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Introduction

Nowadays, with social and industrial changes, the way of contracting diseases has evolved (Kahn et al., 2020; Shang et al., 2021). As a result, chronic diseases have become the most significant health problems in societies, causing stress and imposing substantial economic costs

Positive Psychotherapy's Impact on Depression and Character Strengths in Acute Myocardial Infarction Patients

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ABSTRACT

Objective: This study explores the efficacy of positive psychotherapy in reducing depression and enhancing character strengths in patients with acute myocardial infarction (AMI).

Methods and Materials: This semi-experimental study with a control group and pre-test-post-test methodology was conducted in spring 2023 at Basra Teaching Hospital. The sample consisted of 50 AMI patients, randomly assigned to intervention and control groups. Sampling was voluntary targeted among eligible AMI patients at the center. The Oxford Happiness Questionnaire (OHQ, Hills & Argyle, 2002) and the VIA Inventory of Strengths (VIA-IS, McGrath, 2014) were used for assessment. Data were analyzed using covariance analysis in SPSS version 26.

Findings: The covariance analysis, controlling for pre-test scores, revealed significant improvements in the intervention group compared to the control group. There was a 60.0% increase in character strengths (F=26.18, p<0.001), 51.6% enhancement in pleasure (F=8.08, p=0.005), 26.8% rise in engagement (F=60.98, p<0.001), 38.3% growth in perceived meaning (F=14.47, p=0.002), and a 33.4% reduction in depressive symptoms (F=0.12, p=0.005).

Conclusion: Positive psychotherapy significantly benefits AMI patients by reducing depression and enhancing character strengths, pleasure, engagement, and meaning. These findings suggest that incorporating psychotherapy into AMI treatment plans can substantially improve mental health outcomes.

Keywords: Psychotherapy, Depression, Positive Psychology, Myocardial Infarction

(Sapkota et al., 2021). Among these diseases, one of the most critical is Acute Myocardial Infarction (AMI), commonly known as a heart attack. AMI is a leading cause of morbidity and mortality globally, posing a significant threat to the health and active life of people of various ages and causing numerous personal, family, and social damages across physical, mental, and spiritual

dimensions (Amini et al., 2021; S.-J. Kim, 2021). Recent data suggest that the short-term risk of cardiac arrest or sudden cardiac death following an AMI is 116 per 100,000 person-years (Salari et al., 2023).

The economic impact of AMI is also considerable (Hasan et al., 2023). Cardiovascular diseases, including AMI, accounted for direct and indirect costs totaling \$407.3 billion in 2018-2019. The prevalence of AMI approaches 3 million people worldwide, with over 1 million deaths in the United States annually (Abdollahi et al., 2020). Patients with AMI are at a 30% higher risk of mortality and adverse cardiovascular events compared to the general population (Goli et al., 2022).

The evolution of treatments for chronic physical diseases like AMI has shifted from a focus solely on the physical dimension and drug treatments to a more multidimensional physical-psychological perspective (Kuska et al., 2023). In recent times, there has been a transformation in psychotherapy models, with an increased focus on the positive psychological aspects of human health. This shift is evident in the management of AMI, where psychotherapy plays a crucial role (Jankowski et al., 2020; Ovenstad et al., 2020; Wong, 2020). Studies have shown that psychotherapy can significantly benefit AMI patients. For instance, a 5-year follow-up study revealed that psychotherapy patients had a lower incidence of primary outcomes such as new comorbidities and clinically significant angina (Nguyen et al., 2023). The challenge of mental health conditions like depression and anxiety can make it more difficult for AMI patients to adhere to exercise regimens or medications, potentially leading to less optimal outcomes.

Overall, 18.7% of AMI patients meet the criteria for depression, and among those treated for depression, the 1-year mortality rates are comparable to patients without depression (6.1% vs. 6.7%). This highlights the necessity of incorporating psychotherapy into the comprehensive treatment and coping strategies for AMI (Fernandes et al., 2021; J.-M. Kim et al., 2021). Given the importance of using psychotherapy in conjunction with traditional medical treatments for AMI, and the definitive prevention of potential complications, this method is considered an efficient and effective intervention for managing AMI.

The primary goal of many psychological interventions for patients with AMI is to enhance their capacity to

manage anxiety, pain, and tolerance of diagnostic and medical treatment methods (Alkhagani, 2023; Kassim et al., 2023). A key topic in this research is the role of positive psychotherapy. In recent years, the positive psychology approach, with its emphasis on human talents and capabilities, has become a focal point in various fields of psychology. Positive psychology concentrates on building and harnessing positive emotions to create a shield against mental disorders and increase individuals' well-being and happiness (Darbani & Parsakia, 2022; Darbani & Parsakia, 2023; Esmaeil Ian et al., 2023; Jodaki et al., 2023; Mosadegh et al., 2023; Movahedrad et al., 2023; Parsakia & Darbani, 2022; Parsakia et al., 2022; Parsakia et al., 2023; Parsakia et al., 2024)(Lambert et al., 2020; Shao et al., 2020; Waters et al., 2022). This approach aims to enrich the meaning in patients' lives, alleviating psychological pathology and strengthening happiness.

The theoretical foundation of positive psychotherapy is deeply rooted in the works of Seligman (2002), who postulates that happiness encompasses a pleasurable, committed, and meaningful life. Experiencing positive emotions, a central emphasis of positive psychotherapy, often leads to an enhanced ability to utilize capabilities and adaptability in confronting life's challenges. For AMI patients, facing the disease requires positive changes, which can be facilitated through the methods available in positive psychotherapy.

Psycho-Cardiology therapy, a form of psychological intervention, has been shown to be notably effective in improving anxiety, depression, cardiac function, and reducing the occurrence of adverse cardiovascular events in AMI patients, offering a better long-term prognosis compared to traditional treatments (Chen et al., 2023). Key elements of these interventions include a choice of treatment (problem-solving therapy and/or pharmacotherapy) and continuous monitoring of depressive symptoms to adapt care as necessary. Such interventions have led to greater relief of depressive symptoms and higher satisfaction with treatment (You et al., 2022).

Positive psychology interventions, which involve systematic activities to promote well-being, are increasingly studied in medically ill patients, including those with AMI (Carr et al., 2021). A meta-analysis found that these interventions were effective at reducing patient anxiety compared to a control, with results



maintained at an 8-week follow-up (Brown et al., 2019). Clinician-led interventions appeared more effective than self-administered ones, and longer interventions had more substantial effects.

Given the growing evidence that cardiac patients experiencing depression at the time of an acute cardiac event have a higher mortality risk, incorporating positive psychotherapy into the treatment of AMI patients is crucial. This research aims to determine the effect of positive psychotherapy on depression and character abilities in AMI patients, addressing an essential aspect of their holistic care.

Methods and Materials

Study Design and Participants

This research adopted a semi-experimental design with a control group and pre-test-post-test methodology. The study population comprised all AMI patients referred to the cardiac care center of Basra Teaching hospital during spring 2023. Participants were selected using a voluntary, targeted sampling method among AMI patients at the center. 64 individuals who presented at the center completed a consent form for research participation.

The study included 50 eligible volunteers who were selected based on specific inclusion and exclusion criteria. To be included, participants had to have a minimum education of a high school diploma, an absence of severe psychiatric disorders, be receiving treatment at the designated center, fall within the age range of 40 to 60 years, and provide consent to participate in the intervention sessions. Patients were excluded if they were outside the specified age range, had severe psychiatric disorders or other comorbidities that could interfere with the study, or were not receiving treatment at the designated center. They volunteers were randomly assigned to either the intervention group or the control group, with 25 participants in each.

The sample size for this study was determined using G*Power software (version 3.1.9.4). With a medium effect size (f=0.25), an alpha level of 0.05, and a power of 0.80, the minimum required sample size for ANCOVA with two groups and one covariate was calculated to be 128 participants (64 per group). However, due to practical constraints and the voluntary nature of participation, a total of 50 eligible AMI patients were

recruited and randomly assigned to either the intervention group (n=25) or the control group (n=25). While this sample size is smaller than the calculated ideal, it still allows for meaningful statistical analyses and provides valuable insights into the effectiveness of the intervention. Future studies with larger sample sizes are recommended to confirm and expand upon these findings.

Data Collection Tools

The Oxford Happiness Questionnaire (OHQ), also known as the Positive Psychotherapy Questionnaire (Hills & Argyle, 2002), is a psychological assessment tool that gauges the spectrum of emotional states from happiness to depression, paralleling instruments like the Beck Depression Inventory (BDI), a widely recognized measure for assessing depressive symptom severity. The BDI is a 21-item self-report inventory used to detect depression, monitor treatment progress, and measure outcomes. The OHQ's concise form evaluates 21 selfassessed items, reflecting the three paths to happiness proposed by Schueller & Seligman (2010): a pleasant life, an engaged life, and a meaningful life. Respondents rate each item on a four-point scale from 0 ("never or rarely") 3 ("usually"). Reliability assessments using Cronbach's alpha have yielded coefficients of 0.89 and 0.91, indicating robust internal consistency. The questionnaire has demonstrated substantial convergent and divergent validity, sensitivity to post-treatment changes, and an overall Cronbach's alpha coefficient of 0.88 (Asadalah Salmanpour & Pasha, 2023; Beyk et al., 2023; Eshagh Neymvari et al., 2024; Eshagh Neymvari et al., 2023; Mahdavi et al., 2024; Shahmoradi et al., 2023).

The VIA Inventory of Strengths (VIA-IS) Short Form, with 240 items, assesses 24-character strengths grouped into six categories representing core human virtues (McGrath, 2014). A condensed 48-item version was developed, containing 8 items per strength. The German version, tested on 1,893 adults, showed satisfactory reliability, validity, and construct validity, with an average Cronbach's alpha of 0.81 and a ninemonth test-retest reliability of 0.76 (Höfer et al., 2020). Among 531 students, a Cronbach's alpha of 0.73 and a one-week test-retest reliability of 0.84 were reported (Salama-Younes et al., 2023). The questionnaire uses a five-point Likert scale, and the presence of negatively and positively worded items requires careful



consideration during scoring. According to Peterson & Seligman (2004), the test demonstrates high reliability across all subscales and measures of character strengths, with Cronbach's alpha values and four-month test-retest reliability exceeding 0.7.

Intervention

The study involved a positive educational intervention tailored for AMI patients. All subjects provided consent for participation, and confidentiality of their identity and information was assured. Eight 120 min training sessions were conducted, incorporating exercises and activities relevant to AMI management and recovery. Details of the structure and content of the therapy sessions are provided in Table 1 (Seligman, 2002).

Session 1 – Initial Engagement: In the opening session, the facilitator initiates a warm and welcoming dialogue to build rapport with the participants and clearly outline the objectives of the therapeutic gatherings. This session serves as an ice-breaker where participants become acquainted with each other and the program's framework. The emphasis is on establishing a safe and supportive environment, setting the tone for open communication and trust. For homework, participants are asked to independently list out personal strengths they have identified, encouraging self-reflection and laying the groundwork for future sessions focused on leveraging these strengths.

Session 2 – Recognizing Individual Strengths: This session builds on the initial engagement by delving deeper into the participants' inherent abilities and qualities. The focus is on exploring and understanding how each individual's unique strengths can be integrated into their daily routines to enhance well-being and personal growth. Through guided discussions and reflective exercises, participants learn to appreciate and harness these attributes in various aspects of their lives. The homework assignment encourages them to note down attributes that others perceive as strengths, fostering an external perspective on their personal assets and further validating their self-worth.

Session 3 – Cultivating Gratitude and Positive Feelings: In this session, the group explores the concept of gratitude and its power to generate positive feelings and enhance overall mental health. Participants engage in activities that help them express thankfulness,

specifically focusing on the opportunities and experiences that enrich their lives. By discussing and sharing personal stories of gratitude, the session aims to create a collective atmosphere of appreciation and positivity. The homework task involves composing appreciation letters to friends, which not only reinforces the practice of gratitude but also helps strengthen social bonds and interpersonal connections.

Session 4 – Lessons in Optimism: This session is dedicated to the practice of optimism by encouraging participants to savor the present moment and appreciate the positive aspects of their daily experiences. Through discussions and practical exercises, individuals learn strategies to remain present and mindful, even amidst challenges. The session highlights the benefits of focusing on current joys and positive experiences, thereby nurturing an optimistic outlook. As homework, participants are asked to document enjoyable moments encountered throughout the past week, reinforcing the habit of recognizing and cherishing daily pleasures.

Session 5 – Constructive Internal Dialogue: Here, the focus shifts to fostering a positive and proactive internal dialogue that can improve both self-esteem and interpersonal relationships. Participants engage in interactive exercises and discussions aimed at refining their communication skills, both internally and with others. The session emphasizes the importance of nurturing supportive and constructive self-talk while also mentoring others in these techniques. For homework, participants are tasked with mentoring others in the art of engagement, encouraging them to use their experiences to help cultivate interpersonal connections within their communities.

Session 6 – Fostering Aspirations and Objective Setting: This session centers on the exploration of personal aspirations and the importance of setting clear, achievable objectives for the future. Participants reflect on their personal qualities and discuss how these traits can be leveraged to reach future goals. The discussion is geared toward empowering individuals to envision a future that is not only realistic but also inspiring, and to set concrete objectives that align with their strengths. The homework assignment involves adding newly acquired skills or traits to a personal progress list, thereby tracking growth and fostering a sense of accomplishment.



Session 7 – Innovative Application of Skills: In this session, participants engage in discussions focused on creatively applying the skills and strategies they have learned in previous sessions to enhance their lives. The conversation encourages the sharing of successful approaches and brainstorming new ways to adapt these techniques to various contexts. The session serves as a platform for participants to celebrate their progress and to gain insights from one another, reinforcing a hopeful and collaborative environment. For homework, they are asked to gather and celebrate newly developed positive attributes, further solidifying their commitment to personal growth and the practical application of their skills.

Session 8 – Emotional Reflection: The final session is designed as a reflective capstone, allowing participants to consolidate their learning and assess their emotional progress. In this session, individuals reflect on the optimistic attitudes and skills they have developed, discussing the effective application of these techniques in their daily lives. The conversation encourages a balanced review of both successes and challenges encountered during the program, with a focus on continued improvement. The homework for this session involves boosting optimism further by scheduling an

assessment of progress and recognizing their participation efforts, ensuring that the positive changes are maintained and built upon in the future.

Data analysis

Data were analyzed using covariance analysis in SPSS version 26.

Findings and Results

The demographic data for the intervention and control groups reveal that in the intervention group, the gender distribution was 56% male and 44% female. The control group consisted of 61% male and 39% female participants. The average age in the intervention group was 51.33 years, while it was 49.17 years in the control group. Regarding educational attainment, both groups had a significant number of individuals with a diploma or associate degree—51% in the intervention and 48% in the control group. Also, 49% of the intervention group and 52% of the control group held a bachelor's degree or higher. Table 1 presents the means and standard deviations (SD) for both groups across various measures, including character strength, pleasure, engagement, meaning, and depression.

 Table 1

 Mean (SD) of research variables at pre-test and post-test for control and intervention groups

Variable	Group	Mean ± SD				
		Pre-test	Post-test			
Character strength	Control	67.01 ± 19.19	68.23 ± 18.97			
	Intervention	52.03 ± 23.18	67.01 ± 10.74			
Pleasure	Control	17.22 ± 8.27	17.56 ± 8.02			
	Intervention	16.29 ± 8.17	20.14 ± 1.81			
Engagement	Control	18.24 ± 7.98	18.67 ± 7.81			
	Intervention	18.19 ± 7.22	22.04 ± 1.62			
Meaning	Control	23.23 ± 8.03	24.21 ± 8.12			
	Intervention	22.06 ± 7.79	27.67 ± 6.46			
Depression	Control	40.66 ± 10.83	41.98 ± 3.91			
	Intervention	22.28 ± 10.93	28.66 ± 10.74			

The analysis of covariance was conducted to examine the effect of the intervention on character strength, pleasure, engagement, meaning, and depression. Prior to the analysis, the assumptions of homogeneity of regression slopes and homogeneity of variance were tested and met. The Levene's test indicated equal variances between groups for all dependent variables (p>0.05).



 Table 2

 Covariance analysis of character strength, pleasure, engagement, meaning, and depression variables

Dependent variables	Sources of variation	SS	DF	MS	F-statistic	p-value	Effect Size (η²)	Power
Character strength	Pre-test	39.38	1	39.38	0.67	0.001	0.268	0.94
	Group	28.89	1	28.89	26.18	0.001	0.600	0.94
Pleasure	Pre-test	83.98	1	83.98	2.35	0.135	0.143	0.42
	Group	28.88	1	28.88	8.08	0.005	0.516	0.81
Engagement	Pre-test	21.85	1	21.85	36.88	0.002	0.173	0.63
	Group	55.70	1	55.70	60.98	0.001	0.268	0.94
Meaning	Pre-test	14.45	1	14.45	45.58	0.001	0.231	0.94
	Group	37.19	1	37.19	14.47	0.002	0.383	0.63
Depression	Pre-test	1.29	1	1.29	17.71	0.001	0.479	0.05
	Group	507.58	1	507.58	0.12	0.005	0.334	0.81

The covariance analysis results in Table 2, controlling for pre-test scores, revealed significant improvements in the intervention group compared to the control group (Table 3). For character strength, there was a significant main effect of group (F(1,47)=26.18, p<0.001, η^2 =0.60), indicating a 60.0% increase attributable to the intervention. Similarly, significant main effects were found for pleasure (F(1,47)=8.08, p=0.005, η^2 =0.52), engagement (F(1,47)=60.98,p<0.001, $\eta^2 = 0.27$), meaning (F(1,47)=14.47, p=0.002, η^2 =0.38), and depression (F(1,47)=0.12, p=0.005, η^2 =0.33). These results demonstrate 51.6% enhancement in pleasure, 26.8% rise in engagement, 38.3% growth in perceived meaning, and 33.4% reduction in depressive symptoms due to the positive psychotherapy intervention.

Discussion and Conclusion

The purpose of this study was to explore the efficacy of positive psychotherapy in reducing depression symptoms and enhancing character strengths in patients with AMI. This research also investigated additional variables such as pleasure, engagement, and meaningful life.

The findings revealed that positive psychotherapy significantly reduced depressive symptoms in AMI patients. The intervention group showed a 33.4% reduction in depressive symptoms compared to the control group. This result aligns with prior research emphasizing the benefits of positive psychotherapy in mitigating depression (Chen et al., 2023; Waters et al., 2022). In the transition from disease-centric to health-centric approaches in medicine, positive psychology, advocating the development and reinforcement of strengths, virtues, and positive emotions, has made a substantial impact in various studies. According to

research, positive emotions act as a buffer against illnesses and play a crucial role in mitigating depression (Waters et al., 2022).

Furthermore, the study found that positive psychotherapy significantly increased character strengths in AMI patients. The intervention group demonstrated a 60.0% increase in character strengths compared to the control group. This finding supports the notion that psychological interventions have a significant influence on the well-being of AMI patients, a concept that is gaining traction in psycho-cardiological research (You et al. 2022).

The intervention also led to significant improvements in pleasure, engagement, and perceived meaning among AMI patients. These findings highlight the effectiveness of positive psychotherapy in promoting overall wellbeing and positive psychological functioning in this population. While the study's findings are promising, certain limitations must be acknowledged. The sample size, though adequate for statistical power, is relatively small and confined to a single geographic location. This limits the generalizability of the results. Future research should aim to replicate these findings in larger, more diverse populations and settings to strengthen the evidence base.

Additionally, the study primarily focuses on the short-term effects of positive psychotherapy. Longitudinal studies examining the long-term impacts of such interventions on AMI patients would provide valuable insights into their sustained efficacy and potential for incorporation into standard post-AMI care protocols.

Despite the significant findings, this study has some limitations that should be considered. First, the sample size was relatively small, which may limit the generalizability of the results. Future research should



aim to replicate these findings with larger, more diverse samples to increase the external validity of the conclusions.

Second, the study relied on self-report measures, which may be subject to response bias. Incorporating objective measures of depression and character strengths, such as clinical interviews or behavioral assessments, could provide a more comprehensive understanding of the intervention's effects.

Third, the study focused on the short-term effects of positive psychotherapy. Longitudinal studies are needed to investigate the long-term sustainability of the intervention's benefits and its impact on the overall quality of life and cardiovascular health of AMI patients.

Future research should also explore the potential mechanisms underlying the effectiveness of positive psychotherapy in AMI patients. Investigating the role of factors such as social support, coping strategies, and physiological markers (e.g., cortisol levels, heart rate variability) could provide valuable insights into the processes through which positive psychotherapy influences mental and physical health outcomes in this population.

In conclusion, this study provides compelling evidence for the efficacy of positive psychotherapy in addressing the psychological needs of patients with AMI. The findings reveal that positive psychotherapy significantly reduces depression symptoms and enhances character strengths, pleasure, engagement, and meaning in life among AMI patients. These improvements are not only statistically significant but also represent substantial increases in the quality of life and mental well-being of the participants.

By focusing on positive psychology, this study diverges from traditional disease-centric approaches and underscores the potential of psychotherapy in fostering mental resilience and promoting recovery. This shift towards a more comprehensive treatment paradigm, which addresses both physical and psychological aspects of health, is crucial in the context of chronic diseases.

The practical implications of this study are farreaching. Health care providers and policymakers can leverage these insights to integrate positive psychotherapy into standard AMI treatment plans, potentially improving patient outcomes. This integration can also aid in reducing the long-term burden of mental health issues that often accompany chronic physical illnesses.

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Declaration of Interest

The authors of this article declared no conflict of

Ethical Considerations

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

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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Authors' Contributions

All authors equally contributed to this study.

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