

# Determining the Effectiveness of Positive Psychology on Resilience and Depression Among Master's Students at Payame Noor University of Karaj

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### ABSTRACT

**Objective:** The aim of this research was to determine the effectiveness of positive psychology on resilience and depression among master's students at Payame Noor University of Karaj.

**Methods and Materials:** This study employed an experimental methodology with a quasi-experimental design, specifically a pretest-posttest with a control group. The statistical population comprised all master's students at Payame Noor University of Karaj. The sample size was considered to be 30 individuals. Data collection methods included both library and field approaches. The data collection instruments used in this study were two standardized questionnaires: the Connor-Davidson Resilience Scale and the Beck Depression Inventory (1978), along with a protocol for group-based positive psychological training and guidance. The data were analyzed using the Statistical Package for the Social Sciences, version 21 (SPSS). Descriptive statistics, including mean and standard deviation, were used in the pretest and posttest stages. To assess the normality of the variables, the Kolmogorov-Smirnov test was employed, and to examine homogeneity of variances, Levene's test was used. Analysis of covariance (ANCOVA) was applied to compare the mean scores of the experimental and control groups and to account for the effect of pretest scores and other confounding variables on the posttest.

**Findings:** The results indicated that positive psychology training had a significant impact on the resilience of the master's students at Payame Noor University of Karaj.

**Conclusion:** In sum, positive psychology training improved the resilience and depression levels of the students, with a more pronounced effect on resilience compared to depression.

**Keywords:** Positive Psychology, Resilience, Depression

## 1. Introduction

Positive thinking refers to focusing on positive aspects of life and avoiding negative ones. It is not merely about having specific thoughts but represents a general approach and orientation toward life. Positive thinking entails maintaining internal balance, staying calm in the face of problems, preserving personal motivation, and engaging in appropriate actions while feeling good about oneself. It helps people be productive, tackle tasks, look forward to the future, and lead healthier and happier lives. Those who believe that the causes of adverse events are permanent and therefore think such events will always recur are more prone to depression. Conversely, those who face setbacks with flexibility and resist depression believe that the causes of adverse events are temporary (Noferesti et al., 2017). Positive psychology is one of the latest branches of psychology, focusing on human success, unlike many other branches that focus on abnormal behaviors. This branch emphasizes human strengths such as living joyfully, enjoying life, problem-solving abilities, and optimism (Parsakia et al., 2024). One technique within positive psychology is positive psychotherapy or positive thinking, introduced by Seligman, Rashid, and Parks (2006). Despite its brief history, it has diverse applications in practice, especially in therapy, and has led to numerous studies. Positive thinking involves viewing events with the understanding that both good and bad exist in the world, but it is better to focus on the good and maintain a positive self-view, rather than constantly blaming oneself. It also means thinking well of others, having a positive attitude towards them, and interacting positively with others. In other words, positive thinking involves maintaining positive internal balance and staying calm in the face of problems (Seligman et al., 2006).

Research by Noferesti, Hassan Abadi, Pasandideh, and Shairi (2015) on the effectiveness of positive psychotherapy on happiness and psychological well-being in individuals with depressive symptoms showed that positive psychotherapy increases happiness and psychological well-being (Noferesti et al., 2017). Other studies, such as those by Raeyyat Ebrahimabadi et al. (2015), demonstrated that positive thinking skills training effectively reduces irrational beliefs and increases happiness among delinquent adolescents (Raeyyat Ebrahimabadi et al., 2015). Research by Sohrabi Esmerud and Jafari Roshan (2016) on the effectiveness of group-based positive psychotherapy on resilience, happiness, and general health among women with

addicted spouses found that the mean scores for resilience, happiness, and general health were significantly higher in the posttest of the experimental group compared to the control group (Sohrabi & Jafari Roshan, 2016). Forgeard and Seligman (2012) examined the outcomes of optimism and positive thinking, finding that optimistic individuals see negative events but do not view them as inevitable and deal with them constructively. They also have confidence in themselves when facing problems. A positive mind predicts happiness, joy, health, and successful outcomes in any situation or task, finding what it expects. Finally, the faster growth of the youth population compared to the overall population leads to issues such as a relative decrease in the productive economic population, changes in family structure from extended to nuclear, and increased vulnerability to physical and psychological diseases, incurring high costs (Forgeard & Seligman, 2012). Given these issues, examining the physical and mental health of young people and students is crucial. The use of new psychotherapy methods, such as positive thinking, supported by previous research, can be effective in addressing the psychological issues of students.

With the increasing youth population, their health problems, especially mental health issues, gain more importance. Young people's health problems, particularly students, are generally examined in two domains: physical and mental. Psychological diseases are more prevalent in this age group than in older populations. Common psychological problems among young people include depression, anxiety, and dementia (Seligman et al., 2006). Among mental health issues, depression has a high prevalence among young people. Depression is an unpleasant emotion where individuals feel bad. There are two major views to explain depression: the biomedical view, which emphasizes that psychological syndromes are primarily due to brain dysfunction, and the psychosocial view, which considers life experiences as the most significant factors in psychological disorders (Izadinia et al., 2010; Vojdani et al., 2014). Depression is characterized by a depressed mood, feelings of sadness, low self-esteem, and disinterest in any activity and daily pleasure. It leads to significant disability in personal and social life and employment, affecting daily functions such as eating, sleeping, and health (Varebrahim & Rasouli, 2009; Vojdani et al., 2014).

Resilience, as one of the main constructs of this approach, has gained a special place in developmental psychology, family psychology, and mental health over the past decade,

with an increasing number of related studies (Ghadam Poor et al., 2016). Resilience is defined by an individual's response to stressful life events or continuous exposure to stress (such as war and sexual exploitation) (Perkins & Jones, 2004). It is a factor that helps individuals cope with and adapt to difficult and stressful life conditions, protecting them against psychological disorders and life problems (Izadinia et al., 2010). Resilient individuals exhibit high personal adaptability to environmental stressors in their lives (Masten & Wright, 2010). Longitudinal studies show that significant psychological harms and adverse conditions lead to important changes in both short-term and long-term outcomes. Human resilience studies focus on understanding individual differences related to adverse experiences (Masten & Wright, 2009).

Physical and mental health during youth is at greater risk than at other life stages. The occurrence of psychiatric disorders among students is about 80%. For instance, 12 to 18 percent of young people experience diagnostic symptoms of depression and anxiety (Izadinia et al., 2010). Moreover, the transformation of social structures in recent decades and the shift from traditional extended family systems that emphasized supervision within the family to nuclear family systems, where parents live separately from children, has led to the rise of single-person households and the spread of this culture. Research indicates that students' living environment is a crucial and impactful factor on health and longevity (Winningham & Pike, 2007). However, research findings are not uniform and are often challenging. Numerous studies indicate that students living with their families enjoy better health. Living with family provides emotional support and fosters beneficial social relationships with family members, friends, and society, which is effective in maintaining students' mental health (Perkins & Jones, 2004). Given the importance of studying depression and resilience in students and its impact on their daily functioning, this research is necessary. The future benefits of this study lie in its potential to contribute to understanding psychological issues related to students and play a significant role in informing higher education administrators and policymakers. The beneficiaries of this research are also those responsible for student affairs. Considering the presented topics, we aim to conduct a study with this title among students at Payame Noor University of Karaj. This research continues previous studies and aims to provide useful, practical, and constructive results for relevant centers, paving the way for therapeutic interventions and future research in this field by addressing the existing limitations.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This research employed an experimental study design with a quasi-experimental pretest-posttest control group framework. The design consisted of two groups of subjects, both measured twice. The first measurement involved administering a pretest, and the second measurement was a posttest. The research execution involved randomly selecting one master's class at Payame Noor University of Karaj using a cluster sampling method. Thirty individuals scoring low on resilience and high on depression based on screening with the respective questionnaires were randomly selected and divided into two groups of 15 each (experimental and control). An orientation session was conducted to familiarize participants (both control and experimental groups).

The study population included all master's students at Payame Noor University of Karaj. The sample size was determined to be 30 individuals based on informed consent and inclusion/exclusion criteria. Using purposive sampling, 30 individuals were selected, and 15 were randomly assigned to the experimental group and 15 to the control group. The inclusion criteria required participants to agree to participate in the study and complete the training process, sign an informed consent form, and those unwilling to participate due to lack of informed consent were excluded. Participants were divided into two groups randomly (those scoring high in depression and low in resilience) and had no prior positive therapy training. Exclusion criteria included lack of consent to participate, prior positive therapy training, and more than two absences. Participants could withdraw from the sessions at any time.

The control group did not receive any training, while the experimental group underwent the educational program according to a set schedule and outlined educational topics over 15 sessions, with two 90-minute sessions per week. Both groups (30 individuals) were measured twice: first with a pretest assessing depression and resilience using relevant questionnaires, and second with a posttest after the positive psychology training (independent variable).

### 2.2. Measures

#### 2.2.1. Resilience

Connor-Davidson Resilience Scale (CD-RISC) was developed by Kathryn M. Connor and Jonathan R.T.

Davidson in 2003. This scale is widely used to measure resilience, encompassing the ability to cope with stress and adversity. The CD-RISC consists of 25 items, each rated on a 5-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time). The total score ranges from 0 to 100, with higher scores indicating greater resilience. The CD-RISC includes several subscales: personal competence, tolerance of negative affect, positive acceptance of change, control, and spiritual influences. The validity and reliability of the CD-RISC have been confirmed in numerous studies, demonstrating strong psychometric properties across various populations and settings (Ghadam Poor et al., 2016; Izadinia et al., 2010).

### 2.2.2. Depression

The Beck Depression Inventory (BDI) was created by Aaron T. Beck and his colleagues in 1961. This self-report inventory is designed to assess the severity of depression in individuals. The BDI consists of 21 items, each scored on a 4-point scale ranging from 0 to 3, with total scores ranging from 0 to 63. Higher scores indicate more severe depressive symptoms. The BDI covers a range of symptoms including mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideation, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigue, appetite, weight loss, somatic preoccupation, and loss of libido. The BDI's validity and reliability have been extensively validated, making it a standard tool in both clinical and research settings for assessing depression (Izadinia et al., 2010).

## 2.3. Intervention

### 2.3.1. Positive Psychotherapy

The intervention in this study consists of a structured positive psychology training program conducted over 15 sessions, each lasting 90 minutes. The program aims to enhance resilience and reduce depression among master's students at Payame Noor University of Karaj. The sessions are designed to progressively build skills and insights that foster positive thinking, resilience, and overall psychological well-being (Dawood, 2014; Lee Duckworth et al., 2005; Noforesti et al., 2017; Peterson, 2006; Pietrowsky & Mikutta, 2012; Seligman et al., 2006).

Session 1: Introduction and Orientation

In the first session, participants are introduced to the program's objectives, structure, and the concept of positive psychology. Ice-breaking activities help participants get to know each other, and baseline assessments are administered. The session concludes with a brief overview of resilience and its importance in managing life's challenges.

Session 2: Understanding Positive Emotions

This session focuses on the role of positive emotions in mental health. Participants learn about the broaden-and-build theory and engage in exercises to identify and savor positive experiences in their daily lives. Homework includes keeping a gratitude journal to record positive events and feelings.

Session 3: Building Optimism

Participants explore the concept of optimism and its benefits. Techniques such as cognitive restructuring are introduced to help reframe negative thoughts. The session includes practical exercises to develop a more optimistic outlook, and participants are encouraged to practice these techniques throughout the week.

Session 4: Enhancing Self-Efficacy

This session is dedicated to building self-efficacy. Participants discuss the importance of believing in their abilities and set small, achievable goals. Role-playing and success visualization exercises are used to reinforce the concepts. Homework involves setting and working towards a personal goal.

Session 5: Developing Gratitude

The focus shifts to cultivating gratitude. Participants engage in activities like writing gratitude letters and sharing them with others. The session emphasizes the importance of recognizing and appreciating positive aspects of life, enhancing their sense of well-being.

Session 6: Building Strengths

Participants learn to identify and use their personal strengths. The session includes strengths assessments and group discussions on how to apply these strengths in various aspects of life. Exercises are designed to encourage the use of strengths in new and challenging situations.

Session 7: Mindfulness and Relaxation

This session introduces mindfulness and relaxation techniques. Participants practice mindfulness meditation and progressive muscle relaxation. Discussions highlight the benefits of these practices in reducing stress and improving emotional regulation.

Session 8: Resilience Strategies

Participants explore specific strategies to enhance resilience, such as problem-solving skills and adaptive

coping mechanisms. The session includes practical exercises to develop these skills, and participants are encouraged to apply them in real-life scenarios.

**Session 9: Positive Relationships**

The importance of positive relationships in maintaining mental health is discussed. Participants engage in activities to improve communication skills, empathy, and active listening. Homework involves reaching out to strengthen a relationship in their lives.

**Session 10: Meaning and Purpose**

This session focuses on finding meaning and purpose in life. Participants reflect on their values, passions, and long-term goals. Exercises help them align their daily activities with their broader sense of purpose, enhancing their motivation and satisfaction.

**Session 11: Altruism and Kindness**

Participants learn about the psychological benefits of altruism and kindness. The session includes planning and engaging in acts of kindness, with discussions on how these actions contribute to personal and communal well-being.

**Session 12: Managing Negative Emotions**

This session provides tools for managing negative emotions effectively. Techniques such as emotion regulation strategies and acceptance-based approaches are introduced. Participants practice these techniques through guided exercises.

**Session 13: Resilience in Action**

Building on previous sessions, participants create a personal resilience plan. This involves identifying potential challenges and developing specific strategies to address them. Group discussions and feedback help refine these plans.

**Session 14: Reflecting on Progress**

Participants review their progress and reflect on the changes they've experienced. The session includes sharing success stories and challenges, reinforcing the sense of community and mutual support within the group.

**Session 15: Conclusion and Future Planning**

The final session wraps up the program, summarizing key concepts and skills learned. Participants discuss how they can continue applying these skills in the future. Certificates of completion are awarded, and a post-intervention assessment is conducted to measure the impact of the training.

**2.4. Data analysis**

Descriptive statistics, including mean and standard deviation, were used in the pretest and posttest stages. To assess the normality of the variables, the Kolmogorov-Smirnov test was employed, and to examine homogeneity of variances, Levene's test was used. Analysis of covariance (ANCOVA) was applied to compare the mean scores of the experimental and control groups and to account for the effect of pretest scores and other confounding variables on the posttest.

**3. Findings and Results**

There is no significant difference between the control and experimental groups in the pretest phase for resilience and depression variables. However, the resilience variable showed a noticeable increase in the posttest phase for the experimental group compared to the control group. Conversely, the depression variable (considering the reverse scoring of the questionnaire) decreased in the posttest phase for the experimental group compared to the control group.

**Table 1**

*Descriptive Statistics of Research Variables*

Variable	Group	Phase	N	Mean	Std. Deviation
Resilience	Control	Pretest	15	2.34	0.15
		Posttest	15	2.35	0.09
	Experimental	Pretest	15	2.42	0.12
		Posttest	15	2.70	0.17
Depression	Control	Pretest	15	2.45	0.29
		Posttest	15	2.37	0.26
	Experimental	Pretest	15	2.58	0.30
		Posttest	15	2.07	0.24

Before using the analysis of covariance (ANCOVA), the assumptions of data normality, homogeneity of variances, homogeneity of regression slopes, and linearity of the

correlation between the covariate and the independent variable were examined.

After confirming the assumptions, the main research question—whether the structural model of emotional divorce based on dark personality traits and conflict resolution styles with the mediation of marital conflicts fits

well—was addressed using structural equation modeling with maximum likelihood estimation. The fit indices of the model are presented in Table 2:

**Table 2**

*One-Way Analysis of Covariance for the Main Hypothesis*

Statistic	Value	F	Sig.
Pillai's Trace	.344	5.86	.000
Wilks' Lambda	.651	4.27	.000
Hotelling's Trace	.504	5.88	.000

In Table 2, based on the three statistics (Pillai's Trace, Wilks' Lambda, and Hotelling's Trace), given that the sig value is less than .05, it can be concluded that the effect of

positive psychology training on resilience and depression among students is significant.

**Table 3**

*Multivariate Analysis of Covariance (MANCOVA)*

Source of Variance	Sum of Squares	df	Mean Squares	F	Sig.	Effect Size
Resilience	0.711	1	0.711	39.158	.000	0.643
Depression	0.752	1	0.752	11.779	.002	0.259

As observed in Table 3, positive psychology training significantly impacts the resilience and depression of master's students at Payame Noor University of Karaj, with a greater effect on resilience than depression.

compare the mean scores of the experimental and control groups and account for the effect of pretest scores and other confounding variables on the posttest.

**4. Discussion and Conclusion**

The purpose of this study was to determine the effectiveness of positive psychology on resilience and depression among master's students at Payame Noor University of Karaj. This research employed an experimental study with a quasi-experimental pretest-posttest control group design. The statistical population included all master's students at Payame Noor University of Karaj, with a sample size of 30 individuals. Data collection methods included library and field approaches. The data collection tools used in this study were the standardized Connor-Davidson Resilience Scale, Beck Depression Inventory (1978), and a group-based positive psychological training protocol. Data were analyzed using the Statistical Package for the Social Sciences, version 21 (SPSS). Descriptive statistics, including mean and standard deviation, were used in the pretest and posttest stages. The Kolmogorov-Smirnov test was used to assess normality, and Levene's test was employed to examine homogeneity of variances. Analysis of covariance (ANCOVA) was used to

Positive psychology training has a significant impact on the resilience and depression of master's students at Payame Noor University of Karaj, with a more pronounced effect on resilience. This finding aligns with the prior results (Chan, 2010; Dawood, 2014; Farnam, 2016; Izadinia et al., 2010; Lee Duckworth et al., 2005; Lyubomirsky & Layous, 2013; Noforesti et al., 2017; Peterson, 2006; Pietrowsky & Mikutta, 2012; Raeeyat Ebrahimabadi et al., 2015; Seligman & Csikszentmihalyi, 2000; Seligman et al., 2006; Sohrabi & Jafari Roshan, 2016; Vojdani et al., 2014). Positive thinking involves focusing on positive aspects of life and avoiding negative ones. It is not merely about having specific thoughts but a general approach and orientation toward life. Through positive psychology training, students learn to think positively about others, have good intentions toward them, and interact positively. Positive thinking means maintaining appropriate internal balance and staying calm in the face of problems to preserve personal motivation, take appropriate actions, and feel good about their actions.

Positive thinking and positive thoughts reduce depression and stress while increasing resilience among students. Therefore, psychological interventions, especially positive psychology approaches that include training in combating

negative thoughts and positive mental imagery to increase adaptability to situations and confront stressors, are essential for these students.

## 5. Limitations and Suggestions

Addressing the limitations of this research will provide a foundation for future studies, contributing to the advancement of science and research. This study, too, is not without limitations, such as relying on questionnaires for data collection and not using other methods like observation and interviews. Additionally, the study was geographically limited to a specific part of Iran, and master's students at Payame Noor University of Karaj may not represent the entire country. Other limitations include the reluctance of some participants to respond to the questions and the potential for response biases due to personal perceptions. Participants might answer questions with leniency, averaging, or strictness, and must interpret their views within the questionnaire's framework.

In conclusion, the following recommendations are proposed:

Future researchers should consider gender as a variable to facilitate broader generalization to the population.

Further research should examine the impact of positive thinking on various organizations with other variables.

Similar studies should be conducted across different regions, considering various cultural, religious, or minority groups in various occupations.

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## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. To adhere to ethical principles, participants were informed about the

research objectives, voluntary participation, the right to withdraw, and confidentiality.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors contributed equally.

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