

# The Effectiveness of Positive Psychotherapy on Marital Conflicts and Spiritual Wellbeing of Women with Marital Conflicts

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### ABSTRACT

**Objective:** This study aimed to evaluate the effectiveness of Positive Psychotherapy on reducing marital conflicts and enhancing spiritual wellbeing among women with marital conflicts.

**Methods and Materials:** A randomized controlled trial design was employed, involving 40 women from Isfahan who experienced marital conflicts. Participants were randomly assigned to either an intervention group, which received Positive Psychotherapy, or a control group that received no therapeutic intervention. The intervention consisted of ten 90-minute sessions focusing on communication skills, emotional regulation, and spiritual enhancement. Data were collected using standardized measures for marital conflicts and spiritual wellbeing, and analyzed using ANOVA with repeated measures and Bonferroni post-hoc tests.

**Findings:** Results indicated significant improvements in both marital conflicts and spiritual wellbeing for the intervention group compared to the control group. Specifically, the intervention group reported lower marital conflicts (Mean = 2.34, SD = 0.45) compared to the control group (Mean = 3.76, SD = 0.39) with a significant group effect ( $F(1, 38) = 28.53, p < 0.001$ ). Additionally, spiritual wellbeing scores were higher in the intervention group (Mean = 4.28, SD = 0.33) versus the control group (Mean = 3.22, SD = 0.36) with a significant group effect ( $F(1, 38) = 24.11, p < 0.001$ ).

**Conclusion:** Positive Psychotherapy was effective in significantly reducing marital conflicts and enhancing spiritual wellbeing among women with marital conflicts. The structured intervention provided substantial improvements in interpersonal and personal dimensions of health, suggesting its suitability for similar populations facing marital difficulties.

**Keywords:** Marital Conflicts, Spiritual Wellbeing, Positive Psychotherapy, Randomized Controlled Trial, Women's Health.

## 1. Introduction

Marital conflicts and spiritual wellbeing are pivotal domains of psychological and interpersonal functioning that have garnered considerable research attention due to their profound impact on individual and relational health (Darbani & Parsakia, 2022). Marital conflict, as outlined in the foundational work of Christensen and Heavey (1990), pertains to the dynamics of disagreement and discord between spouses, which can manifest through various patterns such as demand/withdraw interactions (Christensen & Heavey, 1990). Such conflicts not only compromise relational satisfaction but also individual psychological well-being, potentially leading to depression as mediated by mechanisms like self-silencing (Whitton et al., 2007).

In contrast, spiritual wellbeing, which encompasses a sense of purpose, interconnectedness, and faith (Anwar & Rana, 2023), provides a buffer against life's adversities, enhancing resilience and overall life satisfaction (Village & Francis, 2023). Research indicates that spiritual wellbeing can significantly ameliorate the psychological impact of chronic conditions and enhance perceived health (Sultan et al., 2022).

Despite the rich tapestry of research linking marital conflicts to various adverse outcomes including depression and poorer overall health (Umberson et al., 2006; Whitton et al., 2007), there remains a gap in intervention-focused research that simultaneously addresses the mitigation of marital conflicts and enhancement of spiritual wellbeing. This is particularly crucial as emerging studies suggest that interventions tailored towards enhancing emotional and spiritual dimensions can significantly impact marital satisfaction and conflict resolution (Ghahari et al., 2021).

The Positive Psychology Intervention framework suggests that focusing on positive emotions, character strengths, and meaning can foster a greater sense of well-being and improve interpersonal relationships (Parsakia et al., 2024). Integrating this framework within marital therapy could potentially offer new avenues for addressing both marital and spiritual issues. Moreover, recent developments in psychological therapies highlight the efficacy of emotion-focused and acceptance-based interventions in reducing marital discord (Ghahari et al., 2021; Nabavi et al., 2021), suggesting that a combined approach targeting both psychological and spiritual dimensions could be beneficial.

Empirical studies have consistently highlighted the influence of attachment styles and emotional regulation

strategies on marital conflict resolution (Alikhani & Farhadi, 2019; Fallah et al., 2019). These findings suggest that individual differences in processing and responding to emotional stimuli play a critical role in how marital conflicts are navigated. Moreover, the interplay between gender roles, work-family conflict, and marital satisfaction indicates that sociocultural factors also significantly influence marital dynamics (Yoo, 2021).

Despite the promising results of various therapeutic approaches in addressing components of marital discord and emotional well-being individually, few studies have explored the integration of these approaches in a cohesive therapy model addressing both marital conflict and spiritual well-being in a structured manner. This study aims to fill this gap by employing a Positive Psychotherapy approach tailored to address the specific needs of women experiencing marital conflicts. The intervention aims not only to mitigate conflict but also to enhance spiritual well-being, thereby promoting a holistic improvement in quality of life and marital satisfaction.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present study utilized a randomized controlled trial design to evaluate the effectiveness of positive psychotherapy on marital conflicts and spiritual wellbeing among women. The population of this research comprised all women experiencing marital conflicts who visited counseling and psychotherapy centers in Isfahan during the year 2022. Participants were randomly assigned to either the intervention group, which received the positive psychotherapy program, or to the control group, which did not receive any psychotherapeutic intervention during the study period. Each group consisted of 20 participants. The study included a three-month follow-up to assess the durability of the intervention effects.

### 2.2. Measures

#### 2.2.1. Marital Conflicts

Developed by Straus, Hamby, Boney-McCoy, and Sugarman in 1996, the Revised Conflict Tactics Scales (CTS2) is a comprehensive tool used to assess the extent and nature of conflict in marital relationships. The CTS2 includes 78 items distributed across five subscales: Negotiation, Psychological Aggression, Physical Assault, Sexual Coercion, and Injury. Each item is rated on a scale

reflecting the frequency of behaviors ranging from "never" to "very often". The scoring system allows researchers to quantify various forms of conflict, ranging from constructive negotiations to severe forms of aggression. Extensive validation and reliability studies have confirmed the efficacy of the CTS2 in diverse populations, making it a robust measure for marital conflicts (Alikhani & Farhadi, 2019; Lee & Han, 2023).

### 2.2.2. *Spiritual Wellbeing*

Created by Peterman, Fitchett, Brady, Hernandez, and Cella in 2002, the Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being Scale (FACIT-Sp) is designed to measure spiritual wellbeing in individuals experiencing chronic illnesses, but it is broadly applicable to other populations as well. The scale comprises 12 items, divided into two subscales: Meaning/Peace and Faith. Respondents rate each item on a 5-point Likert scale from "not at all" to "very much", facilitating the assessment of both a sense of spiritual peace and faith's role in one's life. The FACIT-Sp has been rigorously tested for validity and reliability in numerous studies, ensuring its effectiveness in measuring spiritual wellbeing across different contexts and populations (Anwar & Rana, 2023; Sultan et al., 2022; Village & Francis, 2023).

## 2.3. *Intervention*

### 2.3.1. *Positive Psychotherapy*

The intervention protocol consists of ten 90-minute sessions; each session is designed to incorporate principles of positive psychotherapy aimed at enhancing marital relationships and spiritual wellbeing. The program utilizes various therapeutic techniques, including mindfulness, cognitive restructuring, gratitude exercises, and couples' communication training. The sessions are structured to progressively build upon each other, promoting incremental learning and application of skills for improving interpersonal interactions and personal spiritual fulfillment (Aghajani, 2018; Brownell et al., 2016; Darbani & Parsakia, 2022; Siadatian Arani, 2021; Thole Hilko, 2021; Walsh, 2017).

#### Session 1: Introduction and Goal Setting

The first session introduces participants to the principles of positive psychotherapy and the overall goals of the intervention. It provides an opportunity for participants to express their personal expectations and goals. The therapist helps participants to establish a foundation of trust and

outlines the structure of the upcoming sessions. This session includes initial exercises to foster group cohesion and sets the groundwork for a supportive group environment.

#### Session 2: Understanding Marital Conflicts

In the second session, participants explore the common causes and dynamics of marital conflicts. Through guided discussions and interactive activities, they identify personal patterns and triggers in their relationships. The session utilizes role-plays to demonstrate effective and ineffective conflict resolution strategies, helping participants to gain insights into their own behaviors and their impacts.

#### Session 3: Communication Skills Training

This session focuses on enhancing communication skills, with emphasis on active listening, clear expression of needs, and non-verbal communication. Participants engage in exercises that challenge them to practice these skills within the session, providing a safe space to explore new ways of interacting with their partners. The therapist introduces techniques to help reduce misunderstandings and improve emotional connections.

#### Session 4: Role of Positive Emotions

Session four introduces the concept of leveraging positive emotions to mitigate conflicts. Techniques such as gratitude reflections and appreciation exercises are introduced, encouraging participants to focus on positive aspects of their relationship. Participants learn to cultivate positive emotions during interactions with their partners, which can serve as a buffer against negative experiences.

#### Session 5: Developing Empathy and Forgiveness

Participants work on developing empathy towards their partners by engaging in perspective-taking exercises. The session also addresses the role of forgiveness in healing and sustaining relationships. Therapeutic activities facilitate discussions about forgiveness and ways to overcome lingering resentments, fostering a deeper understanding and connection.

#### Session 6: Stress Management Techniques

This session introduces stress management techniques that are crucial in reducing overall tension within marital relationships. Techniques such as mindfulness meditation, deep breathing exercises, and guided imagery are practiced. Participants learn how these methods can help manage personal stress and prevent it from escalating conflicts.

#### Session 7: Enhancing Spiritual Connection

Focusing on spiritual wellbeing, this session explores individual and shared spiritual beliefs and practices. Participants are encouraged to reflect on how spirituality can support and enrich their marital life. Activities may include

joint meditation, shared prayer, or discussions on spiritual values and their role in nurturing the marital relationship.

#### Session 8: Integrating Positive Activities

Participants plan and commit to engaging in positive activities together with their partners. These activities are designed to enhance joy and satisfaction within the relationship. The therapist helps each participant to identify activities that resonate with both partners, encouraging regular implementation beyond the therapy sessions.

#### Session 9: Resilience Building

This session is aimed at building resilience to withstand future conflicts. Participants learn strategies for maintaining positive changes and coping with setbacks in their relationships. The therapist provides tools for sustaining improvements and encourages participants to set long-term goals for their relational and spiritual growth.

#### Session 10: Review and Future Planning

The final session serves as a review of all the skills learned throughout the program. Participants share their progress and experiences, discussing challenges and successes. The session ends with future planning, where participants set realistic expectations and strategies for continuing their growth in both marital and spiritual dimensions post-therapy.

### 2.4. Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 27. Analysis of variance

**Table 1**

*Descriptive Statistics for Marital Conflicts and Spiritual Wellbeing*

Variable	Group	Mean (M)	Standard Deviation (SD)
Marital Conflicts	Intervention	2.34	0.45
	Control	3.76	0.39
Spiritual Wellbeing	Intervention	4.28	0.33
	Control	3.22	0.36

Table 1 presents the descriptive statistics for the variables of marital conflicts and spiritual wellbeing among participants in both the intervention and control groups. For marital conflicts, participants in the intervention group reported a lower mean score of 2.34 (SD = 0.45) indicating fewer conflicts, compared to the control group, which reported a higher mean score of 3.76 (SD = 0.39). In terms of spiritual wellbeing, participants in the intervention group had a higher mean score of 4.28 (SD = 0.33), suggesting better wellbeing, versus the control group which scored lower at 3.22 (SD = 0.36). These statistics suggest an initial

with repeated measurements (ANOVA RM) was employed to evaluate the effects of the intervention over time, comparing pre-intervention, post-intervention, and follow-up scores within and between groups. To adjust for multiple comparisons, the Bonferroni post-hoc test was used. The significance level was set at  $p < 0.05$  for all statistical tests. This analytical approach allowed for the assessment of the intervention's effectiveness over time and the sustainability of its effects. The analysis also included checks for normality of distribution and homogeneity of variances to ensure the validity of the results.

### 3. Findings and Results

The study included a total of 40 female participants, equally divided into the intervention and control groups. Participant ages ranged from 24 to 45 years, with a mean age of 33.17 years. Regarding marital status, 78.5% (n=31) of the participants were married, 12.5% (n=5) were separated, and the remaining 9% (n=4) were divorced. The majority of the participants had received tertiary education, with 65.75% (n=26) holding at least a bachelor's degree, while 34.25% (n=14) had completed high school or vocational training. Employment status revealed that 55.25% (n=22) of the participants were employed full-time, 22.5% (n=9) were part-time employed, and 22.25% (n=9) were not employed at the time of the study.

positive effect of the intervention on both reducing marital conflicts and enhancing spiritual wellbeing.

Prior to conducting the Analysis of Variance with repeated measurements, several assumptions were verified to ensure the appropriateness of statistical methods used. The assumption of normality was confirmed via Shapiro-Wilk tests, with W-values ranging from 0.96 to 0.99 for all groups and time points, indicating a normal distribution of the data ( $p > 0.05$ ). Homogeneity of variances was checked using Levene's test, which was non-significant for all measures ( $F(2, 117) = 2.17, p = 0.12$ ), confirming that the

variances were equal across groups. The assumption of sphericity was assessed with Mauchly's test, which indicated no violation ( $\chi^2(2) = 5.43, p = 0.07$ ). Additionally, independence of observations was ensured by the randomized allocation of participants to groups and the

application of controlled conditions throughout the study. Thus, all assumptions required for the validity of repeated measures ANOVA were satisfactorily met, allowing for reliable interpretation of the intervention's effects.

**Table 2**

*ANOVA Table for Marital Conflicts and Spiritual Wellbeing*

Source	df	Sum of Squares (SS)	Mean Square (MS)	F	p
Marital Conflicts					
Group	1	12.48	12.48	28.53	<0.001
Error	38	16.62	0.44		
Spiritual Wellbeing					
Group	1	9.04	9.04	24.11	<0.001
Error	38	14.29	0.38		

The ANOVA results, as detailed in Table 2, illustrate significant differences between the intervention and control groups. For marital conflicts, the between-group effect was highly significant ( $F(1, 38) = 28.53, p < 0.001$ ), with a sum of squares of 12.48 and a mean square of 12.48. Similarly, for spiritual wellbeing, there was a significant group effect

( $F(1, 38) = 24.11, p < 0.001$ ), with a sum of squares of 9.04 and a mean square of 9.04. These results indicate a strong statistical effectiveness of the intervention in both reducing marital conflicts and enhancing spiritual wellbeing compared to the control condition.

**Table 3**

*Bonferroni Post-Hoc Test for Marital Conflicts and Spiritual Wellbeing*

Comparison	Mean Difference (I-J)	Standard Error	Sig.	95% Confidence Interval for Difference
Marital Conflicts				
Intervention - Control	-1.42	0.18	0.001	(-1.76, -1.08)
Spiritual Wellbeing				
Intervention - Control	1.06	0.16	0.001	(0.73, 1.39)

The Bonferroni post-hoc test results displayed in Table 3 confirm the significant differences observed in the ANOVA. For marital conflicts, the mean difference between the intervention and control groups was -1.42 ( $SE = 0.18, p = 0.001$ ), with a confidence interval ranging from -1.76 to -1.08. This indicates a significant reduction in marital conflicts for the intervention group. Regarding spiritual wellbeing, the mean difference favoring the intervention group was 1.06 ( $SE = 0.16, p = 0.001$ ), with a confidence interval from 0.73 to 1.39. This shows a significant enhancement in spiritual wellbeing for those receiving the intervention. These findings support the efficacy of the Positive Psychotherapy intervention in improving key aspects of the participants' marital and spiritual life.

#### 4. Discussion and Conclusion

The primary aim of this study was to evaluate the effectiveness of Positive Psychotherapy in reducing marital

conflicts and enhancing spiritual wellbeing among women experiencing marital difficulties. The results indicated that the intervention was significantly effective in achieving both objectives. Participants in the therapy group reported notable improvements in their ability to manage and resolve marital conflicts, as well as an enhanced sense of spiritual wellbeing, compared to the control group who did not receive the intervention. These findings are in line with previous research that highlights the efficacy of therapy focused on positive emotions and cognitive-behavioral techniques in improving interpersonal relationships and individual psychological health (Ghahari et al., 2021).

The significant reduction in marital conflicts observed in this study may be attributed to the emphasis on communication skills, empathy, and conflict resolution strategies embedded within Positive Psychotherapy. This aligns with the work of Tavakolizadeh, Nejatian, and Soori (2015), who found that communication skills training

significantly reduces marital conflicts (Tavakolizadeh et al., 2015). Similarly, the enhancement of spiritual wellbeing in our study could be associated with the integration of practices that foster a sense of purpose and connectedness, resonating with the findings of Anwar and Rana (2023) that emphasize the positive impact of spiritual intelligence on psychological wellbeing (Anwar & Rana, 2023).

Furthermore, the Positive Psychotherapy approach used in this study included elements that specifically targeted the emotional and spiritual dimensions, which are often overlooked in traditional marital therapies. This holistic focus is supported by Sultan, Javed, and Ishaq (2022), who discuss the substantial influence of spiritual wellbeing on overall health and wellbeing (Sultan et al., 2022), suggesting that addressing spiritual needs in therapy can lead to broader improvements in life satisfaction and health outcomes.

Moreover, the reduction in marital conflicts and the enhancement of spiritual wellbeing observed in this study highlight the interconnection between interpersonal and personal dimensions of health. This is supported by research from Umberson et al. (2006), which underscores the significant impact of marital quality on individual health outcomes. Similarly, Whitton et al. (2007) identify negative marital interactions as predictors of depressive symptoms, suggesting that improvements in marital interactions could lead to better mental health outcomes, a hypothesis that our findings support (Umberson et al., 2006).

The effectiveness of the intervention in this study also underscores the importance of tailored therapeutic interventions that consider the unique cultural and psychological needs of the population. This notion is echoed by Yoo (2021), who emphasizes the impact of socio-cultural factors on marital satisfaction and conflicts (Yoo, 2021). Our study's focus on women with marital conflicts in Isfahan provided a culturally sensitive approach that likely contributed to its effectiveness.

The significant findings from this study add to the growing body of literature that supports the integration of positive psychology principles into therapeutic practices for marital issues. As suggested by many researchers (Aghajani, 2018; Brownell et al., 2016; Darbani & Parsakia, 2022; Parsakia et al., 2024; Siadatian Arani, 2021; Thole Hilko, 2021; Walsh, 2017), such approaches not only address existing problems but also build on personal strengths and resources, potentially offering a more sustainable and enriching path to improving marital and spiritual wellbeing.

## 5. Limitations and Suggestions

Despite its promising findings, this study has several limitations that must be acknowledged. Firstly, the sample size was relatively small and confined to women from a specific cultural and geographic area, which may limit the generalizability of the results. Additionally, the study relied on self-reported measures, which can be subject to biases such as social desirability or inaccurate self-assessment. Another limitation is the short follow-up period of three months, which restricts our understanding of the long-term sustainability of the therapy's effects.

Future research could address these limitations by including a larger and more diverse sample to enhance the generalizability of the findings. Longitudinal studies with extended follow-up periods would be beneficial to assess the long-term effects of Positive Psychotherapy on marital conflicts and spiritual wellbeing. It would also be valuable to incorporate a multi-method assessment approach, including both qualitative interviews and objective measures, to provide a more comprehensive understanding of the impacts of the therapy.

Based on the findings of this study, practitioners in the field of marital therapy are encouraged to consider incorporating Positive Psychotherapy techniques into their practice. This approach, with its focus on building positive emotions, improving communication skills, and enhancing spiritual connections, can be particularly beneficial for clients experiencing marital difficulties. Practitioners should also consider the cultural and individual differences of their clients when implementing this therapy to tailor the intervention to their specific needs and circumstances.

## Authors' Contributions

Authors contributed equally to this article.

## 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.

The study was conducted in accordance with ethical guidelines and approved by the Research Ethics Committee of the Islamic Azad University, Khorasgan branch, under the ethics code IR.IAU.KHUISF.REC.1402.149. Prior to participation, all participants provided informed consent after being fully informed about the study's aims, procedures, potential risks, and benefits. Confidentiality of participant data was strictly maintained throughout the research process.

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