

Comparison of the Effectiveness of Positive Psychology Intervention and Existential Therapy on Functional Flexibility, Meaning in Life, and Family Functioning in Conflicted Couples

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ABSTRACT

The present study was conducted with the aim of comparing the effectiveness of positive psychology intervention and existential therapy on functional flexibility, meaning in life, and family functioning in conflicted couples. The research method was quasi-experimental with a pretest–posttest and follow-up design including a control group. The statistical population of this study consisted of all conflicted couples referring to counseling and psychological service centers in District 2 of Tehran in 2026. Using purposive sampling from clients of counseling centers based on the inclusion and exclusion criteria of the study and the scores obtained on the Marital Conflict Questionnaire, 85 couples (170 individuals) were selected, from whom 36 couples (72 individuals) were randomly selected through simple random sampling and randomly assigned to two experimental groups and one control group. The instruments used in the study included the Marital Conflict Questionnaire by Barati and Sanaei (2000), the Connor–Davidson Resilience Scale (2003), the Meaning in Life Questionnaire by Steger et al. (2006), and the Family Assessment Device by Epstein et al. (1983). Ultimately, data analysis was conducted on 33 couples. Data were analyzed using mixed analysis of variance. The results indicated that both interventions, compared with the control group, had a significant effect on functional flexibility, meaning in life, and family functioning ($p < .01$). Regarding the variable of functional flexibility, both interventions demonstrated similar and stable effects. However, for the variables of meaning in life and family functioning, existential therapy showed significantly greater effectiveness than positive psychology intervention during the posttest and follow-up stages ($p < .0005$). The findings suggest that although both approaches are beneficial in reducing marital conflicts, existential therapy, by addressing fundamental existential concepts, may produce deeper and more enduring effects.

Keywords: positive psychology, existential therapy, functional flexibility, meaning in life, family functioning, conflicted couples

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Introduction

Marital conflict is considered one of the most prevalent psychological and relational problems affecting family systems in contemporary societies. Persistent marital conflicts not only weaken emotional intimacy and mutual understanding between spouses but also negatively influence individual psychological health, family cohesion, parenting quality, and social functioning. Couples experiencing chronic conflict often report

emotional exhaustion, dissatisfaction with the marital relationship, reduced adaptability, and disturbances in communication patterns. Studies have shown that unresolved marital conflict is associated with decreased psychological well-being, emotional dysregulation, and impaired relational resilience (1, 2). In recent decades, increasing attention has been directed toward identifying psychological variables and therapeutic interventions that can strengthen couples' coping capacities, improve relational functioning, and promote meaningful interpersonal experiences within marriage.

One of the psychological constructs receiving considerable attention in couple and family therapy research is functional or psychological flexibility. Functional flexibility refers to an individual's ability to adapt effectively to stressful conditions, regulate emotional experiences, maintain goal-directed behavior, and respond adaptively to interpersonal challenges. Individuals with higher levels of flexibility are more capable of tolerating emotional distress, adjusting to relational difficulties, and engaging in constructive problem-solving behaviors. Conversely, rigid cognitive and emotional patterns often intensify marital conflicts and reduce relationship satisfaction. Recent conceptual analyses have emphasized that psychological flexibility is a multidimensional construct closely associated with resilience, emotional acceptance, adaptive coping, and behavioral adjustment (3). Research findings have consistently indicated that psychological flexibility plays a significant role in predicting marital adjustment and relational quality among couples (4). Furthermore, interventions designed to enhance flexibility have demonstrated positive effects on reducing relational distress and increasing adaptive functioning among individuals with marital problems (5, 6).

Another important variable associated with marital well-being is meaning in life. Meaning in life refers to an individual's sense of purpose, coherence, significance, and direction in existence. Couples who perceive their relationships as meaningful are more likely to tolerate difficulties, maintain emotional commitment, and demonstrate resilience in the face of adversity. Meaning-oriented perspectives propose that the experience of meaning serves as a protective factor against hopelessness, emotional disengagement, and relational dissatisfaction. The absence of meaning in life is often associated with existential emptiness, psychological distress, and interpersonal alienation. Contemporary psychological approaches increasingly recognize that meaning-centered experiences contribute substantially to emotional regulation, psychological adaptation, and relational functioning (7). Empirical findings have shown that strengthening meaning in life can improve cognitive flexibility, life satisfaction, and emotional well-being among distressed individuals (8). Similarly, interventions focused on existential concerns and meaning construction have demonstrated effectiveness in improving emotional self-regulation and existential awareness among women experiencing marital instability (9).

Family functioning is another central construct in understanding marital and relational health. Effective family functioning involves adaptive communication, emotional responsiveness, cooperative problem-solving, role clarity, and healthy behavioral regulation among family members. Dysfunctional family systems often experience persistent tension, emotional disengagement, conflict escalation, and reduced cohesion. Research has shown that family functioning significantly predicts marital conflict and relational dissatisfaction (10). In addition, psychosocial variables within the family environment influence the emotional well-being and adjustment of family members across different developmental stages (11). Family functioning is therefore considered both an outcome and a mechanism of therapeutic change in couple

interventions, particularly in approaches emphasizing emotional awareness, relational communication, and adaptive coping.

Given the multidimensional nature of marital conflict, contemporary therapeutic approaches increasingly emphasize positive psychological resources and existential processes rather than focusing solely on pathology reduction. Positive psychology interventions represent one of the modern therapeutic approaches that emphasize strengths, optimism, gratitude, positive emotions, resilience, and meaning-making capacities. Positive psychology seeks to enhance well-being by helping individuals identify personal strengths, cultivate positive emotional experiences, and develop constructive interpersonal interactions. Positive interventions have been associated with increased happiness, psychological adjustment, and relational satisfaction across various populations (12). In the context of marital relationships, positive psychotherapy interventions have shown effectiveness in improving marital satisfaction, happiness, communication patterns, and emotional intimacy among couples (13, 14). Researchers have also demonstrated that positive therapeutic approaches can significantly reduce marital conflict and increase positive feelings toward spouses (15).

Recent studies have further supported the role of positive psychology interventions in enhancing cognitive and emotional adaptability among distressed populations. Positive psychotherapy has been found effective in improving cognitive flexibility and distress tolerance among divorced women (16). Similarly, positive cognitive behavioral therapy has demonstrated effectiveness in increasing psychological flexibility and meaning in life among single women (17). Positive couple therapy and acceptance-based interventions have also been associated with improved marital adjustment and interpersonal functioning (18). These findings suggest that positive psychology interventions may enhance relational resilience by strengthening optimism, adaptive thinking, emotional awareness, and positive interpersonal engagement.

In addition to positive psychology, existential therapy has emerged as an influential therapeutic framework for addressing relational and emotional difficulties. Existential therapy focuses on fundamental human concerns such as freedom, responsibility, meaning, death awareness, loneliness, and authenticity. Rather than avoiding existential anxieties, existential therapists encourage individuals to confront these realities and construct personally meaningful lives. Existential approaches view psychological distress as partially rooted in unresolved existential dilemmas and disconnection from authentic living. Contemporary existential theorists argue that therapeutic change occurs through increased self-awareness, responsibility, and authentic engagement with life experiences (19, 20).

Recent theoretical developments have integrated existential concepts into process-based and evidence-informed therapeutic frameworks. Menzies and Menzies emphasized that existential therapies can be conceptualized within broader process-oriented models that facilitate emotional adaptation and psychological growth (21). Moreover, empirical reviews have shown growing evidence supporting the effectiveness of existential psychological therapies in improving psychological functioning and interpersonal adjustment (22). Existential interventions encourage individuals to reinterpret suffering, confront relational fears, and cultivate deeper emotional authenticity within interpersonal relationships. Such processes may be particularly relevant for conflicted couples struggling with emotional disconnection, unresolved resentment, and loss of relational meaning.

Empirical studies examining existential therapy in relational contexts have reported promising findings. Existential group therapy has been shown to increase intimacy and marital satisfaction among married women experiencing depression (23). Existential therapy has also demonstrated effectiveness in reducing stress and increasing family cohesion among wives of individuals with substance dependence (24). Furthermore, existential therapeutic approaches have improved marital forgiveness and family functioning among women affected by marital infidelity (25). These findings indicate that existential therapy may foster deeper relational understanding and emotional healing by addressing underlying existential concerns within marital relationships.

The relationship between resilience, meaning, and relational functioning has also been highlighted in contemporary psychological literature. Studies have indicated that meaning in life mediates the relationship between resilience and psychological well-being (26). Relational resilience has similarly been identified as an important protective factor in maintaining relationship satisfaction during periods of interpersonal conflict (2). Positive youth-parent relationships and meaningful interpersonal experiences have also been linked to lower internalizing problems and greater emotional adjustment (27). These findings collectively suggest that interventions capable of enhancing meaning, flexibility, and resilience may improve both individual and family functioning in conflicted couples.

Acceptance- and mindfulness-based approaches provide additional support for the importance of flexibility and existential awareness in psychological interventions. Acceptance and Commitment Therapy (ACT), which emphasizes acceptance, values-based action, and psychological flexibility, has demonstrated significant effectiveness in reducing depressive symptoms and emotional distress (28). Mindfulness and relationship-focused interventions have also been associated with improved conflict resolution strategies and relational quality among couples (29). Such findings reinforce the idea that adaptive emotional processing, acceptance, and meaning-making are central mechanisms in improving marital relationships.

Research within Iranian cultural contexts has similarly emphasized the importance of integrating positive and culturally grounded approaches into marital interventions. Mousavi et al. developed a marital life intervention model based on positive psychology and Islamic psychology principles and demonstrated its effectiveness in improving communication patterns among conflicted couples (30). Studies conducted in Iran have also reported the beneficial effects of positive psychotherapy on flexibility, distress tolerance, and character strengths among women experiencing relational difficulties (6). These findings suggest that culturally sensitive positive and existential interventions may effectively address emotional and relational challenges within marital systems.

Although previous studies have independently examined the effects of positive psychology interventions and existential therapy on variables such as resilience, meaning in life, marital adjustment, family functioning, and psychological flexibility, several important gaps remain in the literature. First, relatively few studies have directly compared the effectiveness of positive psychology interventions and existential therapy within the same experimental framework. Second, limited research has simultaneously examined their effects on functional flexibility, meaning in life, and family functioning among conflicted couples. Third, the majority of previous studies have focused primarily on individual outcomes rather than relational and family-based variables. In addition, the growing prevalence of marital conflict and relational

dissatisfaction highlights the need for integrative interventions capable of addressing both emotional well-being and existential dimensions of human relationships.

Considering the theoretical importance of psychological flexibility, meaning in life, and family functioning in marital adjustment, as well as the increasing empirical support for positive psychology and existential therapy approaches, investigating and comparing the effectiveness of these interventions may contribute substantially to the development of evidence-based couple therapy programs. Therefore, the present study aimed to compare the effectiveness of positive psychology intervention and existential therapy on functional flexibility, meaning in life, and family functioning among conflicted couples.

Methods and Materials

Study Design and Participants

The present study used a quasi-experimental design with a pretest–posttest and three-month follow-up including a control group. The statistical population consisted of all conflicted couples who referred to counseling and psychological service centers in District 2 of Tehran in 2025. Through purposive sampling, 105 couples (210 individuals) who were willing to participate in the study were initially assessed using the Marital Conflict Questionnaire. Among them, 85 couples (170 individuals) obtained scores between 126 and 210 on the Marital Conflict Questionnaire. Based on the inclusion and exclusion criteria, 36 couples (72 individuals) were then selected from this group through simple random sampling and randomly assigned to two experimental groups and one control group, with 12 couples in the positive psychology intervention group, 12 couples in the existential therapy group, and 12 couples in the control group. After sample selection, participants in all three groups completed the functional flexibility, meaning in life, and family functioning questionnaires at the pretest stage. Subsequently, the first experimental group received the positive psychology intervention, the second experimental group received existential therapy, and the control group remained on the waiting list and received no psychological intervention until the posttest stage. At the end of the intervention period, the same questionnaires were administered again at the posttest stage, and a three-month follow-up was conducted to examine the stability of the intervention effects. After completion of the research process, one couple was excluded from the positive psychology intervention group based on the exclusion criteria, and data from 11 couples were analyzed in this group. In the existential therapy group, two couples were excluded due to absence from more than two sessions, and data from 10 couples were analyzed. All 12 couples in the control group remained in the study across all stages. Therefore, the final data analysis was conducted on 33 couples. The inclusion criteria were an age range of 20 to 55 years, presence of marital conflict, at least two years of marital life, absence of serious psychological problems, absence of medical conditions such as diabetes, epilepsy, or cardiovascular disease, minimum educational level of high school diploma for reading and writing ability, and completion of the informed consent form. The exclusion criteria included absence from more than two sessions, failure to complete the questionnaires, participation in similar therapeutic sessions, and use of psychiatric medication after the beginning of the intervention.

Data Collection

The Marital Conflict Questionnaire developed by Barati and Sanaei (2000) was used to assess marital conflict and screen eligible couples. This questionnaire includes 42 items across domains related to couples' relationships, including reduced cooperation, reduced sexual relationship, increased emotional reactions, increased relationship with one's own relatives, reduced relationship with the spouse's relatives, separation of financial affairs, increased attempt to gain children's support, and total marital conflict. The items are scored on a five-point Likert scale ranging from completely disagree (1) to completely agree (5). Total scores range from 42 to 210, with higher scores indicating greater marital conflict and lower scores indicating lower conflict. A score of 126 indicates moderate conflict, and scores between 126 and 210 are considered clinically relevant. The reliability of this instrument was reported by Barati (2000) as .52, and its validity was reported through correlation with Spanier's Dyadic Adjustment Scale as .67.

The Connor–Davidson Functional Flexibility Questionnaire (2003) was used to assess functional flexibility. This scale contains 25 items and measures functional flexibility on a five-point Likert scale ranging from 0 to 4. The minimum possible score is 0, and the maximum possible score is 100. Preliminary psychometric findings confirmed the reliability and validity of the questionnaire (Connor & Davidson, 2003). The internal consistency, test–retest reliability, convergent validity, and divergent validity of the scale have been reported as adequate. Exploratory factor analysis confirmed factors related to competence and personal respect, trust in personal instincts and tolerance of negative emotions, and positive acceptance of emotions and secure relationships. In an Iranian validation study, principal component analysis indicated the presence of one general factor. The extraction criteria were the scree plot and eigenvalues greater than 1. The Kaiser–Meyer–Olkin coefficient was .88, and Bartlett's test of sphericity was 2470.35, indicating sampling adequacy and suitability of the item correlation matrix (Sanaei et al., 2018).

The Meaning in Life Questionnaire developed by Steger et al. (2006) was used to assess meaning in life. This questionnaire was originally developed to evaluate the presence of meaning in life and the search for meaning. It includes 10 items rated on a seven-point Likert scale from completely false to completely true. The instrument has two components: presence of meaning and search for meaning. The presence of meaning subscale includes items 1, 4, 5, 6, and 9, whereas the search for meaning subscale includes items 2, 3, 7, 8, and 10. To score the presence of meaning subscale, the score of item 9 is reverse-scored and then added to the scores of items 1, 4, 5, and 6. Scores for each subscale range from 5 to 35. Steger et al. (2006) reported internal consistency coefficients of .86 for the presence subscale and .87 for the search subscale. In Iran, the questionnaire was validated by Mesrabadi et al. (2013), who reported internal consistency coefficients of .63 for presence of meaning, .58 for search for meaning, and .63 for the total scale. The validity of the questionnaire was also examined through confirmatory factor analysis.

The Family Assessment Device developed by Epstein et al. (1983) was used to assess family functioning based on the McMaster Model of Family Functioning. This model evaluates the structural, occupational, and interactional characteristics of the family. The instrument contains 53 items and includes seven scales, measuring six dimensions of family functioning and one dimension of general family functioning. Its subscales include problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and general family functioning. Items are scored on a four-point Likert scale from strongly agree (1) to strongly disagree (4). Several items are reverse-scored, and higher scores indicate better family

functioning in each scale. Epstein et al. (1983) examined the reliability and validity of this instrument in a sample of 503 participants and reported Cronbach's alpha coefficients ranging from .72 to .92, indicating high internal consistency.

Interventions

The positive psychology intervention was considered one of the independent variables of the study and was delivered to the first experimental group in 10 sessions of 90 minutes over three months based on the protocol of Rashid and Seligman (2013). The intervention began with participant introduction, explanation of the goals of the program, preparation of members, introduction of the positive psychology model, and administration of the pretest. In subsequent sessions, participants were trained to identify and strengthen signature strengths, positive emotions, and optimistic thinking styles. The program included discussion of the characteristics of optimistic and pessimistic individuals, the benefits of positive thinking, signs of optimism, and the four core skills of optimism. Participants were also asked to identify examples from daily events and determine whether their explanatory style was optimistic or pessimistic. Further sessions focused on positive thinking skills, meaning in life, creation of meaning, commitment to life meaning, the effects of meaning on the individual, identification of irrational thoughts, tracking of negative and irrational thoughts, and listing important life values. Other sessions addressed forgiveness, personal legacy, and writing about the positive qualities for which participants wished to be remembered. Gratitude was then introduced as a stable form of thankfulness, and participants discussed the role of positive and negative memories with an emphasis on appreciation. They drafted a gratitude letter to someone whom they had not adequately thanked. Later sessions focused on positive relationships and active–constructive responding to good news received from others, followed by exercises designed to strengthen positive interpersonal communication. The final sessions addressed savoring as full awareness of pleasure and the intentional effort to prolong it, barriers such as rushing through pleasurable experiences, and strategies for gradual and sustained enjoyment. The intervention ended with review of previous assignments, prioritization of learned skills, final summarization, feedback, and administration of the posttest.

Existential therapy was considered the second independent variable of the study and was delivered to the second experimental group in 10 sessions of 90 minutes over three months based on the existential therapy protocol of van Deurzen and Adams (2016), translated by Goodarzi and Davari (2023). The first session included welcoming participants, introducing members, explaining group goals and rules, and presenting basic concepts of existential therapy, including freedom, choice, and responsibility. Participants examined the role of personal choices in the development of conflicts and explored everyday examples of unconscious choices in conflict situations through therapeutic dialogue, reflection on choices, and confrontation with responsibility. The second session focused on self-awareness, unconscious processes, distinction between the authentic self and adaptive self, and restoration of a sense of control in life. Techniques included intrapersonal dialogue and the “real self and masked self” exercise, along with reflection on the question “Who am I?” The third session addressed existential anxiety and meaning in suffering, including anxiety in love, loss, and conflict, and distinguished constructive anxiety from destructive anxiety through guided confrontation and existential dialogue about fear of loneliness or failure. The fourth session involved review of previous assignments, feedback on experiences of loss, meaning-making, coping with existential

emptiness, relational imagery exercises for couples, separation of marital relationships from the effects of the past, and implementation of the “life line” technique. The fifth session increased awareness of mortality and the value of the present moment by examining the effect of death awareness on relationship quality, accepting change and possible endings, and using the exercise “If today were the last day of the relationship,” followed by writing a gratitude letter to the spouse. The sixth session focused on purposefulness, responsibility, and freedom in life; recognition of conflict; acceptance of limitations and weaknesses; discussion of existential coping strategies; imaginal confrontation; role-playing; reconstruction of conflict situations with emphasis on choice; perspective-taking; and strengthening internal control and dyadic responsibility. The seventh session addressed acceptance of inherent human loneliness and authentic connection with others through discussion of loneliness, courageous engagement with existential loneliness, healthy interactions, and reflection on whether loneliness is painful. The eighth session focused on reconstructing the value system and discovering shared marital life goals through value cards and purposeful dialogue. The ninth session introduced forgiveness from an existential perspective as liberation from suffering and involved acceptance of one’s own limitations and the limitations of the other through forgiveness-letter exercises and healing dialogue. The final session integrated and reviewed the existential journey of the couples, designed a six-month growth perspective through symbolic dialogue using the metaphor of a path, reviewed achievements, and strengthened existential hope and the sense of continued growth.

Data Analysis

Data were analyzed after completion of the pretest, posttest, and three-month follow-up stages. Descriptive statistics, including mean and standard deviation, were used to summarize the scores of functional flexibility, meaning in life, and family functioning across the three groups and three measurement stages. To examine the effectiveness of the interventions and compare changes across time, mixed analysis of variance was used, with time as the within-subject factor and group as the between-subject factor. This analysis made it possible to evaluate the main effect of time, the main effect of group, and the interaction effect of time and group. Where significant differences were observed, follow-up comparisons were conducted to identify differences between the positive psychology intervention, existential therapy, and control groups across posttest and follow-up stages. The level of statistical significance was set at .05, and all analyses were conducted after checking the assumptions required for mixed analysis of variance.

Findings and Results

Table 1 presents the descriptive statistics of the research variables.

Table 1. Statistical characteristics of functional flexibility, meaning in life, and family functioning in the positive psychology, existential therapy, and control groups at pretest and posttest stages (n = 33)

Variable	Positive Psychology Pretest M	SD	Positive Psychology Posttest M	SD	Existential Therapy Pretest M	SD	Existential Therapy Posttest M	SD	Control Pretest M	SD	Control Posttest M	SD
Functional flexibility	50.55	2.94	79.82	4.92	46.90	3.61	84.40	3.47	51.75	2.98	53.75	2.56
Meaning in life	29.36	2.11	36.54	0.82	30.60	1.50	39.50	1.35	30.25	1.60	31.08	1.73
Family functioning	127.81	3.22	135.45	1.29	128.30	1.95	136.80	1.23	130.16	1.27	131.00	1.41

Considering the values presented in the above table, differences can be observed between the mean scores of the positive psychology group, the existential therapy group, and the control group in the variables of functional flexibility, meaning in life, and family functioning. These differences indicate the effectiveness of the experimental groups in the variables of functional flexibility, meaning in life, and family functioning. The research hypothesis was analyzed using mixed analysis of variance. First, the assumptions of mixed analysis of variance, including normality of the dependent variable distribution, homogeneity of variances, and sphericity, were examined across the different groups.

Table 2. Results of univariate mixed analysis of variance for the research variables

Variable	Effect	Test	Value	F	Hypothesis df	Error df	p	Effect Size
Functional flexibility	Time	Pillai's trace	0.990	149.605	2	29	0.0005	0.890
Functional flexibility	Time	Wilks' lambda	0.010	149.605	2	29	0.0005	0.890
Functional flexibility	Time	Hotelling's trace	103.076	149.605	2	29	0.0005	0.890
Functional flexibility	Time	Roy's largest root	1036.076	149.605	2	29	0.0005	0.890
Functional flexibility	Time × Group	Pillai's trace	1.095	18.166	4	60	0.0005	0.548
Functional flexibility	Time × Group	Wilks' lambda	0.041	56.821	4	58	0.0005	0.797
Functional flexibility	Time × Group	Hotelling's trace	19.884	139.188	4	56	0.0005	0.809
Functional flexibility	Time × Group	Roy's largest root	19.716	295.742	2	30	0.0005	0.890
Meaning in life	Time	Pillai's trace	0.980	694.237	2	29	0.0005	0.880
Meaning in life	Time	Wilks' lambda	0.020	694.237	2	29	0.0005	0.880
Meaning in life	Time	Hotelling's trace	47.878	694.237	2	29	0.0005	0.880
Meaning in life	Time	Roy's largest root	47.878	694.237	2	29	0.0005	0.880
Meaning in life	Time × Group	Pillai's trace	0.981	14.447	4	60	0.0005	0.491
Meaning in life	Time × Group	Wilks' lambda	0.088	34.253	4	58	0.0005	0.703
Meaning in life	Time × Group	Hotelling's trace	9.517	66.621	4	56	0.0005	0.826
Meaning in life	Time × Group	Roy's largest root	9.434	141.507	2	30	0.0005	0.804
Family functioning	Time	Pillai's trace	0.968	445.050	2	29	0.0005	0.868
Family functioning	Time	Wilks' lambda	0.032	445.050	2	29	0.0005	0.868
Family functioning	Time	Hotelling's trace	30.693	445.050	2	29	0.0005	0.868
Family functioning	Time	Roy's largest root	30.693	445.050	2	29	0.0005	0.868
Family functioning	Time × Group	Pillai's trace	0.905	12.402	4	60	0.0005	0.453
Family functioning	Time × Group	Wilks' lambda	0.109	29.434	4	58	0.0005	0.670
Family functioning	Time × Group	Hotelling's trace	8.105	56.358	4	56	0.0005	0.801

The results of the above table show that, based on univariate analysis of variance, there was a significant within-group effect of time (pretest, posttest, and follow-up). This effect indicates that there were differences in the dependent variable of functional flexibility across the three measurement stages, namely pretest, posttest, and follow-up (Wilks' lambda = 0.010, $p < .05$). In addition, the univariate test of within-group effects indicated a significant difference in functional flexibility between the two experimental groups, namely the positive psychology group and the existential therapy group, and the control group (Wilks'

lambda = 0.041, $p < .05$). The results also showed that, based on univariate analysis of variance, there was a significant within-group effect of time (pretest, posttest, and follow-up) for the dependent variable of meaning in life. This effect indicates that there were differences in meaning in life across the three measurement stages, namely pretest, posttest, and follow-up (Wilks' lambda = 0.020, $p < .05$). In addition, the univariate test of within-group effects indicated a significant difference in meaning in life between the two experimental groups, namely the positive psychology group and the existential therapy group, and the control group (Wilks' lambda = 0.088, $p < .05$).

Another finding showed that, based on univariate analysis of variance, there was a significant within-group effect of time (pretest, posttest, and follow-up) for the dependent variable of family functioning. This effect indicates that there were differences in family functioning across the three measurement stages, namely pretest, posttest, and follow-up (Wilks' lambda = 0.032, $p < .05$). In addition, the univariate test of within-group effects indicated a significant difference in family functioning between the two experimental groups, namely the positive psychology group and the existential therapy group, and the control group (Wilks' lambda = 0.109, $p < .05$).

Table 3. Mixed analysis of variance of dependent variable scores using the Greenhouse–Geisser criterion

Source of Variation	SS	df	MS	F	p	Effect Size
Functional flexibility: Time	16642.701	2	8321.350	325.968	0.0005	0.816
Functional flexibility: Time × Group	6465.585	4	3191.49	63.318	0.0005	0.708
Meaning in life: Time	945.713	2	472.856	401.660	0.0005	0.831
Meaning in life: Time × Group	325.34	4	81.336	69.090	0.0005	0.822
Family functioning: Time	934.901	2	467.450	239.429	0.0005	0.889
Family functioning: Time × Group	333.111	4	83.528	42.783	0.0005	0.740

The results of Table 3 show that, regarding the within-group factor, the calculated F value for the effect of stages (pretest, posttest, and follow-up) was significant at the .05 level for the dependent variable of functional flexibility ($p < .05$). Therefore, there was a significant difference between the mean pretest, posttest, and follow-up scores of functional flexibility across the three stages. This difference was observed between the positive psychology group and the existential therapy group compared with the control group in functional flexibility. According to the results of Table 3, regarding the interaction between stage and group, the calculated F value for the effect of stages (pretest, posttest, and follow-up) among the three groups, namely the positive psychology group, the existential therapy group, and the control group, was significant at the .01 level for functional flexibility ($p < .01$). Therefore, there was no significant difference between the mean pretest, posttest, and follow-up scores of functional flexibility between the two experimental groups, namely the positive psychology group and the existential therapy group. This observed difference indicates the effectiveness and durability of both positive psychology and existential therapy in improving functional flexibility ($p < .01$). The results also show that, regarding the within-group factor, the calculated F value for the effect of stages (pretest, posttest, and follow-up) was significant at the .05 level for the dependent variable of meaning in life ($p < .05$). Therefore, there was a significant difference between the mean pretest, posttest, and follow-up scores of meaning in life across the three stages. This difference was observed between the positive psychology group and the existential therapy group compared with the control group in meaning in life. Regarding the interaction between stage and group, the calculated F value for the effect of stages (pretest, posttest, and follow-up) among the three groups, namely the positive psychology

group, the existential therapy group, and the control group, was significant at the .01 level for meaning in life ($p < .01$). Therefore, there was a significant difference between the mean pretest, posttest, and follow-up scores of meaning in life between the two experimental groups, namely the positive psychology group and the existential therapy group. This observed difference indicates the effectiveness and durability of positive psychology and existential therapy in improving meaning in life ($p < .01$). Another finding showed that, regarding the within-group factor, the calculated F value for the effect of stages (pretest, posttest, and follow-up) was significant at the .05 level for the dependent variable of family functioning ($p < .05$). Therefore, there was a significant difference between the mean pretest, posttest, and follow-up scores of family functioning across the three stages. This difference was observed between the positive psychology group and the existential therapy group compared with the control group in family functioning. According to the results of Table 3, regarding the interaction between stage and group, the calculated F value for the effect of stages (pretest, posttest, and follow-up) among the three groups, namely the positive psychology group, the existential therapy group, and the control group, was significant at the .01 level for family functioning ($p < .01$). Therefore, there was a significant difference between the mean pretest, posttest, and follow-up scores of family functioning between the two experimental groups, namely the positive psychology group and the existential therapy group. This observed difference indicates the effectiveness and durability of positive psychology and existential therapy in improving family functioning ($p < .01$).

Table 4. Bonferroni post hoc test for examining differences between the mean scores of the dependent variables in the positive psychology, existential therapy, and control groups

Variable / Stage	Group	Comparison Group	Mean Difference	SE	p
Functional flexibility (Pretest)	Positive psychology	Existential therapy	-1.618	1.009	0.358
Functional flexibility (Pretest)	Positive psychology	Control	-1.735	0.964	0.246
Functional flexibility (Pretest)	Existential therapy	Positive psychology	1.618	1.009	0.358
Functional flexibility (Pretest)	Existential therapy	Control	-0.117	0.989	0.889
Functional flexibility (Posttest)	Positive psychology	Existential therapy	-0.918	1.048	0.974
Functional flexibility (Posttest)	Positive psychology	Control	13.068*	1.001	0.0005
Functional flexibility (Posttest)	Existential therapy	Positive psychology	0.918	1.048	0.974
Functional flexibility (Posttest)	Existential therapy	Control	12.15*	1.027	0.0005
Functional flexibility (Follow-up)	Positive psychology	Existential therapy	1.009	1.084	0.890
Functional flexibility (Follow-up)	Positive psychology	Control	14.325*	1.002	0.0005
Functional flexibility (Follow-up)	Existential therapy	Positive psychology	-1.009	1.084	0.890
Functional flexibility (Follow-up)	Existential therapy	Control	13.316*	1.027	0.0005
Meaning in life (Pretest)	Positive psychology	Existential therapy	-1.236	0.770	0.357
Meaning in life (Pretest)	Positive psychology	Control	-0.886	0.735	0.713
Meaning in life (Pretest)	Existential therapy	Positive psychology	1.236	0.770	0.358
Meaning in life (Pretest)	Existential therapy	Control	0.350	0.754	0.879
Meaning in life (Posttest)	Positive psychology	Existential therapy	-2.954**	0.597	0.0005
Meaning in life (Posttest)	Positive psychology	Control	5.462**	0.571	0.0005
Meaning in life (Posttest)	Existential therapy	Positive psychology	2.954**	0.597	0.0005
Meaning in life (Posttest)	Existential therapy	Control	8.416**	0.585	0.0005
Meaning in life (Follow-up)	Positive psychology	Existential therapy	-2.954**	0.557	0.0005
Meaning in life (Follow-up)	Positive psychology	Control	6.712*	0.532	0.0005
Family functioning (Pretest)	Positive psychology	Existential therapy	-0.481	0.994	0.914
Family functioning (Pretest)	Positive psychology	Control	-2.348	0.950	0.058
Family functioning (Pretest)	Existential therapy	Positive psychology	0.481	0.994	0.914
Family functioning (Pretest)	Existential therapy	Control	-1.66	0.974	0.058
Family functioning (Posttest)	Positive psychology	Existential therapy	-2.345**	0.577	0.0005
Family functioning (Posttest)	Positive psychology	Control	4.454**	0.551	0.0005
Family functioning (Posttest)	Existential therapy	Positive psychology	2.345**	0.577	0.0005
Family functioning (Posttest)	Existential therapy	Control	5.800**	0.565	0.0005
Family functioning (Follow-up)	Positive psychology	Existential therapy	-2.345**	0.624	0.0005
Family functioning (Follow-up)	Positive psychology	Control	5.954*	0.596	0.0005

The Bonferroni post hoc test was calculated to examine differences between the mean scores of the positive psychology group, the existential therapy group, and the control group. The results showed that there were significant differences in the dependent variable of functional flexibility between the pretest and posttest stages and between the pretest and follow-up stages in the positive psychology and existential therapy groups compared with the control group. In addition, there was a significant difference in functional flexibility between the posttest and follow-up stages in the positive psychology and existential therapy groups compared with the control group, such that the follow-up scores of functional flexibility showed a significant change compared with the posttest scores. There was a significant difference in the mean scores of functional flexibility across the three stages of pretest, posttest, and follow-up between the positive psychology group and the existential therapy group compared with the control group. However, the means of the positive psychology and existential therapy groups across the three stages were not different from each other, indicating that both interventions were equally effective and durable in improving functional flexibility ($p < .01$).

The Bonferroni post hoc test was calculated to examine differences between the mean scores of the positive psychology group, the existential therapy group, and the control group. The results showed that the difference between the scores of the dependent variable of meaning in life at the pretest stage was not statistically significant. The results also showed that the difference between the scores of meaning in life at the posttest stage was statistically significant in the positive psychology and existential therapy groups compared with the control group. In addition, there was a significant difference in meaning in life between the posttest and follow-up stages in the positive psychology and existential therapy groups compared with the control group, such that the follow-up scores of meaning in life showed a significant change compared with the posttest scores. There was a significant difference in the mean scores of meaning in life at the posttest and follow-up stages between the positive psychology group and the existential therapy group compared with the control group. The means of the positive psychology and existential therapy groups at the posttest and follow-up stages were different, indicating that existential therapy had greater effectiveness and durability than positive psychology in improving meaning in life ($p < .01$).

The Bonferroni post hoc test was calculated to examine differences between the mean scores of the positive psychology group, the existential therapy group, and the control group. The results showed that the difference between the scores of the dependent variable of family functioning at the pretest stage was not statistically significant. The results also showed that the difference between the scores of family functioning at the posttest stage was statistically significant in the positive psychology and existential therapy groups compared with the control group. In addition, there was a significant difference in family functioning between the posttest and follow-up stages in the positive psychology and existential therapy groups compared with the control group, such that the follow-up scores of family functioning showed a significant change compared with the posttest scores. There was a significant difference in the mean scores of family functioning at the posttest and follow-up stages between the positive psychology group and the existential therapy group compared with the control group. The means of the positive psychology and existential therapy groups at the posttest and follow-up stages were different, indicating that existential therapy had greater effectiveness and durability than positive psychology in improving family functioning ($p < .01$).

Discussion and Conclusion

The present study was conducted with the aim of comparing the effectiveness of positive psychology intervention and existential therapy on functional flexibility, meaning in life, and family functioning among conflicted couples. The findings demonstrated that both interventions significantly improved functional flexibility, meaning in life, and family functioning in comparison with the control group. Furthermore, the results indicated that although both interventions were effective in improving functional flexibility with relatively similar and stable outcomes, existential therapy demonstrated greater effectiveness than positive psychology intervention in enhancing meaning in life and family functioning during the posttest and follow-up stages. Overall, the findings suggest that interventions emphasizing positive emotional capacities and existential awareness can substantially improve the psychological and relational functioning of couples experiencing marital conflict.

One of the important findings of the present study was the significant improvement in functional flexibility among participants in both the positive psychology and existential therapy groups compared with the control group. This finding is consistent with previous studies indicating that interventions emphasizing adaptive coping, emotional acceptance, and positive cognitive restructuring can significantly enhance flexibility and resilience in individuals experiencing relational distress (5, 6, 17). Functional flexibility enables individuals to adapt more effectively to stressful situations, tolerate unpleasant emotions, and engage in constructive interpersonal responses rather than rigid or avoidant patterns. Couples experiencing chronic marital conflict often become trapped in repetitive maladaptive communication cycles characterized by defensiveness, emotional withdrawal, and cognitive rigidity. Both positive psychology intervention and existential therapy appear to reduce these maladaptive cycles by promoting emotional awareness, acceptance, and adaptive behavioral responses.

The effectiveness of positive psychology intervention in improving functional flexibility can be explained through several psychological mechanisms. Positive psychology interventions emphasize identifying strengths, cultivating optimism, enhancing gratitude, and promoting constructive emotional experiences. Such processes help individuals reinterpret stressful experiences more adaptively and reduce emotional reactivity during marital conflicts. Positive emotional states are known to broaden cognitive and behavioral repertoires, facilitating flexible thinking and adaptive problem solving. The findings are aligned with studies showing that positive psychotherapy improves cognitive flexibility, distress tolerance, and psychological adaptation among individuals experiencing emotional and relational difficulties (8, 16). Positive therapeutic approaches also encourage couples to focus on relational strengths rather than deficits, which may reduce hostility and increase cooperative interaction patterns (13, 14).

Similarly, the effectiveness of existential therapy in enhancing functional flexibility may be attributed to its emphasis on self-awareness, responsibility, authenticity, and acceptance of existential realities. Existential therapy encourages individuals to confront uncertainty, emotional pain, loneliness, and relational fears rather than avoid them. Through increased awareness of personal choice and responsibility, individuals may become more capable of responding flexibly to relational challenges. Existential approaches reduce psychological rigidity by helping clients reinterpret suffering as a meaningful aspect of human existence rather than as an intolerable threat. This interpretation is consistent with theoretical perspectives emphasizing the role of existential awareness in adaptive emotional functioning (19, 21). Empirical evidence

has similarly demonstrated that existential interventions improve resilience, relational adjustment, and emotional regulation in distressed populations (9, 24). Therefore, the comparable effectiveness of positive psychology and existential therapy in improving functional flexibility may reflect their shared emphasis on adaptive emotional processing and constructive responses to interpersonal stress.

Another important finding of the present study was the significant improvement in meaning in life among couples in both intervention groups compared with the control group, with existential therapy demonstrating greater effectiveness than positive psychology intervention during the posttest and follow-up stages. This finding is consistent with previous research emphasizing the central role of meaning-oriented interventions in enhancing psychological adjustment and emotional well-being (7, 8). Meaning in life represents an individual's sense of purpose, coherence, and existential significance. Couples experiencing persistent marital conflict often report feelings of emptiness, hopelessness, and emotional disconnection, which can undermine relational commitment and satisfaction. Therapeutic interventions that strengthen meaning construction may therefore help couples reinterpret relational difficulties in more adaptive and growth-oriented ways.

The effectiveness of positive psychology intervention in improving meaning in life may be explained through its focus on gratitude, optimism, strengths identification, and positive interpersonal experiences. Positive psychology encourages individuals to recognize valuable aspects of their relationships and life experiences, thereby increasing emotional engagement and life satisfaction. Studies have shown that positive therapeutic interventions can increase psychological well-being, life satisfaction, and positive emotional experiences by helping individuals cultivate hope and constructive meaning-making processes (12, 15). Moreover, interventions emphasizing strengths and gratitude can increase relational appreciation and emotional closeness between spouses, which may contribute to greater perceived meaning in life and marriage.

However, the greater effectiveness of existential therapy in enhancing meaning in life may be explained by the core theoretical foundations of existential approaches. Existential therapy directly addresses fundamental questions concerning purpose, mortality, freedom, responsibility, and human existence. Rather than focusing primarily on positive emotional experiences, existential therapy encourages individuals to confront suffering, uncertainty, and existential anxiety while constructing personally meaningful interpretations of life experiences. Such processes may create deeper and more enduring transformations in meaning structures. Wong emphasized that meaning-centered therapeutic approaches are particularly effective because they integrate suffering, responsibility, and personal growth into a coherent existential framework (7). Likewise, contemporary existential theorists argue that authentic confrontation with existential realities enhances psychological maturity and emotional resilience (20, 22). The findings of the present study support these theoretical assumptions and suggest that existential therapy may produce stronger and more sustainable improvements in meaning in life because it addresses the deeper existential dimensions underlying marital conflict and emotional distress.

The present findings regarding family functioning also indicated that both interventions significantly improved family functioning compared with the control group, while existential therapy demonstrated greater effectiveness during posttest and follow-up stages. Family functioning involves effective communication, emotional responsiveness, role organization, problem solving, and behavioral regulation

within the family system. Couples experiencing chronic marital conflict often develop dysfunctional interaction patterns characterized by emotional distancing, communication breakdown, blame, and reduced cooperation. Therapeutic interventions targeting emotional awareness and interpersonal understanding can therefore improve overall family functioning.

The effectiveness of positive psychology intervention in improving family functioning can be understood through its emphasis on strengthening positive interactions and emotional experiences within relationships. Positive psychology interventions encourage spouses to express gratitude, appreciation, forgiveness, and constructive emotional feedback, which may improve communication quality and relational cohesion. Studies have shown that positive therapeutic approaches improve marital satisfaction, communication patterns, and emotional intimacy among couples (13, 30). Positive interventions also help couples shift attention away from conflict-centered interactions toward supportive and emotionally rewarding experiences. Such processes likely contribute to improved family functioning by increasing empathy, cooperation, and emotional responsiveness among family members.

Nevertheless, existential therapy demonstrated stronger and more persistent effects on family functioning compared with positive psychology intervention. This finding may reflect the deeper interpersonal and existential processes activated during existential therapy sessions. Existential therapy emphasizes authenticity, responsibility, emotional honesty, and meaningful connection with others. Couples are encouraged to examine their fears, unresolved emotional experiences, and patterns of avoidance within the relationship. Through authentic dialogue and increased self-awareness, spouses may develop greater empathy, acceptance, and emotional openness toward each other. These processes can strengthen emotional intimacy and reduce maladaptive relational patterns. The findings align with studies indicating that existential therapy improves intimacy, marital satisfaction, family cohesion, and forgiveness in distressed couples and families (23-25).

Another explanation for the stronger effectiveness of existential therapy may relate to the role of existential awareness in relational resilience. Existential therapy encourages couples to recognize the temporary and fragile nature of human relationships, which may increase appreciation, emotional commitment, and responsibility toward the marital relationship. Awareness of mortality and existential vulnerability may motivate individuals to engage more authentically and compassionately with their partners. Such experiences may strengthen family cohesion and improve communication patterns at a deeper emotional level. Contemporary existential approaches increasingly emphasize that psychological healing emerges through authentic relational encounters and meaningful engagement with life experiences (19, 21). Therefore, existential therapy may have produced more stable improvements in family functioning because it facilitated deeper emotional transformation and relational awareness among participants.

The persistence of intervention effects during the follow-up stage also deserves attention. The findings demonstrated that the positive effects of both interventions remained relatively stable across time, indicating the durability of therapeutic change. Long-term maintenance of treatment gains may occur because both interventions teach adaptive psychological skills that participants can continue applying after completion of therapy sessions. Positive psychology interventions provide practical strategies such as gratitude exercises, optimistic reframing, and strength-based interactions that may continue influencing relational behavior beyond the intervention period. Existential therapy, on the other hand, promotes

enduring shifts in self-awareness, meaning construction, and existential understanding, which may continue shaping emotional and relational functioning over time. Previous studies similarly support the long-term benefits of positive and existential therapeutic approaches in improving psychological and relational outcomes (18, 31).

The findings of the present study also support broader theoretical perspectives emphasizing the interrelationship among flexibility, meaning, resilience, and relational functioning. Research has shown that meaning in life mediates the relationship between resilience and psychological adaptation (26). Relational resilience has likewise been identified as a protective factor against the destructive effects of marital conflict (2). Family functioning is similarly influenced by psychosocial and emotional variables that shape interpersonal interactions within the family system (11, 32). The present findings suggest that interventions targeting existential awareness, emotional flexibility, and positive relational experiences can improve multiple dimensions of psychological and family functioning simultaneously.

Overall, the results of the present study indicate that both positive psychology intervention and existential therapy are effective approaches for improving functional flexibility, meaning in life, and family functioning among conflicted couples. However, existential therapy appears to produce deeper and more enduring effects on meaning in life and family functioning due to its direct focus on existential concerns, authenticity, responsibility, and emotional awareness. These findings contribute to the growing literature supporting integrative and meaning-centered approaches in couple therapy and highlight the importance of addressing both emotional strengths and existential dimensions in interventions designed for conflicted couples.

One limitation of the present study was the relatively small sample size and the restriction of participants to conflicted couples referring to counseling centers in one district of Tehran, which may limit the generalizability of the findings to broader populations and different cultural contexts. Another limitation was the reliance on self-report questionnaires, which may be influenced by social desirability bias or inaccurate self-perceptions. In addition, the study did not control for certain contextual variables such as socioeconomic status, personality traits, or duration of marital conflict, which may have affected the outcomes. The absence of longer-term follow-up periods also limits conclusions regarding the long-term stability of the interventions.

Future studies are recommended to examine the effectiveness of positive psychology and existential therapy in more diverse populations, including couples from different cultural, social, and economic backgrounds. Researchers may also compare these interventions with other contemporary therapeutic approaches such as emotion-focused therapy, schema therapy, and integrative behavioral couple therapy. Longitudinal studies with extended follow-up periods would help clarify the durability of treatment effects over time. In addition, future research could investigate mediating variables such as emotional regulation, attachment styles, resilience, and communication patterns to better understand the mechanisms through which these interventions influence marital functioning.

The findings of the present study have important practical implications for counselors, psychotherapists, and family intervention specialists working with conflicted couples. Positive psychology interventions may be useful for strengthening emotional intimacy, optimism, gratitude, and adaptive communication within marital relationships. Existential therapy may be particularly beneficial for couples experiencing emotional disconnection, hopelessness, or chronic relational dissatisfaction rooted in deeper existential concerns.

Integrating positive and existential therapeutic principles into couple counseling programs may enhance the effectiveness of interventions aimed at improving flexibility, meaning in life, and family functioning. Mental health professionals and counseling centers may therefore benefit from incorporating structured meaning-centered and strength-based interventions into marital therapy programs.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. "This article was extracted from the first author's doctoral dissertation at the Arak Branch, Islamic Azad University, Arak, Iran. The study received ethical approval with the code IR.IAU.ARAK.REC.1404.035 from the Research Ethics Committee of the Islamic Azad University.

Transparency of Data

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

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