

Examining the Effectiveness of Couple Therapy Based on Positive Psychology and Religious Spirituality on Marital Satisfaction and Marital Adjustment

Setareh. Mohammaci¹, Hassan. Sheikhiyani^{2*}

¹ Department of Psychology, Khorm.C., Islamic Azad University, Khormoj, Iran

² Department of Islamic Studies, Payame Noor University, Tehran, Iran

* Corresponding author email address: h.sheikhiyani@pnu.ac.ir

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ABSTRACT

The objective of the present study was to examine and compare the effectiveness of positive psychology-based couple therapy and religious spirituality-based couple therapy on marital satisfaction and marital adjustment among married couples. The study employed a quasi-experimental design with pretest-posttest and a control group. The statistical population consisted of married couples referring to psychology clinics in Bushehr, from whom 45 participants were selected through voluntary sampling and assigned to experimental ($n = 30$) and control ($n = 15$) groups. The experimental groups received either positive psychology-based couple therapy or religious spirituality-based couple therapy across six structured sessions, while the control group received no intervention during the study period. Data were collected using the ENRICH Marital Satisfaction Questionnaire and the Spanier Dyadic Adjustment Scale. Data analysis was conducted using IBM SPSS Statistics, applying descriptive statistics, Kolmogorov-Smirnov tests for normality, multivariate analysis of covariance (MANCOVA), and one-way analyses of covariance (ANCOVA) while controlling for pretest scores. Inferential analyses indicated statistically significant differences between the experimental and control groups on posttest scores of all components of marital satisfaction, including personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation ($p < 0.05$). In addition, significant improvements were observed in marital adjustment components—marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression—in the experimental groups compared with the control group ($p < 0.05$). Effect sizes ranged from moderate to large, indicating substantial intervention effects. The findings demonstrate that both positive psychology-based and religious spirituality-based couple therapy are effective in enhancing marital satisfaction and marital adjustment, suggesting that strength-based psychological and spiritually integrated interventions can meaningfully improve the quality and functioning of marital relationships.

Keywords: Couple therapy based on positive psychology and religious spirituality, marital satisfaction, marital adjustment.

1. Introduction

Marital relationships constitute one of the most central interpersonal systems influencing psychological well-being, emotional regulation, and social functioning across the lifespan. The quality of the marital bond is strongly associated with mental health outcomes, family stability, and individual life satisfaction, making marital satisfaction and marital adjustment key constructs in contemporary psychological and counseling research. Marital satisfaction generally refers to individuals' subjective evaluation of the quality, fulfillment, and positivity of their marital relationship, whereas marital adjustment encompasses broader dimensions such as consensus, cohesion, emotional expression, and adaptive conflict management between partners. Empirical evidence consistently indicates that low marital satisfaction and poor marital adjustment are associated with heightened psychological distress, emotional dysregulation, reduced resilience, and increased vulnerability to anxiety and depressive symptoms, whereas well-adjusted marriages function as protective contexts that foster emotional security and psychological growth (Odebunmi & Сабіна, 2025; Sajjad & Thakur, 2025).

In recent decades, the increasing prevalence of marital conflicts, emotional disengagement, and relationship instability has intensified scholarly and clinical attention toward effective couple-based interventions. Contemporary couple therapy has progressively shifted from deficit-oriented and pathology-focused models toward strength-based, integrative, and meaning-centered approaches. This paradigm shift reflects a growing recognition that enhancing positive relational resources—such as emotional intimacy, shared meaning, empathy, forgiveness, and mutual support—may be as critical as reducing maladaptive interaction patterns. Within this evolving framework, positive psychology and religious or spiritual approaches have emerged as influential perspectives offering complementary pathways for strengthening marital relationships (Andreotti & Congard, 2020; Mahoney et al., 2023).

Positive psychology emphasizes the scientific study of strengths, virtues, positive emotions, and optimal human functioning. Applied to couple therapy, positive psychology-based interventions aim to cultivate positive affect, gratitude, hope, compassion, and constructive communication, thereby broadening couples' emotional repertoires and reinforcing adaptive relational patterns. The

broaden-and-build theory suggests that positive emotions expand individuals' cognitive and behavioral resources, enabling couples to respond more flexibly and creatively to relational challenges. Empirical studies have demonstrated that positive psychology interventions for couples can enhance relationship satisfaction, emotional closeness, and resilience while reducing conflict intensity and negative interaction cycles (Andreotti & Congard, 2020; Farahmandi et al., 2025).

Alongside positive psychology, religious and spiritual dimensions of marriage have received growing attention as powerful relational resources. Spirituality and religiosity often provide couples with shared value systems, moral frameworks, existential meaning, and coping strategies that shape marital expectations and behaviors. Research indicates that shared religious practices, spiritual commitment, and faith-based values are positively associated with marital satisfaction, marital adjustment, forgiveness, and relational stability. Couples who integrate spirituality into their relationship often report higher levels of commitment, mutual respect, and emotional support, particularly during periods of stress and conflict (Williamson, 2024; Wondimu & Zeleke, 2024).

Religious spirituality-based couple therapy draws upon these findings by intentionally incorporating spiritual beliefs, practices, and narratives into the therapeutic process. Such approaches do not merely add religious content but seek to align therapeutic goals with couples' deeply held spiritual meanings and moral commitments. By emphasizing values such as compassion, forgiveness, humility, responsibility, and sacred commitment, spiritually integrated interventions aim to foster relational healing and long-term stability. Clinical models of spiritually integrated couple therapy have demonstrated effectiveness in improving communication, reducing hostility, and strengthening emotional bonds, particularly among couples for whom religion constitutes a central aspect of identity and daily life (Evans & Nelson, 2022; Worthington et al., 2021).

The integration of positive psychology and religious spirituality within couple therapy represents an emerging area of theoretical and practical significance. Scholars have argued that positive psychology and spirituality are conceptually aligned in their shared focus on meaning, virtues, transcendence, and human flourishing. From this perspective, spirituality can be understood as a context that amplifies positive psychological processes, while positive psychology offers empirically grounded techniques to operationalize spiritual values within therapeutic settings.

This integrative view suggests that combining positive psychology-based strategies with religious spirituality may yield synergistic effects on marital satisfaction and adjustment (Mahoney et al., 2023; Sandage et al., 2024).

Despite the growing body of literature on each approach independently, comparative and combined examinations of positive psychology-based and religious spirituality-based couple therapies remain limited, particularly in non-Western cultural contexts. Cultural norms, religious traditions, and family structures play a crucial role in shaping marital expectations and therapeutic responsiveness. In many societies, including religiously oriented communities, marital relationships are deeply embedded within spiritual and moral frameworks that influence couples' interpretations of conflict, commitment, and relational responsibility. Consequently, culturally sensitive and spiritually informed interventions may be especially relevant for enhancing marital outcomes in such contexts (Bedir Akpınarlı & Eryücel, 2024; Jemima, 2025).

Recent empirical studies further underscore the multifaceted determinants of marital satisfaction and adjustment, highlighting the roles of emotional regulation, self-esteem, resilience, attachment patterns, and meaning-making processes. Emotional regulation has been identified as a key mediator between personality traits and marital satisfaction, suggesting that interventions targeting emotional awareness and regulation can substantially improve relational outcomes (Odebunmi & Сабіна, 2025). Similarly, resilience has been shown to predict marital adjustment and psychological well-being, indicating that strengthening adaptive coping capacities within couples may buffer the impact of relational stressors (Sajjad & Thakur, 2025). Positive psychology and spirituality-based interventions both explicitly address these mechanisms by fostering emotional awareness, adaptive coping, and meaning-centered perspectives.

In addition, contemporary research has emphasized the importance of forgiveness, gratitude, and compassion as relational processes that facilitate marital repair and growth. Forgiveness, in particular, has been strongly linked to marital adjustment and emotional closeness, especially within religious and spiritual frameworks that emphasize mercy and reconciliation. Studies examining religiosity and forgiveness have demonstrated that spiritually grounded forgiveness practices can reduce resentment and enhance relational harmony (Wondimu & Zeleke, 2024; Worthington et al., 2021). Positive psychology interventions similarly emphasize gratitude and appreciation as core relational skills

that counteract negativity bias and strengthen emotional bonds (Andreotti & Congard, 2020).

The relevance of meaning and narrative processes in marital relationships has also been increasingly recognized. Couples construct shared narratives about their relationship that shape expectations, emotional responses, and future orientations. Meaning-centered and narrative-based interventions help couples reframe relational difficulties, identify shared purposes, and align daily interactions with deeply held values. Integrating spirituality into narrative approaches allows couples to situate their relationship within a broader existential and moral context, thereby enhancing coherence and commitment (Coyle, 2024; Farahmandi et al., 2025).

Despite these advances, the literature reveals notable gaps. First, there is a relative scarcity of controlled studies directly comparing the effects of positive psychology-based and religious spirituality-based couple therapies on multiple dimensions of marital functioning. Second, many studies focus primarily on marital satisfaction while neglecting broader constructs of marital adjustment, such as cohesion, consensus, and affectional expression. Third, there is limited empirical evidence from culturally and religiously diverse populations, where spirituality may play a central role in marital life and help-seeking behaviors (Asadpour et al., 2025; Lotfi, 2025).

Addressing these gaps is essential for advancing both theory and practice in couple therapy. Comparative evaluations of different therapeutic approaches can inform clinicians' decisions about tailoring interventions to couples' values, preferences, and cultural contexts. Moreover, examining both marital satisfaction and marital adjustment provides a more comprehensive understanding of relational functioning and therapeutic impact. Integrative perspectives that acknowledge the interplay between psychological strengths and spiritual resources are particularly well suited to capturing the complexity of marital relationships in contemporary societies (Mahoney et al., 2023; Sandage et al., 2024).

Within this context, the present study responds to the growing need for empirically grounded, culturally sensitive couple interventions by examining and comparing the effectiveness of positive psychology-based couple therapy and religious spirituality-based couple therapy on marital satisfaction and marital adjustment. By systematically evaluating these two approaches within a quasi-experimental framework, this study seeks to contribute to the expanding literature on strength-based and spiritually

integrated couple therapy and to provide evidence-based guidance for practitioners working with diverse couples.

Accordingly, the aim of the present study was to investigate the effectiveness of positive psychology-based couple therapy and religious spirituality-based couple therapy on marital satisfaction and marital adjustment among married couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest–posttest and a control group. The statistical population of the present research included all couples referring to psychology clinics in the city of Bushehr, from whom 45 participants were selected through voluntary sampling (30 participants in the experimental groups and 15 participants in the control group). After sample selection and assignment of participants to the experimental and control groups, the marital satisfaction and marital adjustment questionnaires were administered to the participating clients (experimental and control groups) as a pretest. Inclusion criteria required that participants be legally married couples. Couples were required to have low to moderate levels of marital satisfaction or marital adjustment, or to express a willingness to improve their relationship. Participants had to be within the age range of 30 to 55 years. Exclusion criteria included refusal to continue cooperation at any stage of the study and the presence of severe psychological disorders such as schizophrenia, active bipolar disorder, or severe personality disorders that could hinder participation in couple therapy.

2.2. Measures

ENRICH Marital Satisfaction Questionnaire (1989): The short form of the ENRICH Marital Satisfaction Questionnaire (1989) is a 47-item instrument that assesses the construct of marital satisfaction using a five-point Likert scale ranging from strongly agree, no opinion, disagree, to strongly disagree. This questionnaire consists of nine factors: personality issues (Items 2, 4, 12, 22, 40), marital communication (Items 6, 13, 23, 32, 41), conflict resolution (Items 7, 14, 24, 33, 42), financial management (Items 8, 15, 16, 25, 34), leisure activities (Items 9, 17, 26, 35, 43), sexual relationship (Items 10, 18, 27, 36, 44), marriage and children (Items 11, 19, 28, 37, 45), relatives and friends (Items 20, 29, 31, 38, 46), and religious orientation (Items 5, 21, 30, 39,

47). The minimum possible score is 47 and the maximum possible score is 235. Scores between 47 and 94 indicate low marital satisfaction, scores between 94 and 141 indicate moderate marital satisfaction, and scores above 141 indicate high marital satisfaction. ENRICH (1989) reported the reliability of the questionnaire subscales using Cronbach's alpha as 0.81. In the present study, the reliability of this questionnaire was also calculated using Cronbach's alpha coefficient and was reported as 0.81. ENRICH (1989) reported the construct validity of the questionnaire as 0.83 using factor analysis. In the present study, the validity of this questionnaire was examined using the correlation coefficients between each item and the total score, which indicated that all items had a statistically significant correlation with the total score.

Spanier Dyadic Adjustment Scale (1976): The Dyadic Adjustment Scale was developed by Spanier in 1976 to assess marital adjustment between spouses or any two individuals living together and consists of 32 items. This questionnaire includes four dimensions: marital satisfaction (degree of satisfaction with various aspects of the relationship; Items 16, 17, 18, 19, 20, 21, 22, 23, 31, 32), dyadic cohesion (degree of participation in shared activities; Items 24, 25, 26, 27, 28), dyadic consensus (degree of agreement between partners on issues related to marital life such as financial matters and child-rearing; Items 1, 2, 3, 5, 8, 9, 10, 11, 12, 13, 14, 15), and affectional expression (Items 4, 6, 29, 30). The scoring system yields three different types of rating scales, with higher scores indicating a better and more harmonious relationship. Items are scored on a six-point Likert scale ranging from 5 (we always agree), 4 (we almost always agree), 3 (we sometimes agree), 2 (we often disagree), 1 (we almost always disagree), to 0 (we always disagree). Spanier (1976) reported the validity of the questionnaire using criterion validity as 0.87. In the present study, the validity of this questionnaire was examined using correlation coefficients between each item and the total score, indicating that all items had a statistically significant correlation with the total score. Spanier (1976) reported the reliability of the questionnaire using Cronbach's alpha coefficient as 0.85. In the present study, the reliability of this questionnaire was calculated using Cronbach's alpha coefficient and was reported as 0.82.

2.3. Interventions

In this study, positive psychology-based couple therapy was delivered to couples over six structured sessions. This

intervention was designed to progressively enhance positive emotions, constructive communication patterns, shared positive activities, and the sense of meaning within the marital relationship. In the initial sessions, couples were introduced to the principles of positive psychology in couple therapy and engaged in exercises such as the “Three Good Things” activity and gratitude practices to increase positive affect and relational appreciation. Subsequent sessions focused on developing positive communication skills, including active listening, constructive feedback, and daily positive dialogue. In the middle phase of the intervention, couples were encouraged to engage in enjoyable shared activities and to strengthen emotional support and responsiveness. The final sessions emphasized meaning-making in the relationship, clarification of shared values and relational goals, consolidation of acquired skills, role-playing, and integration of these skills into daily life. Overall, this protocol aimed to reduce negative interaction patterns and promote a more stable, intimate, and satisfying marital relationship through systematic cultivation of positive relational resources.

In this study, religious spirituality-based couple therapy was also implemented in six sessions, with a focus on strengthening marital relationships through shared spiritual beliefs, values, and practices. The intervention was structured to gradually integrate spirituality into the couple’s relational processes. In the initial sessions, emphasis was placed on identifying shared religious beliefs, spiritual meanings, and common value systems within marriage. Couples were then introduced to joint spiritual practices such as prayer or meditation, spiritual dialogue, forgiveness, and compassion grounded in religious teachings, which were used to enhance emotional connection and communication. In the middle sessions, exercises focused on spiritual gratitude, religious commitment, meaning-centered conflict resolution, and fostering empathy, humility, honesty,

responsibility, and compassion as core spiritual values in marital interactions. Couples learned to manage conflicts within a spiritual framework that emphasizes respect, mercy, and mutual growth. The final sessions centered on strengthening spiritual commitment, designing shared religious or faith-based activities (such as worship or altruistic practices), consolidating learned skills, and developing a spiritually oriented vision for the future of the relationship. The overall outcome of this protocol was the development of a deeper, more respectful, and more stable marital relationship grounded in shared meaning, spiritual presence, mutual commitment, and relational growth, leading to increased intimacy, tranquility, marital satisfaction, and marital adjustment.

2.4. Data analysis

Descriptive statistics, including means and standard deviations, were first computed to summarize the study variables. The normality of the data distribution was examined using the Kolmogorov–Smirnov test. To evaluate the effects of the interventions, multivariate analysis of covariance (MANCOVA) was conducted on posttest scores while controlling for pretest scores, followed by one-way analyses of covariance (ANCOVA) for each dependent variable. Statistical significance was assessed at the 0.05 level and done via SPSS-26.

3. Findings and Results

As shown in Table 1, the estimated mean scores for each component of marital satisfaction—namely personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation—were higher in the experimental group at the posttest stage compared with the control group.

Table 1

Estimated indices for each component of marital satisfaction in the experimental and control groups at the posttest stage

Variables	Experimental Group Mean	Standard Error	Control Group Mean	Standard Error
Personality issues	17.13	0.233	15.13	0.233
Marital communication	18.59	0.229	17.07	0.229
Conflict resolution	19.01	0.569	16.91	0.569
Financial management	19.52	0.477	17.61	0.477
Leisure activities	19.30	0.345	17.83	0.345
Sexual relationship	20.14	0.219	18.58	0.219
Marriage and children	20.51	0.309	19.01	0.309
Relatives and friends	20.50	0.461	19.03	0.461
Religious orientation	22.77	0.510	21.15	0.510

The results of the Kolmogorov–Smirnov test indicated that the significance levels for the variables of marital satisfaction and marital adjustment in the experimental groups (receiving couple therapy based on positive psychology and couple therapy based on religious spirituality) and the control group were greater than 0.05. Therefore, the Kolmogorov–Smirnov statistic for these variables was not significant at the 0.05 error level, indicating that the distributions of the variables were normal.

To examine the observed differences, multivariate analysis of covariance (MANCOVA) was conducted on the posttest scores of each marital satisfaction component—namely personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation—while controlling for pretest scores. The results of this analysis are presented in Table 2.

Table 2

Summary of MANCOVA results on posttest scores of marital satisfaction components

Effect	Test	Value	F	Hypothesis df	Error df	Significance Level	Effect Size
Group	Pillai's Trace	0.811	5.25	9	11	0.006	0.811
	Wilks' Lambda	0.189	5.25	9	11	0.006	0.811
	Hotelling's Trace	4.30	5.25	9	11	0.006	0.811
	Roy's Largest Root	4.30	5.25	9	11	0.006	0.811

Table 2 presents the results of the multivariate analysis of covariance on posttest scores while controlling for pretest scores of the marital satisfaction components, including personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation. As shown in Table 5, there was a statistically significant difference between the experimental and control groups in at least one component of marital satisfaction at the level of $p < 0.001$. In other words, couple therapy based on positive psychology and couple therapy

based on religious spirituality had a significant effect on each component of marital satisfaction, including personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation. To further examine these differences, one-way analyses of covariance (ANCOVA) within the MANCOVA framework were conducted for the marital satisfaction components. The results of these analyses are presented in Table 3.

Table 3

Results of one-way ANCOVA within the MANCOVA framework on posttest scores of marital satisfaction components controlling for pretest scores

Source	Variables	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Group	Personality issues	27.52	1	27.52	35.12	0.001	0.649
	Marital communication	15.88	1	15.88	21.01	0.001	0.526
	Conflict resolution	30.44	1	30.44	6.54	0.019	0.256
	Financial management	25.24	1	25.24	7.72	0.012	0.289
	Leisure activities	14.95	1	14.95	8.74	0.008	0.315
	Sexual relationship	16.72	1	16.72	24.34	0.001	0.562
	Marriage and children	15.56	1	15.56	11.33	0.003	0.374
	Relatives and friends	14.86	1	14.86	4.86	0.040	0.204
	Religious orientation	18.15	1	18.15	4.85	0.040	0.204

As shown in Table 3, there were significant differences between the mean scores of perceived stress and psychological well-being at the pretest and posttest stages in both experimental groups ($p < .05$). Significant differences were also observed between the mean scores of perceived

stress and psychological well-being at the pretest and follow-up stages in both experimental groups ($p < .05$). Accordingly, although both interventions had significant effects on perceived stress and psychological well-being and the stability of both interventions was maintained at the

follow-up stage, the compassion-based intervention demonstrated a greater effect, and this difference was statistically significant.

The results of the one-way analyses of covariance within the MANCOVA framework presented in Table 6 showed that there were statistically significant differences between the experimental and control groups with respect to the components of marital satisfaction, including personality issues ($F = 35.12, p = 0.001$), marital communication ($F = 21.01, p = 0.001$), conflict resolution ($F = 6.54, p = 0.019$), financial management ($F = 7.72, p = 0.012$), leisure activities ($F = 8.74, p = 0.008$), sexual relationship ($F = 24.34, p = 0.001$), marriage and children ($F = 11.33, p = 0.003$), relatives and friends ($F = 4.86, p = 0.040$), and religious orientation ($F = 4.85, p = 0.040$). In other words, couple therapy based on positive psychology and couple therapy based on religious spirituality had a statistically significant effect on each component of marital satisfaction, including

personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation. To better understand this difference, the estimated mean scores of the marital satisfaction components—namely personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation—were compared between the experimental and control groups at the posttest stage. Based on the results, the estimated mean scores of all marital satisfaction components in the experimental group at the posttest stage were significantly higher than those of the control group, indicating the positive effect of couple therapy based on positive psychology and religious spirituality on all components of marital satisfaction in the experimental group compared with the control group.

Table 4

Adjusted means of marital adjustment components by experimental and control groups at the posttest stage

Variables	Experimental Group Mean	Standard Error	Control Group Mean	Standard Error
Marital satisfaction	11.60	0.347	8.14	0.397
Dyadic cohesion	10.25	0.436	8.50	0.363
Dyadic consensus	10.18	0.397	8.61	0.461
Affectional expression	10.69	0.363	9.33	0.347

The data presented in the above table showed that the mean scores of each marital adjustment component—namely marital satisfaction, dyadic cohesion, dyadic

consensus, and affectional expression—were higher in the experimental group at the posttest stage compared with the control group.

Table 5

Summary of multivariate analysis of covariance results on posttest scores of marital adjustment components

Effect	Test	Value	F	Hypothesis df	Error df	Significance Level	Effect Size
Group	Pillai's Trace	0.604	11.82	3	23	0.001	0.604
	Wilks' Lambda	0.396	11.82	3	23	0.001	0.604
	Hotelling's Trace	1.52	11.82	3	23	0.001	0.604
	Roy's Largest Root	1.52	11.82	3	23	0.001	0.604

Table 5 presents the results of the multivariate analysis of covariance on posttest scores while controlling for pretest scores of the marital adjustment components, including marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. As shown in this table, there was a statistically significant difference between the experimental and control groups in at least one of the marital adjustment components—marital satisfaction, dyadic cohesion, dyadic

consensus, and affectional expression—at the level of $p < 0.001$. In other words, couple therapy based on positive psychology and couple therapy based on religious spirituality led to improvements in the marital adjustment components of marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression in the experimental group compared with the control group.

Table 6

Results of one-way ANCOVA within the MANCOVA framework on posttest scores of marital adjustment components controlling for pretest scores

Source	Variables	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Group	Marital satisfaction	32.13	1	32.13	9.24	0.005	0.214
	Dyadic cohesion	10.16	1	10.16	5.26	0.028	0.134
	Dyadic consensus	22.77	1	22.77	16.75	0.001	0.330
	Affectional expression	40.06	1	40.06	22.94	0.001	0.403

The results of the one-way analyses of covariance within the MANCOVA framework presented in Table 6 indicate that there were statistically significant differences between the experimental and control groups with respect to marital satisfaction ($F = 9.24, p = 0.005$), dyadic cohesion ($F = 5.26, p = 0.028$), dyadic consensus ($F = 16.75, p = 0.001$), and affectional expression ($F = 22.94, p = 0.001$). In other words, couple therapy based on positive psychology and couple therapy based on religious spirituality resulted in improvements in marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression in the experimental group compared with the control group. To better understand these differences, the estimated mean scores of marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression at the posttest stage were compared between the experimental and control groups. Based on the results presented in the tables, the estimated mean scores of marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression in the experimental group at the posttest stage were significantly higher than those in the control group, indicating the positive effect of couple therapy based on positive psychology and religious spirituality on marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression.

4. Discussion

The present study examined the effectiveness of positive psychology-based couple therapy and religious spirituality-based couple therapy on marital satisfaction and marital adjustment. The findings demonstrated that both interventions led to significant improvements across multiple components of marital satisfaction, including personality issues, marital communication, conflict resolution, financial management, leisure activities, sexual relationship, marriage and children, relatives and friends, and religious orientation. In addition, both therapeutic

approaches produced significant gains in key dimensions of marital adjustment, namely marital satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. These results indicate that strength-based psychological and spiritually integrated interventions can meaningfully enhance both the evaluative and functional dimensions of marital relationships.

With respect to marital satisfaction, the results showed that couples in the experimental groups reported significantly higher posttest scores than those in the control group across all assessed components. This pattern suggests that the interventions were effective not only in improving general satisfaction but also in addressing specific relational domains that commonly contribute to marital distress. These findings are consistent with previous research indicating that positive psychology interventions enhance positive affect, gratitude, and relational strengths, which in turn improve overall relationship satisfaction (Andreotti & Congard, 2020; Mahoney et al., 2023). By systematically fostering positive emotions, appreciation, and constructive interaction patterns, positive psychology-based couple therapy appears to broaden couples' emotional and cognitive resources, enabling more adaptive responses to everyday relational challenges.

The observed improvements in marital communication and conflict resolution are particularly noteworthy. Communication difficulties and maladaptive conflict patterns are among the most frequently reported predictors of marital dissatisfaction. The current findings align with evidence suggesting that interventions emphasizing active listening, constructive feedback, and strengths-based dialogue can reduce negative communication cycles and promote mutual understanding (Asadpour et al., 2025; Farahmandi et al., 2025). From a positive psychology perspective, enhancing positive communication may increase relational resilience by shifting couples' focus from blame and defensiveness toward empathy, collaboration, and shared problem solving.

The significant effects observed for financial management, leisure activities, and sexual relationship further underscore the comprehensive impact of the interventions. These domains are often sources of chronic tension in marital relationships and are closely linked to broader perceptions of relationship quality. Positive psychology-based approaches encourage couples to engage in enjoyable shared activities and to intentionally cultivate intimacy and appreciation, which may explain the observed gains in these areas (Andreotti & Congard, 2020). Similarly, meaning-oriented discussions and value clarification embedded in both interventions may help couples align expectations and reduce conflict related to finances and family roles (Lotfi, 2025).

Religious spirituality-based couple therapy also demonstrated robust effects across all components of marital satisfaction. These findings are consistent with prior research showing that shared spiritual beliefs and practices are positively associated with marital satisfaction, commitment, and relational stability (Bedir Akpınarlı & Eryücel, 2024; Jemima, 2025). By grounding relational processes in shared moral values, forgiveness, and spiritual meaning, spirituality-based interventions may provide couples with a coherent framework for interpreting conflicts and reaffirming commitment, particularly during periods of stress.

The significant improvement in religious orientation as a component of marital satisfaction highlights the unique contribution of spiritually integrated interventions. Couples who engage in shared spiritual practices and faith-based dialogue may experience greater alignment in values and life goals, which can strengthen relational cohesion and long-term commitment (Williamson, 2024; Worthington et al., 2021). This finding supports relational spirituality models, which emphasize the role of shared transcendence and sacred meaning in fostering relational well-being (Sandage et al., 2024).

Beyond marital satisfaction, the present study found that both interventions significantly improved marital adjustment, including dyadic cohesion, dyadic consensus, and affectional expression. Marital adjustment reflects the functional quality of the relationship and the couple's capacity to adapt to internal and external stressors. The observed gains in dyadic cohesion suggest that couples in the experimental groups became more emotionally connected and engaged in shared activities, consistent with prior findings linking positive affect and shared meaning to relational closeness (Sajjad & Thakur, 2025). Improvements

in dyadic consensus indicate enhanced agreement on key life domains, which may result from improved communication skills and shared value clarification fostered by both interventions.

Affectional expression also showed substantial improvement, indicating that couples became more comfortable expressing warmth, care, and emotional intimacy. This outcome aligns with evidence that positive psychology interventions increase expressions of gratitude and appreciation, while spirituality-based approaches emphasize compassion, love, and emotional presence as relational virtues (Mahoney et al., 2023; Worthington et al., 2021). Emotional expressiveness is a critical component of marital adjustment and is strongly associated with relationship stability and psychological well-being.

The findings of the present study are further supported by research highlighting the mediating role of emotional regulation and resilience in marital satisfaction and adjustment. Positive psychology and spirituality-based interventions both target these mechanisms by enhancing emotional awareness, adaptive coping, and meaning-making processes (Odebunmi & Сабіна, 2025; Sajjad & Thakur, 2025). By strengthening couples' capacity to regulate emotions and respond constructively to stress, these approaches may produce enduring improvements in relational functioning.

Importantly, the results suggest that positive psychology-based and religious spirituality-based couple therapies are both effective, though potentially through partially distinct pathways. Positive psychology primarily operates by amplifying positive emotions, strengths, and constructive behaviors, whereas spirituality-based therapy emphasizes shared values, moral commitments, forgiveness, and transcendence. The convergence of outcomes observed in this study supports integrative perspectives that view psychological strengths and spiritual resources as complementary rather than competing influences in couple therapy (Mahoney et al., 2023; Sandage et al., 2024).

These findings have particular relevance for culturally and religiously oriented contexts, where spirituality plays a central role in marital identity and coping. In such settings, interventions that respect and incorporate clients' spiritual beliefs may enhance engagement, therapeutic alliance, and treatment effectiveness (Coyle, 2024; Evans & Nelson, 2022). At the same time, the demonstrated efficacy of positive psychology-based couple therapy suggests that strength-based, secular approaches can also produce

meaningful relational change, offering flexibility for clinicians working with diverse populations.

5. Conclusion

Overall, the present study contributes to the growing literature on strength-based and spiritually integrated couple therapy by providing empirical evidence that both positive psychology-based and religious spirituality-based interventions can significantly enhance marital satisfaction and marital adjustment. These findings extend previous research by simultaneously examining multiple relational domains and by comparing two theoretically distinct yet complementary approaches within a controlled design.

Despite its contributions, the present study has several limitations that should be acknowledged. First, the sample size was relatively small and drawn from couples who voluntarily sought psychological services, which may limit the generalizability of the findings to broader populations. Second, reliance on self-report measures may have introduced response biases, such as social desirability or demand characteristics. Third, the absence of long-term follow-up assessments limits conclusions regarding the durability of treatment effects over time. Finally, potential moderating variables such as gender roles, length of marriage, and degree of religiosity were not examined.

Future studies should replicate these findings using larger and more diverse samples to enhance external validity. Longitudinal designs with follow-up assessments are recommended to evaluate the stability of intervention effects. Researchers may also examine potential mediators and moderators, such as emotional regulation, attachment style, or level of spiritual commitment, to better understand the mechanisms underlying therapeutic change. Comparative studies integrating mixed-methods approaches could further illuminate couples' subjective experiences of positive psychology-based and spirituality-based interventions.

From a clinical perspective, the findings suggest that therapists may flexibly employ positive psychology-based or religious spirituality-based couple therapy depending on couples' values, preferences, and cultural backgrounds. Integrating strengths-based techniques with value- and meaning-oriented discussions may enhance therapeutic effectiveness. Practitioners are encouraged to assess couples' openness to spiritual content and to tailor interventions accordingly, with the goal of fostering

sustainable marital satisfaction, adjustment, and relational well-being.

Authors' Contributions

S.M. was responsible for the conceptualization and design of the study, coordination of data collection, implementation of the therapeutic interventions, and drafting of the initial manuscript. H.S. contributed to the methodological design, statistical analysis and interpretation of the data, critical revision of the manuscript for intellectual content, and supervision of the research process. Both authors reviewed and approved the final version of the manuscript and take full responsibility for the accuracy and integrity of the study.

Declaration

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

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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