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The Effectiveness of Positive Psychology Training on Distress Tolerance, Resilience, and Coping Styles in Women Experiencing Marital Conflicts

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ABSTRACT

Objective: This study aimed to examine the effectiveness of positive psychology training on resilience, distress tolerance, and coping styles in women experiencing marital conflicts.

Methods: The statistical population consisted of all women who visited counseling centers in Kermanshah in 2021. From this population, 30 participants were selected using a convenience sampling method and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The independent variable was positive psychology training, and the dependent variables were resilience, distress tolerance, and coping styles. The intervention was delivered in nine 70-minute sessions, twice a week, including exercises on gratitude, hope and optimism, forgiveness, focusing on personal strengths, and engaging in pleasurable activities. Data were analyzed using multivariate analysis of variance (MANOVA) and follow-up analyses.

Results: The findings indicated that positive psychology training had a significant effect on the combined dependent variables. Follow-up analyses showed that the experimental group scored significantly higher than the control group in resilience, distress tolerance, and constructive coping styles. Effect sizes suggested the practical significance of positive psychology interventions in promoting the mental health of women experiencing marital conflicts.

Conclusions: The results highlight that positive psychology training can serve as an effective and efficient approach for empowering women and enhancing their psychological and social adaptation.

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Introduction

The family is a social system and one of the fundamental pillars of society, representing, in a sense, the smallest unit of a community. The interactions among family members, including the relationship between spouses and the reduction of marital indifference, not only facilitate the fulfillment of needs and psychological growth of the partners and foster a sense of happiness but also, through a healthy and satisfying relationship, make coping with life's challenges easier and contribute to raising children who are healthy and beneficial to society. Marital indifference often arises from disillusionment in love and serves as a response to existential issues, accumulated psychological pressures, weakening of affection, gradual fatigue and monotony, and the accumulation of minor resentments. Indifference develops gradually and rarely occurs suddenly; satisfaction and love fade over time, accompanied by a general sense of fatigue. In its most severe form, such indifference may lead to the collapse of the marital relationship. Marital indifference is defined as a state of physical, emotional, and psychological exhaustion resulting from a chronic mismatch between expectations and reality (Dinary, 2017).

Life events—including transitions, growth experiences, and acute or chronic conditions—can be associated with marital violence. Relationship problems are more likely to occur during periods of significant change and stressful events. However, other variables such as social support and commitment may moderate the impact of these events on marital relationships. The personal histories of each spouse also play a significant role in marital violence. Parental divorce, for example, has a documented effect on marital stability and severely impacts women, such that women with divorced parents are 60% more likely to experience divorce themselves. Violence in the family of origin is also considered a risk factor for spousal relationships. The degree and quality of couples' mutual understanding before marriage are related to marital violence: the better and more comprehensive this understanding, the higher the marital satisfaction; conversely, inadequate understanding may lead individuals to select an unsuitable partner. Viktor Frankl, a prominent European psychologist, concluded that if life holds meaning for individuals, the pressures associated with it become bearable. Stressful life situations influence individuals' ability to cope, and prolonged difficult conditions may lead to or exacerbate physical and psychological disorders (Abrishamkar, 2018).

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Sometimes, spouses experience ineffective communication and require training in skills for emotional expression and effective problem-solving. While maladaptive interactions may stem from skill deficits, in many cases, they result from unmet needs. For example, a spouse who desires satisfaction but does not attain it may gradually behave in ways that disrupt communication. Such maladaptive behavior is not a skill deficit but a response to unfulfilled personal needs. Spouses who tend to respond negatively to negative behaviors or positively to positive behaviors create a self-perpetuating cycle; when one or both partners are dissatisfied, the problem tends to persist. This phenomenon manifests in cognitive, behavioral, and emotional dimensions. Behaviorally, it is observable in conversations where a negative comment from one spouse elicits a negative response from the other. Cognitively, when a woman senses her husband is unwell, she may interpret his actions negatively. Emotionally, negative interactions foster negative thoughts and feelings toward one another, which increase the likelihood of further negative behaviors. Other factors, including irrational beliefs and attitudes regarding the importance of communication, family, friends, and gender roles, may reduce satisfaction and increase conflict (Dinary, 2017).

Crises and challenges prompt couples to examine their lives and values. Regardless of severity, such crises can be disruptive, requiring couples to respond either with capability and courage or with weakness and inability. Marital issues are as old as marriage itself. The health or dysfunction of the family as a system affects all its members. National statistics over the past decades indicate a growing trend of marital dissatisfaction among couples, often resulting in separation and divorce (Ahmadi, 2018).

Resilience is a variable of interest in positive psychology, defined as a dynamic process of positive and adaptive coping under stressful conditions (Bolton, 2013). It encompasses an individual's ability to maintain biological, psychological, and spiritual balance in adverse situations, self-repair, optimism, cognitive flexibility, skill in turning problems into learning opportunities, perseverance, self-esteem, access to a supportive network, development of emotional and transcendent capabilities, independent judgment, humor, and problem-solving and conflict-resolution skills (Kordchanl & Person, 2005, cited in Sadri Demirchi et al., 2016). Resilience is an active process of self-repair and behavioral adjustment to overcome harmful conditions and advance life (Van Kessel, 2013). Higher resilience is associated with better maintenance of mental and social health and more adaptive and effective stress management (Weiss, 2013).

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Various psychological interventions have been proposed to enhance psychological components, including positive psychology interventions. Positive interventions, grounded in positive psychology, emphasize the development of human strengths and virtues, enabling individuals and communities to achieve success (Gable & Haidt, 2005). Positive psychology represents a shift from merely repairing deficits to optimizing life quality, using human strengths as buffers against psychological disorders (Maqsudlou & Ammarpour, 2017). Positive interventions aim to increase positive psychological constructs such as optimism and positive emotions, which correlate with health outcomes (Amuno et al., 2019). Positive emotions and strengths are critical in preventing psychological harm. Preventive approaches focus on building capabilities rather than fixing weaknesses; courage, optimism, interpersonal skills, work ethics, hope, and honesty are examples of such capabilities (Seligman & Csikszentmihalyi, 2014, cited in Rashidzadeh et al., 2018). Positive interventions enhance happiness and psychological well-being by fostering positive emotions, thoughts, behaviors, and the fulfillment of basic needs such as autonomy, love, belonging, and connection (Lyubomirsky & Layous, 2013).

Positive psychology emphasizes the enhancement of individual capacities, psychological resources, and positive experiences, focusing on developing personal and social potentials rather than merely reducing problems (Seligman & Csikszentmihalyi, 2000). By promoting gratitude, hope, optimism, identification of strengths, forgiveness, and positive relationships, it enhances individuals' ability to cope with psychological stress and life pressures, thereby increasing resilience and distress tolerance. Resilience is defined as the ability to quickly return to psychological equilibrium after stressful experiences; individuals with higher resilience experience less anxiety and distress in response to negative emotions and marital conflicts (Neely & Dias, 2001). Distress tolerance is the capacity to cope with intense negative emotions and manage life stressors. Women experiencing marital conflict can improve their ability to manage negative emotions and reduce psychological harm through positive psychology training (Simmons & Gaher, 2005). Coping styles, consisting of cognitive and behavioral strategies, help individuals manage stress and life problems; constructive coping strategies, such as planned problem-solving, positive reappraisal, and seeking social support, reduce negative stress effects and improve mental health (Lazarus & Folkman, 1984). According to the broaden-and-build theory, positive emotions expand an individual's cognitive and attentional scope and create lasting psychological and social

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resources. Consequently, positive psychology exercises can enhance resilience, distress tolerance, and coping skills (Fredrickson, 2001; Lyubomirsky, Sheldon & Schkade, 2005; Revich & Shatte, 2002). The theoretical foundations thus suggest that positive psychology training can effectively empower women experiencing marital conflicts and improve their mental and social well-being.

Numerous studies have examined the impact of positive psychology training on psychological dimensions and marital relationships both domestically and internationally. In Iran, Etemad (2019) found that positive psychology training reliably predicts marital satisfaction, with no significant gender differences in control groups. Ghasemzadeh (2019) reported that positive psychology interventions improved psychological adaptation and reduced marital indifference in pre-marriage participants, with significant differences between experimental and control groups. Mahdavi (2019) observed that such interventions reduced marital indifference and improved couples' mental health. Moradi Mehr (2019) and Javadi (2019) found that positive psychology training enhanced marital satisfaction, improved mutual relationships, and reduced marital conflicts. Dinary (2017) and Aslani (2016) also confirmed positive effects of these interventions on marital indifference and psychological efficiency prior to marriage. Abbaspour (2016), Motamedin (2014), and Shirali (2014) demonstrated that positive interventions increased intimacy, satisfaction, and marital happiness while reducing irrational beliefs and maladaptive communication patterns.

International studies support these findings. Pines (2020) emphasized the relationship between quality of life, marital satisfaction, and marital indifference. Kiley & Connolly (2020) and Kordek (2020) showed that personality traits such as neuroticism and ineffective coping styles predict marital dissolution. Bass (2020), Schilling et al. (2012), and Hanson & Lembled (2019) confirmed the positive impact of positive psychology training on reducing marital indifference and conflict and improving intimacy and satisfaction. Wiener (2017), Garland (2016), Long (2015), and Denham (2014) also indicated that positive psychology training, alongside emotional regulation and empathy skills, significantly enhances couples' conflict resolution abilities and marital satisfaction. These findings underscore the importance of positive psychology training and psychological skills in improving mental health and marital quality.

Despite these studies, there is a notable lack of comprehensive research on the effectiveness of positive psychology training on distress tolerance, resilience, and coping styles in women

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experiencing marital conflict. Therefore, the present study seeks to answer the question: Does positive psychology training affect resilience, distress tolerance, and coping styles in women experiencing marital conflict?

Material and Methods

The present study employed an experimental design with pre-test and post-test measures and a control group, aiming to investigate the effectiveness of positive psychology training on distress tolerance, resilience, and coping styles in women experiencing marital conflict. In this design, participants were randomly assigned to either the experimental or control group. The experimental group received positive psychology training, while the control group did not receive any intervention. This design allows for the direct examination of the effects of positive psychology training and the comparison of differences between the two groups.

The statistical population of the study included all women experiencing marital conflict who referred to counseling centers in Kermanshah in 2021. From this population, 30 participants were selected using a convenience sampling method and randomly assigned to two groups, with 15 participants in each group. This sampling method is commonly accepted in experimental research due to the accessibility of eligible participants and resource limitations.

The independent variable in this study was positive psychology training, delivered in nine 70-minute sessions, with two sessions per week. The training program was based on the protocol developed by Davarpanah, Jazi, and Arefi (2017) and covered topics such as self-awareness, gratitude, hope and optimism, forgiveness, love and attachment, savoring, and engaging in pleasurable activities. The dependent variables included resilience, distress tolerance, and coping styles, measured using standardized and validated questionnaires.

Resilience was assessed using the Connor-Davidson Resilience Scale (CD-RISC; Neill & Dias, 2001), a 15-item modified version of the original 25-item Wagnild and Young (1993) scale. Responses were scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Although the original factor structure included two components—“personal competence” and “acceptance of self and life”—Neill and Dias suggested that a unidimensional structure is more appropriate for assessing overall resilience. The scale’s reliability was reported with a

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Cronbach's alpha of 0.91, and its concurrent validity was confirmed with indicators such as life satisfaction, stress, depression, and self-esteem.

Distress tolerance was measured using the Distress Tolerance Scale (DTS; Simons & Gaher, 2005), a 15-item self-report instrument with four subscales: "tolerance of emotional distress," "absorption by negative emotions," "assessment of distress," and "regulation of efforts to alleviate distress." Items were rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale demonstrated good reliability, with a Cronbach's alpha of 0.90 for the total score and 0.68 to 0.81 for subscales; the test-retest reliability for the total score was 0.75.

Coping styles were assessed using the Ways of Coping Questionnaire (WCQ; Lazarus & Folkman, 1980; revised 1985), comprising 64 items across eight subscales: "confrontive coping," "distancing," "self-controlling," "seeking social support," "accepting responsibility," "escape-avoidance," "planful problem-solving," and "positive reappraisal." Responses were rated on a 4-point Likert scale from 0 (not used at all) to 3 (used a great deal). The questionnaire has demonstrated satisfactory reliability in Iranian samples, with Cronbach's alpha coefficients ranging from 0.61 to 0.79.

Following data collection, all information was entered into SPSS. To examine the effect of positive psychology training on the three dependent variables, a multivariate analysis of variance (MANOVA) was conducted. Assumptions, including normality, homogeneity of covariance matrices, and linearity among variables, were verified. If these assumptions were met, MANOVA provided the overall effect of the experimental and control groups on the dependent variables, followed by univariate analyses of variance (ANOVAs) to assess the effect on each dependent variable separately.

Results

The statistical population of this study consisted of 30 women experiencing marital conflict, who were divided into experimental and control groups, each comprising 15 participants. The demographic characteristics of the participants are presented in Table 1.

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Table 1. Demographic Characteristics of Participants

Variable	Experimental Group (n=15)	Control Group (n=15)	Total (n=30)
Age (Mean ± SD)	35.4 ± 4.2	34.8 ± 3.9	35.1 ± 4.0
Education			
Diploma	4 (26.7%)	5 (33.3%)	9 (30%)
Bachelor	9 (60%)	8 (53.3%)	17 (56.7%)
Master's	2 (13.3%)	2 (13.3%)	4 (13.3%)
Employment Status			
Employed	7 (46.7%)	6 (40%)	13 (43.3%)
Housewife	8 (53.3%)	9 (60%)	17 (56.7%)
Duration of Marriage (years)	10.2 ± 3.5	9.8 ± 3.1	10.0 ± 3.3

Based on descriptive statistics, the two groups were homogeneous in terms of age, education, employment status, and duration of marriage, with no significant differences observed ($p > 0.05$). Descriptive statistics, including means, standard deviations, and minimum and maximum scores for the dependent variables, are presented in Table 2.

Table 2. Descriptive Statistics of Resilience, Distress Tolerance, and Coping Styles

Variable	Group	Mean	SD	Min	Max
Resilience	Experimental	4.12	0.35	3.5	4.8
	Control	3.21	0.42	2.7	3.9
Distress Tolerance	Experimental	3.95	0.38	3.3	4.5
	Control	3.14	0.41	2.6	3.8
Coping Styles	Experimental	3.87	0.40	3.2	4.5
	Control	3.02	0.43	2.5	3.7

The means of all dependent variables were noticeably higher in the experimental group compared to the control group, indicating a potential effect of positive psychology training. Prior to conducting the MANOVA, the following statistical assumptions were evaluated:

Normality: Shapiro–Wilk tests indicated that the distributions of all three dependent variables in both groups were normal ($p > 0.05$).

Homogeneity of Covariance: Box's M test showed that the covariance matrices of the dependent variables were homogeneous across groups ($p = 0.124 > 0.05$).

Linearity: Pearson correlation coefficients between variables ranged from 0.32 to 0.61, indicating no severe multicollinearity and adequate relationships among variables.

A MANOVA was conducted to examine the effect of positive psychology training on resilience, distress tolerance, and coping styles across the experimental and control groups. All assumptions for MANOVA wer

e satisfied.

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Table 3. MANOVA Results (Effect of Group on Dependent Variables)

Effect	Wilks' Λ	F	df1	df2	p	η²
Group (Experimental vs. Control)	0.482	12.35	3	26	<0.001	0.518

Wilks' Lambda ($\Lambda = 0.482$) indicates a statistically significant difference between the two groups on the set of dependent variables. The effect size ($\eta^2 = 0.518$) suggests that positive psychology training accounted for approximately 52% of the variance in resilience, distress tolerance, and coping styles. This finding highlights the substantial practical impact of the intervention on the psychological capacities of women experiencing marital conflict, warranting follow-up analyses for each variable.

Table 4. ANOVA Results for Resilience

Variable	Group	Mean	SD	F	df1	df2	p	η²
Resilience	Experimental	4.12	0.35	25.47	1	28	<0.001	0.477
	Control	3.21	0.42					

ANOVA results showed that resilience in the experimental group was significantly higher than in the control group ($p < 0.001$). The large effect size ($\eta^2 = 0.477$) indicates that positive psychology training effectively enhanced resilience in women. This supports the notion that positive psychology interventions, including gratitude, hope and optimism, and forgiveness exercises, improve individuals' ability to cope with psychological stress and restore stable mental states.

Table 5. ANOVA Results for Distress Tolerance

Variable	Group	Mean	SD	F	df1	df2	p	η²
Distress Tolerance	Experimental	3.95	0.38	18.63	1	28	<0.001	0.399
	Control	3.14	0.41					

The experimental group exhibited significantly higher distress tolerance than the control group ($p < 0.001$). The effect size ($\eta^2 = 0.399$) indicates that positive psychology training explained approximately 40% of the variance in distress tolerance. These findings suggest that the intervention empowered women to manage negative emotions, reduce absorption by negative affect, and enhance emotional regulation strategies.

Table 6. ANOVA Results for Coping Styles

Variable	Group	Mean	SD	F	df1	df2	p	η²
Coping Styles	Experimental	3.87	0.40	21.14	1	28	<0.001	0.430
	Control	3.02	0.43					

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The mean coping styles score was significantly higher in the experimental group compared to the control group ($p < 0.001$). The effect size ($\eta^2 = 0.430$) demonstrates the considerable impact of positive psychology training on improving women's coping abilities. Specifically, interventions such as planful problem-solving, positive reappraisal, and seeking social support increased the effective use of constructive coping strategies while reducing tendencies toward avoidance or escape-oriented coping.

Discussion

The findings of this study demonstrated that positive psychology training has a significant and meaningful impact on resilience, distress tolerance, and coping styles in women experiencing marital conflict. MANOVA and follow-up ANOVA analyses revealed that women in the experimental group, who participated in nine sessions of positive psychology training, showed substantial improvements in all three psychological variables compared to the control group. Specifically, the experimental group exhibited higher mean scores in resilience, distress tolerance, and constructive coping styles, indicating the direct effect of positive psychology interventions on women's psychological capacities. These results are consistent with previous domestic and international studies, including Etemad (2019), Ghasemzadeh (2019), and Pines (2020), which reported that positive interventions can enhance marital satisfaction, coping abilities, and mental health, while reducing psychological difficulties and marital indifference. Notably, practices such as forgiveness, gratitude, hope and optimism, attention to personal strengths, love and attachment, and engaging in pleasurable activities increase self-awareness, improve coping skills, and reduce the negative impact of emotions on psychological functioning.

The results also indicated that positive psychology training can help women experiencing marital conflict enhance their resilience when facing psychological stressors. Increased resilience allows individuals to return more quickly to psychological equilibrium under stressful conditions and to avoid experiencing intense negative emotions. Furthermore, the elevated distress tolerance observed in the experimental group reflects their greater capacity to cope with emotional challenges and reduce psychological harm resulting from marital conflicts. Constructive coping styles were also improved, particularly planful problem-solving, positive reappraisal, and seeking social support, suggesting that trained women were able to apply effective cognitive-behavioral

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strategies to manage stressful situations and reduce reliance on avoidance or escape-oriented coping, which, in the long term, may lead to depression and diminished mental health.

Theoretically, these findings provide direct support for positive psychology, emphasizing the development of personal strengths, focusing on internal and external resources, and enhancing life satisfaction. The results suggest that rather than focusing solely on reducing problems and negative symptoms, positive psychology interventions can produce more lasting effects on mental health and marital adjustment by strengthening individual psychological skills and resources. Similar results in studies by Wiener (2017), Hanson & Lembled (2019), and Long (2015) also demonstrated that positive psychology interventions positively influence marital adjustment and intimacy, reduce conflicts, and enhance psychological satisfaction, reinforcing the consistency of the present study with international evidence.

Based on these findings, it can be concluded that positive psychology training is an efficient, cost-effective, and feasible intervention for women experiencing marital conflict in counseling and psychotherapy settings. This approach can be implemented as a preventive or supplementary program alongside existing counseling and psychotherapy services to enhance resilience and coping abilities and to prevent the escalation of conflicts and psychological harm.

Based on the results, the following recommendations are proposed:

Counseling and psychotherapy centers for women experiencing marital conflict should implement regular and structured positive psychology training programs to strengthen coping skills and psychological resilience. Positive psychology content should be integrated into pre-marriage and couple therapy programs to enhance psychological adjustment and reduce marital conflicts. Future research could assess the long-term effects of positive psychology training through follow-ups over several months or years and include male participants and couples to examine interpersonal and relational dynamics. Developing multidimensional tools to assess resilience, distress tolerance, and coping styles would allow for more precise evaluation of positive psychology interventions and improve the generalizability of findings across different populations. Positive psychology interventions could be combined with problem-solving training, stress management, and emotion recognition education to enhance their effectiveness in promoting mental health and reducing marital conflicts.

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In summary, this study demonstrated that positive psychology is an effective approach for empowering women experiencing marital conflict and enhancing their mental health. Policymakers and psychotherapists are encouraged to incorporate these findings when designing intervention and educational programs.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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