and characteristics

Among 120 samples of the experimental group, 27 did not answer some questions. Therefore, there were 93 left for data processing. Purposive sampling was used again for obtaining 120 more samples. 49 of them were male (40.80%). 71 were female (59.20%). Most or 82 of the samples aged between 20 to 40 years (68.30%). 50 still lived with vertical families (41.70%). 51 were already married (42.50%). 59 received income between 10,000 to 30,000 baht (49.20%). 29 were university students (24.20%). 16 were company employees (16.60%). 56 graduated with a bachelor’s degree (46.70%). 25 did not have any underlying diseases (20.80%). 17 had stress disorder (14.20%), followed by 15 with depressive disorder (12.50%), respectively (Table 1).

### Family relationship correlation

According to the examination of vertical relationship and horizontal relationship, it was found that both significantly related to each other, both overall and in all aspects. Vertical trust-justice related to horizontal trust-justice = 0.79. Vertical loyalty related to horizontal loyalty = 0.64. Vertical entitlement related to horizontal entitlement = 0.67. Vertical relationship related to horizontal relationship = 0.82 (Table 2).

### Confirmatory factor analysis (CFA)

For the first CFA results, it was to present the results of the components in family relationship by the 6-component model. The analysis revealed that the data obtained was not congruent with the empirical data. To clarify, Chi-square = 630.95, df = 237,  $X^2/df$  = 2.66, not in accordance

with the criteria because it should have been less than 2.00 with no statistical significance. The analysis result = 0.00, which should have been over 0.05. GFI = 0.65 and AGFI = 0.56, not in accordance with the criteria because it should have been 0.90 or over. RMSEA = 0.12, which should have been less than 0.08 for the acceptable level. Therefore, the researcher adjusted the model by adjusting error covariance.

After the model had been adjusted, it was found that the data obtained was congruent with the empirical data at a better level, considered from Chi-square = 271.11, df = 191,  $X^2/df$  = 1.42, in accordance with the criteria that it should be less than 2.00. However, statistical significance was found. To clarify, the analysis results = 0.00, which should have been over 0.05. GFI = 0.80 and AGFI = 0.76, still not in accordance with the criteria but closer to 0.90.

**Table 1.** General characteristics of the samples

Status	Number (%)
Sex	
Female	71 (59.20)
Male	49 (40.80)
Age (years)	
Less than 20 (18 to 20)	18 (15.00)
20 to 40	82 (68.30)
40 to 60	20 (16.70)
Vertical relationship status	
Not defined	22 (18.30)
Be with family	50 (41.70)
Have one’s own family	48 (40.00)
Horizontal relationship status	
Married	51 (42.5)
Boyfriend/girlfriend	34 (28.33)
Not defined	1 (0.83)
Single	34 (28.34)
Income (bath/month)	
Less than 10,000	37 (30.80)
10,000 to 30,000	59 (49.20)
More than 30,000	19 (15.80)
Not defined	5 (4.20)

**Table 2.** Pearson’s correlation coefficient of family relationship score

Score	Vertical trust	Vertical loyalty	Vertical entitlement	Vertical relationship
Horizontal trust	0.79*	0.67*	0.68*	0.77*
Horizontal loyalty	0.76*	0.64*	0.65*	0.74*
Horizontal entitlement	0.72*	0.69*	0.67*	0.74*
Horizontal relationship	0.83*	0.73*	0.74*	0.82*

\* p-value <0.05

RMSEA = 0.06, acceptable because it was less than 0.08 (Figure 1).

The loading factor of all questions >0.30. The CFA results in particular questions revealed that “Everyone in my family got love and warmth equally”, “One of my family members was pleased to dedicate him/herself for the family’s benefits” and “I trust that my family will look for what I am most interested in” were the key components toward vertical trust-justice, with the loading factor = 0.92, 0.91, and 0.85, respectively. “No matter what happens, my family will always beside me” was the key component of vertical loyalty, with the loading factor = 0.91. And “I got love and attention from my family as I deserve” was the key component of vertical entitlement, with the loading factor = 0.93, respectively (Table 3).

For horizontal family, “There is equality in the relationship between this person and I”, “I am being used and being accepted unfairly” and “This person listens to me and gives importance to my idea” were the key components toward horizontal trust-justice, with the loading factor = 0.90, 0.88, and 0.86, respectively. “I try to full fill his/her feelings” was the key component of horizontal loyalty, with the loading factor = 0.62. And “When I feel hurt, I will speak to or do something to this person” was the key component of horizontal entitlement, with the loading factor = 0.78, respectively (Table 3).

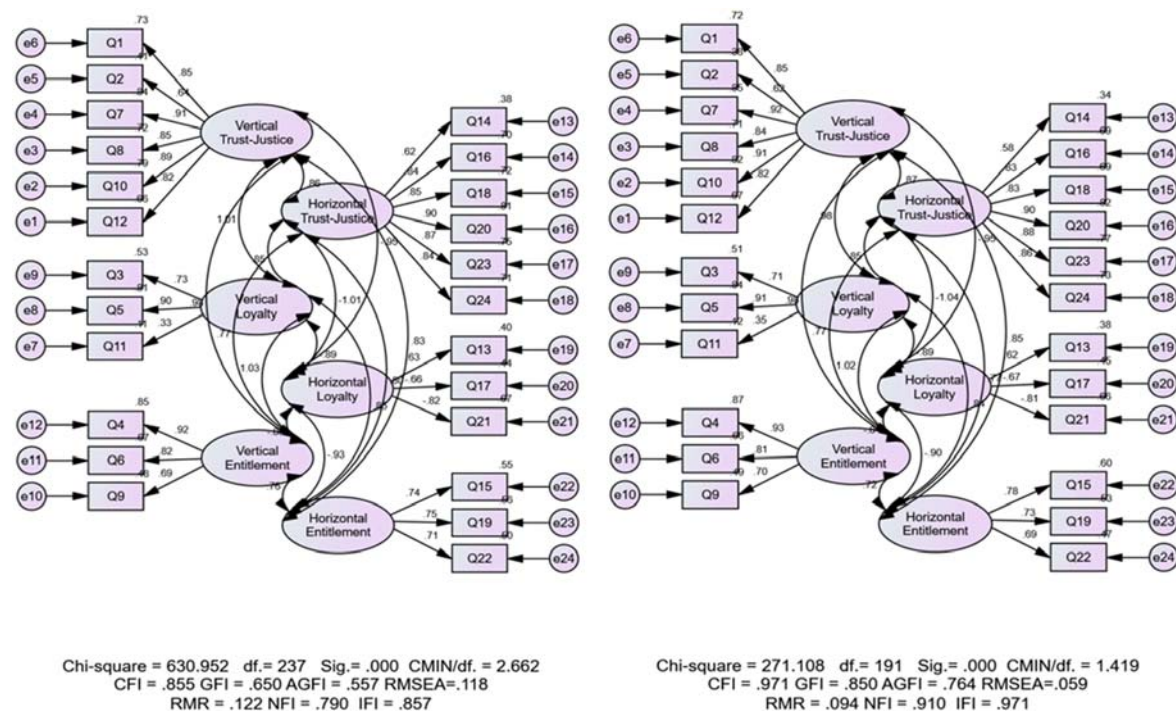
## Reliability

RES in Thai version with 24 questions had Cronbach’s alpha (No. 1 to 24) = 0.96. Vertical relationship (No. 1 to 12) = 0.95. Horizontal relationship (No. 13 to 24) = 0.89. No question had corrected item total correlation below 0.20 (Table 4).

## Discussion

This study revealed that RES in Thai version found that vertical family and horizontal family significantly related to each other, both overall and in all aspects, that get along well with the contextual theory of Ivan Boszormenyi-Nagy that the imbalance of fairness is based on vertical families (parent-child relationship) of which imbalance fairness are transferred and affected horizontal relationship (romantic relationship or close friendship). This result is conforming RES original version, which contains vertical subscale and horizontal subscale, with Pearson’s correlation of 0.54<sup>(5)</sup>. When comparing the results with the study of Rashmi Gangamma, a study of contextual therapy theory’s relational ethics in couple in therapy, it was found that relational ethics in female partner’s family of origin was significantly associated with relational ethics in current partnerships Pearson’s correlation was 0.42<sup>(9)</sup>.

Total IOC of the entire form was .86 that reflects good content validity. For construct validity using the adjusted



Q = are observed variables when referring to article questions in the tool

e = are measurement discrepancies which take the place of those that render the measurement inaccurate.

**Figure 1.** The CFA results of family relationship in pre- and post- error covariance adjustment of Relational Ethics Scale Thai version.

**Table 3.** The loading factor in particular questions of Relational Ethics Scale (RES) Thai version

Number: sentence	Factor loading	Standardized factor loading	Indicator error	Predictive coefficient
12 I often feel being left from my family.	1.00	0.82		0.67
10 One of my family members was pleased to dedicate him/herself for the family's benefits.	1.11	0.91	0.09	0.82
8 Sometimes I am unfairly being used by my family.	1.12	0.84	0.09	0.70
7 Everyone in my family got love and warmth equally.	1.22	0.92	0.09	0.85
2 Which person (s) in my family was (were) often accused for being a problem despite the fact that it was not his/her (their) fault.	0.73	0.62	0.10	0.38
1 I trust that my family will look for what I am most interested in.	1.10	0.85	0.10	0.72
11 I look for a relationship to enclose to my family.	1.00	0.35		0.12
5 No matter what happens, my family will always beside me.	2.93	0.91	0.70	0.84
3 My appreciation for someone in my house makes the others dissatisfied.	2.29	0.71	0.59	0.50
9 I feel that my life was dominated by my parents' desire.	1.00	0.70		0.50
6 Sometimes it feels like my father or my mother; or they both don't like me.	1.40	0.81	0.14	0.66
4 I got love and attention from my family as I deserve.	1.46	0.93	0.15	0.87
14 Don't trust that he or she will see what I am really interested in.	1.00	0.58		0.34
16 This person will stand beside me when I have problems or be happy.	1.70	0.83	0.24	0.70
18 There is inequality in the relationship between this person and I.	1.55	0.83	0.20	0.69
20 There is equality in the relationship between this person and I.	1.78	0.90	0.25	0.82
23 I am being used and being accepted unfairly.	1.68	0.88	0.22	0.77
24 This person listens to me and gives importance to my ideas.	1.79	0.86	0.26	0.73
13 I try to full fill his/her feelings.	1.00	0.62		0.38
17 Before making any important decision, I will ask for his/her ideas.	-1.11	-0.67	0.16	0.45
21 Both of us are the giver for the other's benefits.	-1.30	-0.81	0.17	0.66
15 When I feel hurt, I will speak to or do something to this person.	1.00	0.78		0.60
19 When I get angry, I often take it out on this person.	1.11	0.73	0.14	0.52
22 I take advantage of this person.	0.95	0.69	0.12	0.47

**Table 4.** Cronbach's alpha coefficient of Relational Ethics Scale (RES) Thai version

No.	Item-Total Statistics				
	Scale mean if item deleted	Scale variance if item deleted	Corrected item-total correlation	Squared multiple correlation	Cronbach's alpha if item deleted
1	70.73	511.95	0.80	0.80	0.95
2	71.38	526.51	0.64	0.59	0.96
3	71.12	513.57	0.73	0.72	0.96
4	70.73	511.03	0.83	0.87	0.95
5	70.72	504.59	0.87	0.90	0.95
6	70.74	509.07	0.77	0.80	0.94
7	70.83	506.38	0.87	0.86	0.95
8	71.03	506.43	0.85	0.85	0.95
9	71.28	520.34	0.73	0.79	0.96
10	70.77	512.35	0.84	0.84	0.95
11	70.88	542.69	0.37	0.44	0.96
12	70.73	516.05	0.78	0.75	0.95
13	70.53	603.09	-0.59	0.61	0.97
14	71.18	536.72	0.54	0.59	0.96
15	71.12	529.15	0.65	0.65	0.96
16	70.67	519.13	0.74	0.79	0.96
17	70.42	525.57	0.67	0.66	0.96
18	71.12	522.73	0.75	0.75	0.96
19	71.01	523.74	0.63	0.60	0.96
20	70.88	517.30	0.80	0.83	0.95
21	70.82	520.45	0.80	0.75	0.95
22	70.93	526.06	0.66	0.64	0.96
23	70.89	519.34	0.79	0.82	0.95
24	70.94	517.05	0.75	0.80	0.96

CFA results, it was found that the data obtained was congruent with the empirical data at a good level, with acceptable RMSEA. For the details of CFA in the adjusted model, it was found that all questions were significantly necessary to all components, conforming to the 6 components in the original version, with the loading factor of all questions >0.30. When comparing the results with the study of Mere Rived-Ocana, Spanish adaptation of RES on validity, it was found that the results of both studies were similar, with RMSEA = 0.049<sup>(7)</sup>.

Moreover internal consistency, with Cronbach's alpha was 0.96, similar to the original version (English), with Cronbach's alpha was 0.96. When comparing the results with the study of Mere Rived-Ocana, Spanish adaptation of RES, on reliability, it was found that Cronbach's alpha of the entire RES (No. 1 to 24) = 0.88, vertical relationship (No. 1 to 12) = 0.87, horizontal relationship (No. 13 to 24) = 0.88<sup>(7)</sup>, conforming to this study of RES in Thai version.

This study presents the second transcultural adaptation of the RES, allowing for the empirical investigation of relational ethics in another cultural context. It also expands the possibility to evaluation and treatment planning

accurately in psychological intervention if further research is done in the future.

### Limitations

This research used purposive sampling, not conducted in general people but only in department of psychiatry, therefore results were high variance and reflect presence of selective bias. Another limitation is translation some statements, some words could not find thai language to concise the sentence. Such as "I do not trust this individual to look out for my best interests". The word "Individual" in thai language is hard to translation to concise sentence. the respondent may not know who 'this person' is. So researcher had to add "him/her" in the statement, which is "I don't trust he/she that he/she will perceive what I am interested in", leading to the samples suspected of sentence spacing. This research was not to determine the criterion validity of the RES, because no other measure could serve as reference. Additionally this research was not able to evaluate the temporal stability of the instrument, which believe is essential in understanding its sensitivity to change.

## Conclusions and Suggestion

RES in Thai version contains content validity and theoretical validity. The reliability of the entire RES is at a good level. However, it will be necessary to test RES with divided 2 group, dysfunctional and well-adjusted family relationships to determine predictive validity. Moreover it will be necessary to test with other scales to determine concurrent validity and determine sensitivity and specificity before utilization in general population.

## What is already known on this topic?

RES in original version is reliable in terms of face validity, content validity, construct validity, predictive validity, and concurrent validity. This form, that covers the contextual theory, is used in America and some European countries to evaluate and treatment accurately in psychological intervention.

## What this study adds?

RES Thai version with good reliability and good validity to measure family relationship is necessary, because supporting theories in the form make it applicable to measure such relationship in order to assess the background of pathological condition in family. It can be used for evaluation and treatment planning accurately in psychological intervention, if further research is done in the future.

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## Potential conflicts of interest

The authors declare no conflict of interest.

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