

## Examining the Effectiveness of Positive Thinking Focused on Improving Marital Relationships on Irrational Beliefs and Dyadic Coping in Women with Marital Conflict with Their Spouses

Ali. Aliasghari<sup>1</sup>, Ali. Khademi<sup>2\*</sup>, Elham. Rezaei Ghazalhajin<sup>3</sup>

<sup>1</sup> Master's degree in general psychology, Department of Psychology, Urmia branch, Islamic Azad university, Urmia, Iran

<sup>2</sup> Professor of Psychology Group, Urmia Branch, Islamic Azad University, Urmia, Iran

<sup>3</sup> Master's degree in general psychology, Department of psychology, Faculty of humanities, Urmia branch, Islamic Azad university, Urmia, Iran

\* Corresponding author email address: Dr\_ali\_khademi@yahoo.com

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### ABSTRACT

**Objective:** This study aimed to examine the effectiveness of positive thinking focused on improving marital relationships on irrational beliefs and dyadic coping in women experiencing marital conflict with their spouses.

**Materials and Methods:** The present study is a quasi-experimental design with pre-test, post-test, and control groups. The statistical population comprised women experiencing marital conflict with their spouses in Ardabil in 2022. The sample size was 30 participants, divided into experimental (15 participants) and control (15 participants) groups. The pre-test was administered, followed by the implementation of positive thinking training focused on improving marital relationships for the experimental group. Subsequently, post-tests were conducted for both groups. Data were collected using the Sanaei Marital Conflict Questionnaire, the Irrational Beliefs Questionnaire, and the Dyadic Coping Questionnaire. Data were analyzed using SPSS software (version 26) and multivariate covariance analysis.

**Findings:** The results indicated significant differences in irrational beliefs and dyadic coping in women experiencing marital conflict with their spouses between the experimental group and the control group in the post-test phase ( $P < 0.01$ ).

**Conclusion:** Therefore, positive thinking interventions focused on improving marital relationships can be utilized to reduce irrational beliefs and enhance dyadic coping in women experiencing marital conflict with their spouses.

**Keywords:** Positive Thinking Focused on Improving Marital Relationships, Irrational Beliefs, Dyadic Coping, Marital Conflict.

### 1. Introduction

Interpersonal conflict in marital relationships is a common occurrence and can have negative effects on both parties (Gong et al., 2023). In conflict interactions,

dysfunctional behaviors such as blame or criticism are more prevalent, and positive dyadic coping is less utilized (Meier et al., 2021). Dyadic coping refers to an interpersonal, process-oriented approach to dealing with stressors in

romantic relationships (Landolt et al., 2023). Despite other conceptualizations (such as collective coping, collaborative coping, or relationship-focused coping), there is a consensus on three fundamental aspects of dyadic coping: (1) recognizing the interdependence of stress experiences, (2) acknowledging that a partner is the most important source of support during stressful times, and (3) understanding the dynamic nature of dyadic coping as an ongoing process (Falconier & Kuhn, 2019).

The concept of dyadic coping is based on stress theory (Cutrona et al., 2018; Lazarus & Folkman, 1984). This leads to a greater focus on the connection of stress, stress perception, and stress decoding, as well as more emphasis on coping processes that consider couples' stress assessments and dual stress management (Bodenmann & Milek, 2016; Bodenmann & Perrez, 1992; Bodenmann et al., 2006; Landolt et al., 2023). The dyadic coping approach focuses on stress management solely within romantic relationships, thus representing a dynamic and reciprocal coping process (Tang et al., 2023). Dyadic coping is a form of marital stress management that not only emphasizes the interdependence of marital stress experiences but also addresses coping with external stressors, where partners respond not only to their own stress but also to their partner's stress (Bodenmann & Perrez, 1992; Bodenmann et al., 2006). By altering this stress coping mode, the concept of dyadic coping forms an interdependent system based on the systemic-transactional model that focuses on stress assessment, mutual support, and joint coping with stressors (Bodenmann et al., 2006). A positive coping style can reduce emotional distress for both spouses, maintain good mental health, and sustain a stable relationship (Bertschi et al., 2021; Tang et al., 2023; Ying et al., 2018). Conversely, a negative coping style diminishes spouses' adaptability, which is not conducive to their mental health (Bertschi et al., 2021). Positive dyadic coping enables partners to maintain or restore their mental health, improve relationship quality, enhance self-awareness and mutual trust, whereas negative dyadic coping has adverse effects on relationship improvement (Chan & Sun, 2021; Chen et al., 2021).

Another factor contributing to the intensification of marital conflicts is irrational beliefs. Irrational beliefs refer to desires and goals that become essential preferences, leading to distress and turmoil if unmet (Chan & Sun, 2021; Topkaya et al., 2023). Research findings indicate that certain irrational beliefs are associated with decreased relationship satisfaction in married individuals and various emotional disorders such as depression, anxiety, and stress (Chan &

Sun, 2021; Topkaya et al., 2023). Thus, identifying effective interventions for couples with marital conflict and reducing irrational beliefs is crucial. Among the recognized effective interventions are approaches that incorporate positive thinking. Due to widespread dissatisfaction with focusing on negative emotions, researchers from the positive psychology movement have sought to study the positive aspects (Jin et al., 2021; Proietti Ergün & Dewaele, 2021). Seligman and Csikszentmihalyi (2014) stated that psychology should shift its focus from identifying and solving problems to helping individuals experience positive mental states and thinking about love, hope, and satisfaction that are valuable to them. Positive thinking approaches to life's issues and challenges emphasize strengths rather than weaknesses (Seligman & Csikszentmihalyi, 2014). Research has shown that positive thinking interventions are effective on many psychological variables among married individuals (Asgari & torkashvand, 2018; Ghazbanzadeh et al., 2020; Khatami & Zanghaneh Motlagh, 2020). However, the intervention of positive thinking focused on improving relationships to reduce irrational beliefs and improve dyadic coping, especially among couples with marital conflict, has received less attention. Identifying effective interventions for dyadic coping and irrational beliefs in such couples can significantly help improve their relationships.

Given the above and due to the lack of sufficient research in this area, the present study examines the effectiveness of positive thinking focused on improving marital relationships on irrational beliefs and dyadic coping in women with marital conflict with their spouses.

## 2. Methods and Materials

### 2.1. Study design and Participant

The present research is a quasi-experimental study with a pre-test and post-test design with a control group. The statistical population included women with marital conflict with their spouses in psychological centers in Ardabil in 2022. The sample was selected based on purposive sampling. Considering the sample sizes used in similar quasi-experimental studies, the average sample sizes of three similar studies, and as recommended by Delavar (2016), 30 participants were considered. The inclusion criteria included: no neurological or psychiatric disorders requiring medication (self-report), age range 25 to 45 years, being married, having at least a high school diploma, full consent to participate in the study. Exclusion criteria included: chronic physical illnesses, withdrawal from intervention

sessions, previous participation in psychotherapy or educational interventions within the last six months, and medication use. After voluntary participant selection, the pre-test stage was conducted, and research tools were provided. Individuals who scored above average and higher than others on the Sanaei Marital Conflict Questionnaire (1999) were selected as samples. They were randomly assigned to two groups of 15 each, experimental and control. The experimental group received positive thinking training focused on improving relationships, followed by the post-test.

## 2.2. Measures

### 2.2.1. Marital Conflict

This questionnaire has eight dimensions. Developed by Barati and Sanaei (1999), it consists of 42 pairs of items covering seven domains: reduced cooperation, reduced sexual relationship, increased emotional reactions, increased relationship with one's own relatives, reduced relationship with the spouse's relatives, financial separation, increased child support seeking, and overall marital conflicts. Scoring is on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Scores range from 42 to 210, with higher scores indicating more conflict and lower scores indicating better relationships and less conflict. The tool's validity was reported as 0.52 by Barati (1999) and 0.69 by Farahbakhsh (2005). Validity was also confirmed through a correlation of -0.67 with the Spanier Marital Adjustment Questionnaire (Aghili et al., 2023; Asgari & torkashvand, 2018; Azadifard & Amani, 2020). Reliability was reported with a Cronbach's alpha coefficient of 0.71.

### 2.2.2. Irrational Beliefs

The Irrational Beliefs Test (IBT) by Jones (1968) is a self-assessment questionnaire with 100 items and 10 subscales, based on Ellis's 10 types of irrational thinking, scored on a 4-point Likert scale. The total IBT score ranges from 100 to 400, with higher scores indicating more irrational and dysfunctional beliefs and lower scores indicating rational and functional beliefs (Bridges & Sanderman, 2002, as cited in Azkhosh & Asgari, 2007). The ten irrational beliefs measured include: need for approval, high expectations of oneself, tendency to blame, reaction to frustration, emotional irresponsibility, excessive worry with anxiety, problem avoidance, dependency, helplessness towards change, and perfectionism. Jones (1968) found a test-retest reliability of

0.92 and a subscale reliability range of 0.66 to 0.80. Cronbach's alpha for all subscales was reported at 0.74. In Iran, Takipur (1998) reported a reliability of 0.71 using Cronbach's alpha on a sample of 106 students at Allameh Tabataba'i University. Sudani (1996) found a Cronbach's alpha reliability of 0.79 on a sample of 150 students at Shahid Chamran University. Moshak (2006) reported reliability coefficients of 0.66 and 0.65 using Cronbach's alpha and split-half methods, respectively (Asgari & torkashvand, 2018). In this study, Cronbach's alpha reliability was 0.73.

### 2.2.3. Dyadic Coping

The Dyadic Coping Questionnaire, a 37-item tool designed by Bodenmann (2000), has nine subscales: stress expression by oneself, stress expression by the partner, supportive dyadic coping by oneself, supportive dyadic coping by the partner, delegated dyadic coping by the partner, delegated dyadic coping by oneself, negative dyadic coping by oneself, negative dyadic coping by the partner, and common dyadic coping. Another index, the dyadic coping evaluation, provides an overall assessment but is not considered a subscale. Positive and negative dyadic coping dimensions were examined. Scoring is on a 5-point Likert scale from very rarely (1) to always (5). Items 7, 10, 11, 15, 22, 25, 26, and 27 are reverse-scored. Bodenmann (2006) reported a Cronbach's alpha of 0.92 for men and 0.93 for women, with subscale reliabilities ranging from 0.73 to 0.92. Bodenmann (2008) evaluated the psychometric properties of Swiss, German, Italian, and French versions of this scale on a sample of 2,399 individuals (1,327 women, 1,072 men). Reliability coefficients ranged from 0.71 to 0.92 for subscales, and convergent validity with the Spanier Marital Adjustment Questionnaire (1976) was 0.75 for women and 0.86 for men. Flach-Chay et al. (2017) examined the psychometric properties of the Persian version on a sample of 816 married individuals, reporting content validity for all items at 0.90 or higher and overall reliability at 0.84, with subscale reliabilities of 0.73 and 0.72 for supportive dyadic coping by oneself and perceived supportive dyadic coping, respectively (Ghazbanzadeh et al., 2020). In this study, Cronbach's alpha reliability was 0.78.

### 2.3. Intervention

#### 2.3.1. Positive Thinking Training

Positive psychology, as presented by Seligman (2011), was implemented in approximately 10 sessions, each addressing different topics or constructs of positive psychology. Participants were given homework assignments in each of these ten sessions. The positive thinking intervention was tailored to meet the needs of each participant. In this study, 10 intervention sessions focused on positive thinking training aimed at improving relationships (Seligman, 2011; Seligman & Csikszentmihalyi, 2014).

Session 1: The first session involves introductions and establishing initial connections among participants. A pre-test is administered, and a general discussion about positive thinking is conducted. The goal is to mentally prepare participants to foster healthy and positive thinking patterns.

Session 2: In the second session, the focus is on exploring factors that contribute to healthy relationships. Participants learn about their own strengths and those of their spouses, and become familiar with the classification of strengths and virtues.

Session 3: This session emphasizes planting positive emotions and counting blessings in relationships and life. Cognitive restructuring is introduced, where participants practice replacing irrational thoughts with rational ones in the context of their relationships.

Session 4: Participants are taught how to think positively and identify positive traits. Additional activities are provided to guide participants towards understanding the relationship between happiness and focusing on goals. They are encouraged to accept conflicts with their spouses, express their feelings and thoughts about accepting problems, find positive aspects within problems, and focus on goals, discussing the meaningfulness of life.

Session 5: This session aims to increase positive thoughts and self-talk. Participants are encouraged to enumerate the

positive points and strengths of themselves and their spouses.

Session 6: The focus is on positive experiences. Participants are encouraged to express their feelings about taking responsibility in their marital lives. The relationship between irresponsibility, guilt, and frustration is analyzed.

Session 7: Participants are trained to establish effective communication with others and combat negative thoughts and beliefs. They are empowered to establish good relationships with their spouses as a potential capability. Ellis's ABC method is used to challenge irrational thoughts about themselves and their spouses.

Session 8: This session is dedicated to enjoying life. Participants are encouraged to find joy in their daily activities and interactions.

Session 9: The focus is on savoring the present moment, emphasizing the here and now. Participants are encouraged to appreciate their spouses' good qualities, increase hope, and set goals.

Session 10: The final session involves summarizing and consolidating the content covered throughout the program. Participants share their group experiences, and a post-test is administered to evaluate the effectiveness of the intervention.

### 2.4. Data Analysis

Data were analyzed using SPSS version 26 with covariance analysis.

## 3. Findings and Results

In this study, a total of 30 participants (15 in the experimental group and 15 in the control group) were included. All participants were married women aged 25-45 years. Table 1 shows the descriptive statistics of the dyadic coping and irrational beliefs variables.

**Table 1**

*Mean (SD) of Pre-Test and Post-Test Variables in the Experimental and Control Groups*

Variable	Group	Pre-Test	Post-Test
Irrational Beliefs	Experimental	255.00 (5.77)	249.13 (5.34)
	Control	255.13 (5.83)	255.00 (5.98)
Positive Dyadic Coping	Experimental	19.60 (0.82)	21.07 (0.71)
	Control	19.67 (0.83)	19.87 (0.94)
Negative Dyadic Coping	Experimental	69.13 (2.37)	67.73 (2.03)
	Control	69.00 (2.31)	69.00 (2.17)

The results in Table 1 indicate that the score for the irrational beliefs variable in the experimental group decreased in the post-test stage compared to the pre-test stage, while there was no change in the control group. The score for the positive dyadic coping variable in the experimental group increased in the post-test stage compared to the pre-test stage, while there was no change in the control group. The score for the negative dyadic coping variable in the experimental group decreased in the post-test stage compared to the pre-test stage, while there was no change in the control group.

To examine the significance of the differences between the scores of the irrational beliefs and positive and negative dyadic coping variables in the experimental and control groups, a one-way ANCOVA was used (Table 6). Before performing the ANCOVA, the results of the Levene's test and collinearity (examining the correlation of pre-test and post-test irrational beliefs and positive and negative dyadic coping) were checked to meet the statistical assumptions. The correlation test showed a significant correlation between pre-test and post-test irrational beliefs ( $r = 0.960$ ), positive dyadic coping ( $r = 0.878$ ), and negative dyadic coping ( $r = 0.972$ ). Therefore, the collinearity assumption was correctly met.

In this study, before data analysis, the homogeneity of variances was checked using Levene's test. The results of

Levene's test indicated homogeneity of variances, as the test was not significant ( $p > 0.05$ ), allowing for the use of ANCOVA. This means that the experimental and control groups were homogeneous in terms of variances before the experimental intervention (in the post-test stage).

To examine the normality of the score distributions of the variables, the Kolmogorov-Smirnov test was used. Given the significance level in the experimental and control groups in the Kolmogorov-Smirnov test, the assumption of normal distribution of the variable scores in the research population was confirmed.

Another assumption of ANCOVA is the homogeneity of covariances. To examine this assumption, Box's M test was used. The results showed that the assumption of homogeneity of covariances was not significant ( $p > 0.05$ ,  $F = 0.204$ ,  $\text{Box's } M = 1.384$ ), confirming the assumption of equal covariances.

To compare the experimental and control groups based on post-test scores, after controlling for the pre-test effects, a multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of the positive thinking intervention focused on improving marital relationships on irrational beliefs and positive and negative dyadic coping in women with marital conflict. The results of the MANCOVA are shown in Table 2.

**Table 2**

*Results of Multivariate Analysis of Covariance on Post-Test Scores of Irrational Beliefs and Positive and Negative Dyadic Coping in Experimental and Control Groups*

Test	Value	F	Hypothesis df	Error df	Sig.	Effect Size
Pillai's Trace	0.440	6.020	3	23	0.004	0.440
Wilks' Lambda	0.560	6.020	3	23	0.004	0.440
Hotelling's Trace	0.785	6.020	2	23	0.004	0.440
Roy's Largest Root	0.785	6.020	2	23	0.004	0.440

As shown in Table 2, the multivariate analysis of covariance (MANCOVA) tests indicate that there is at least one significant difference between the dependent variables

of the experimental and control groups. Table 7 shows the results of the univariate analysis of covariance for the post-test scores of the dependent variables.

**Table 3**

*One-Way Analysis of Covariance for Comparing Mean Scores of Irrational Beliefs and Positive and Negative Dyadic Coping in the Experimental and Control Groups in the Post-Test*

Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size	Power
Irrational Beliefs	249.437	1	249.437	7.708	0.010	0.236	0.761
Error	809.029	25	32.361				
Total	1919882.000	30					
Positive Dyadic Coping	11.967	1	11.967	5.648	0.025	0.184	0.627



Error	52.972	25	2.119				
Total	12870.000	30					
Negative Dyadic Coping	13.998	1	13.998	4.435	0.045	0.151	0.526
Error	78.903	25	3.156				
Total	142081.000	30					

As shown in Table 3, there is a significant difference in the post-test scores of irrational beliefs between the experimental and control groups. Therefore, the positive thinking intervention focused on improving marital relationships is effective in reducing irrational beliefs in women with marital conflict. Additionally, there is a significant difference in positive dyadic coping scores between the experimental and control groups in the post-test. Therefore, the positive thinking intervention focused on improving marital relationships is effective in enhancing positive dyadic coping in women with marital conflict. Lastly, there is a significant difference in negative dyadic coping scores between the experimental and control groups in the post-test. Therefore, the positive thinking intervention focused on improving marital relationships is effective in reducing negative dyadic coping in women with marital conflict.

#### 4. Discussion and Conclusion

This study aimed to examine the effectiveness of positive thinking focused on improving marital relationships on irrational beliefs and dyadic coping in women with marital conflict. The findings of the present study indicate that positive thinking training focused on improving marital relationships is effective in reducing irrational beliefs and enhancing dyadic coping in women with marital conflict. These results are consistent with the prior findings (Aghili et al., 2023; Asgari & torkashvand, 2018; Ghazbanzadeh et al., 2020; Haroon Rashidi & Kiyaniyan Mehr, 2019; Khatami & Zanghaneh Motlagh, 2020).

The explanation for these findings is that, as mentioned, positive thinking in relationships has been identified as an effective factor for improving marital relationships. Positive thinking and positive communication are essential components of Seligman's (2012) positive intervention approach. Positive thinking interventions for couples are a way to cultivate positive feelings, strengths, and harmonious communication patterns among couples. The goal is to nurture resources that may improve the quality and stability of romantic relationships and prevent any problems from arising (Atkinson, 2013; Bradford et al., 2016). Thus, several constructs are targeted to nurture a healthy and flourishing intimate relationship (e.g., "positive relationships"):

personal satisfaction, shared moments, kindness and gratitude (i.e., "positive emotions"), active and constructive communication (i.e., "meaning"), and identifying and utilizing partner and couple strengths (e.g., "engagement") (Fincham & Beach, 2010). Promoting strengths and paying attention to each other's strengths among couples indicates a meaningful and promising preventive step in addressing daily conflicts, enhancing relationship quality and stability (Bradford et al., 2016).

The positive thinking intervention approach pays special attention to developing individuals' strengths and positive emotions, increasing a sense of meaning in the lives of those seeking improvement, reducing psychological problems, and enhancing positive emotions. This approach involves initiating and focusing on positive feelings and memories in conversations with individuals. They also address issues related to individuals' problems, aiming to integrate positive and negative emotions (Rashid, 2020). Since negative thinking stems from irrational beliefs, positive thinking training can help couples identify and replace their irrational beliefs with positive and rational ones. This thinking can guide couples towards change and improvement, leading them towards healthier and happier relationships. Moreover, couples with positive thinking may cope more easily with life's challenges and find the best solutions. They may support each other in difficult times and use their experiences to help one another. Positive thinking also helps couples see each other's positive points, contributing to mutual respect in marital relationships. Additionally, positive thinking can help couples better adapt to negative emotions and daily stresses, improving their relationships. This type of thinking can help couples communicate healthily and collaborate during difficult times. Overall, positive thinking in relationships can lead couples to have a positive outlook on themselves, their relationship with their spouse, and the future, focusing on each other's positive traits instead of negative features and weaknesses, and addressing arising problems with positive rather than ineffective and emotional methods.

#### 5. Limitations and Suggestions

This study has several limitations. First, the sample was limited to married women in Ardabil, which may restrict the

generalizability of the findings to other populations, including men or couples from different regions or cultural backgrounds. Second, the sample size was relatively small, which may affect the statistical power of the study and the robustness of the conclusions. Third, the study relied on self-reported measures, which can be subject to biases such as social desirability or recall bias. Finally, the intervention period was relatively short, and long-term effects of the positive thinking training on marital relationships were not assessed.

Future research should aim to replicate this study with larger and more diverse samples, including men and couples from various cultural and geographical backgrounds, to enhance the generalizability of the findings. Longitudinal studies are recommended to assess the long-term effects of positive thinking interventions on marital relationships and to determine whether the benefits are sustained over time. Additionally, future studies should incorporate objective measures and third-party observations to complement self-reported data and minimize potential biases. Research could also explore the mechanisms underlying the effectiveness of positive thinking interventions and identify which components are most beneficial for improving marital relationships.

The findings of this study suggest that positive thinking interventions focused on improving marital relationships can be effective in reducing irrational beliefs and enhancing dyadic coping in women experiencing marital conflict. Practitioners, such as marriage counselors and therapists, should consider incorporating positive thinking strategies into their therapeutic approaches to help couples develop healthier communication patterns, increase mutual respect, and foster a positive outlook on their relationship. Training programs and workshops based on positive psychology principles can be developed to provide couples with practical tools and techniques to manage conflicts and strengthen their relationships. Implementing these interventions in community and clinical settings could contribute to improving the overall quality and stability of marital relationships.

### 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 Biomedical Research Ethics Committee of the Islamic Azad University, Khorasgan Branch, reviewed and approved this study with the ethics code IR.IAU.KHUISF.REC.2023.065.

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