

Positive Psychotherapy Interventions: Catalyzing Subjective Vitality and Life Satisfaction in Women Experiencing Domestic Violence

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Abstract

Background: Domestic violence profoundly compromises the mental well-being and life satisfaction of women, underscoring the critical need for effective therapeutic approaches. This study aimed to assess the effectiveness of positive psychotherapy in boosting subjective vitality and overall life satisfaction among women who have experienced domestic violence.

Methods: This was a quasi-experimental study with a pretest-posttest control group. A convenience sample comprising 30 women who had experienced domestic violence and were seeking assistance at family counseling centers in Ahvaz, Iran, was recruited during 2024. The study participants were selected based on established inclusion criteria and subsequently allocated randomly to either the experimental or control group. The experimental group received eight 90-minute sessions of positive psychotherapy, while the control group did not receive any intervention throughout the study period. All participants completed the Subjective Vitality Scale (SVS) and the Satisfaction with Life Scale (SWLS) during both the pre-intervention and post-intervention assessment phases. Data were analyzed using analysis of covariance (ANCOVA) with SPSS version 27 to assess the treatment effects.

Results: The study results indicated that positive psychotherapy led to a statistically significant enhancement in both subjective vitality and life satisfaction at the post-intervention assessment. In the positive psychotherapy group, the mean subjective vitality score rose from 15.62 ± 5.08 at pre-test to 26.35 ± 7.16 at post-test. Similarly, life satisfaction in this group increased from a mean of 14.41 ± 3.72 at pre-test to 26.55 ± 6.15 at post-test ($P < 0.001$). Conversely, the control group exhibited only a minor increase in subjective vitality, from 14.26 ± 4.91 at pre-test to 15.83 ± 5.34 at post-test, and a slight decrease in life satisfaction, from 13.11 ± 2.27 at pre-test to 12.06 ± 2.94 at post-test. Post-test comparisons between the groups revealed significant differences in both subjective vitality and life satisfaction ($P < 0.001$).

Conclusions: The present study confirmed that positive psychotherapy helps women experiencing domestic violence feel more energetic and satisfied with their lives. This highlights the importance of making positive psychotherapy available as a valuable tool in programs designed to support these women.

Keywords: Psychotherapy, Psychological Well-being, Domestic Violence, Women

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1. Introduction

Despite advancements in human civilization and the proliferation of international frameworks promoting justice and human equality, violence persists, exhibiting a sustained increase in both scope and intensity (1). Globally, domestic violence remains a pervasive issue with alarming statistics highlighting its widespread impact. For instance, an estimated one in three women worldwide has experienced physical or sexual violence, predominantly perpetrated by an intimate partner (2). The well-being of women is a global imperative, particularly given their fundamental role in establishing and maintaining family structures. A stable and cohesive family unit fosters societal resilience, while a fragmented and conflict-ridden family environment contributes to societal

vulnerability and maladjustment (3). Consequently, any disruption to women's well-being has profound repercussions across both familial and societal domains due to their critical and indispensable role in these structures (4).

The phenomenon of domestic violence has garnered significant attention from international organizations and national governments. This pervasive issue transcends geographical, religious, and cultural boundaries, is not confined by temporal or spatial constraints, and affects individuals across the lifespan (5). As the foundational unit of society and a source of collective strength, the impact of domestic violence surpasses that of armed conflict and endemic disease, as it undermines the core fabric of social cohesion (6). Domestic and family violence is defined as a pattern of abusive behavior

within an intimate or familial relationship where one individual seeks to establish dominance and induce fear in another (7). A systematic review by Burghart and Backhaus (8) found that domestic violence significantly increases the risk of chronic physical health issues, mental health disorders, and substance use disorders, underscoring the profound and lasting impact of abusive behaviors characterized by dominance and fear on survivors' well-being. Furthermore, Dichter and colleagues (9) reported that coercive control in intimate partner relationships, involving tactics such as isolation and intimidation to establish dominance, induces persistent fear and diminishes autonomy. This directly supports the conceptualization of domestic violence as a pattern of fear-inducing, power-seeking behavior. Therefore, providing comprehensive support to survivors of domestic violence is crucial.

Extensive research established a strong correlation between exposure to conflict and violence among women and a consequential reduction in subjective vitality (10). Subjective vitality is conceptualized as an intrinsic state marked by a surplus of energy (11). Logan and colleagues (12) proposed that subjective vitality is manifested through both mental and physical vigor, with individuals reporting feelings of enthusiasm and vigor demonstrating elevated levels of this construct. These individuals perceive themselves as autonomous agents, unconstrained by external controls or environmental limitations, and acknowledge their capacity to influence their interactions with their environment (13). They effectively modulate their energy towards goal-directed behaviors. In such circumstances, augmented life satisfaction among women is anticipated. Life satisfaction is understood as the cognitive evaluation of the congruence between an individual's aspirations and their present life circumstances, serving as a cognitive dimension of subjective well-being (14). Achieving life satisfaction necessitates a sense of contentment with the 'self' as the foundational element of one's existence. Investigating the determinants of fluctuations in life satisfaction is crucial for promoting the overall well-being of this population (15). Conversely, a diminished level of life satisfaction is associated with the onset of psychological distress, including depression, pessimism, hopelessness, a lack of purpose, existential meaninglessness, apathy, and familial dysfunction (16, 17).

Given the cognitive factors contributing to domestic violence against women, targeted psychological interventions are believed to hold significant potential for prevention (18). Among various therapeutic approaches, positive psychotherapy training has emerged as a particularly effective method, drawing considerable academic attention (19). This intervention is rooted in the positive psychotherapy model, developed by Seligman (19), which highlighted four key components for a flourishing life: pleasure, engagement, meaning, and accomplishment. Furthermore, positive group therapy has proven to be effective in reducing vulnerability, not only by lessening negative symptoms but also by directly fostering positive affect, character strengths, and a sense of meaning (20). Empirical evidence supported the effectiveness of positive psychotherapy training in several contexts: it enhances self-efficacy, reduces alexithymia, and alleviates maternal psychological burden in mothers of children with behavioral challenges (21); it improves the quality of life among pregnant women (22); and it bolsters subjective vitality, resilience, and self-compassion in mothers of children with cerebral palsy (23).

Domestic violence inflicts profound psychological trauma on women, significantly diminishing their mental well-being and life satisfaction. This pervasive issue, transcending socio-cultural boundaries, necessitates the exploration of effective therapeutic interventions that can mitigate its detrimental effects. While traditional approaches often focus on symptom reduction, there is a growing recognition of the potential benefits of strength-based interventions like positive psychotherapy, which aim to cultivate resilience and enhance overall well-being. Existing research indicated that positive psychotherapy may be an effective intervention for various psychological difficulties (21, 22). However, its specific impact on subjective vitality and life satisfaction among women who have experienced domestic violence has not been thoroughly investigated. This study, therefore, aimed to explore the efficacy of positive psychotherapy in enhancing the mental well-being and life satisfaction of women affected by domestic violence.

2. Methods

2.1. Design

This study used a quasi-experimental design with a pretest-posttest control group.

2.2. Selection and Description of Participants

The study was conducted in Ahvaz, Iran, during 2024, focusing on women who had experienced domestic violence and were seeking support from local family counseling centers. A convenience sampling method was employed to recruit 30 women. All participants self-reported experiences of domestic violence and provided written informed consent to participate in the study and attend therapy sessions. The inclusion criteria were experiencing domestic violence and willingness to engage in therapy while the exclusion criteria were currently receiving other psychological interventions or anticipated to attend less than 80% of sessions. The study participants were randomly allocated to either the experimental group (n=15) or the control group (n=15). This random assignment was achieved by consulting a random number table and assigning each eligible participant from a sequentially numbered list to a group based on their corresponding random number (Figure 1).

2.3. Sample Size Determination

The necessary sample size was determined a priori through a power analysis conducted using G*Power software. With an alpha level (α) of 0.05

and a desired statistical power of 0.95, the analysis indicated that a minimum of 30 participants, divided into two groups of 15, would be sufficient to detect a statistically significant treatment effect. This calculation was informed by the observed mean subjective vitality scores from the experimental group (26.35 ± 7.16) and the control group (15.83 ± 5.34) obtained during preliminary data collection and relevant literature suggesting a substantial impact of positive psychotherapy on subjective well-being in similar populations (24).

2.4. Data Collection and Measurements

2.4.1. Subjective Vitality Scale (SVS) is a 7-item self-report measure used to assess an individual's subjective sense of vitality. The participant responds to each statement using a 5-point Likert scale, ranging from 1 ("strongly disagree") to 5 ("strongly agree"), with higher scores indicating greater vitality (25). Tanhaye Reshvanloo and co-workers (26) investigated the psychometric properties of the Persian version of the SVS, reporting excellent reliability (Cronbach's $\alpha = 0.93$), content validity (Content Validity Index = 0.96; Content Validity Ratio = 0.95). In the present study, the SVS demonstrated strong internal consistency, with a Cronbach's α of 0.87.

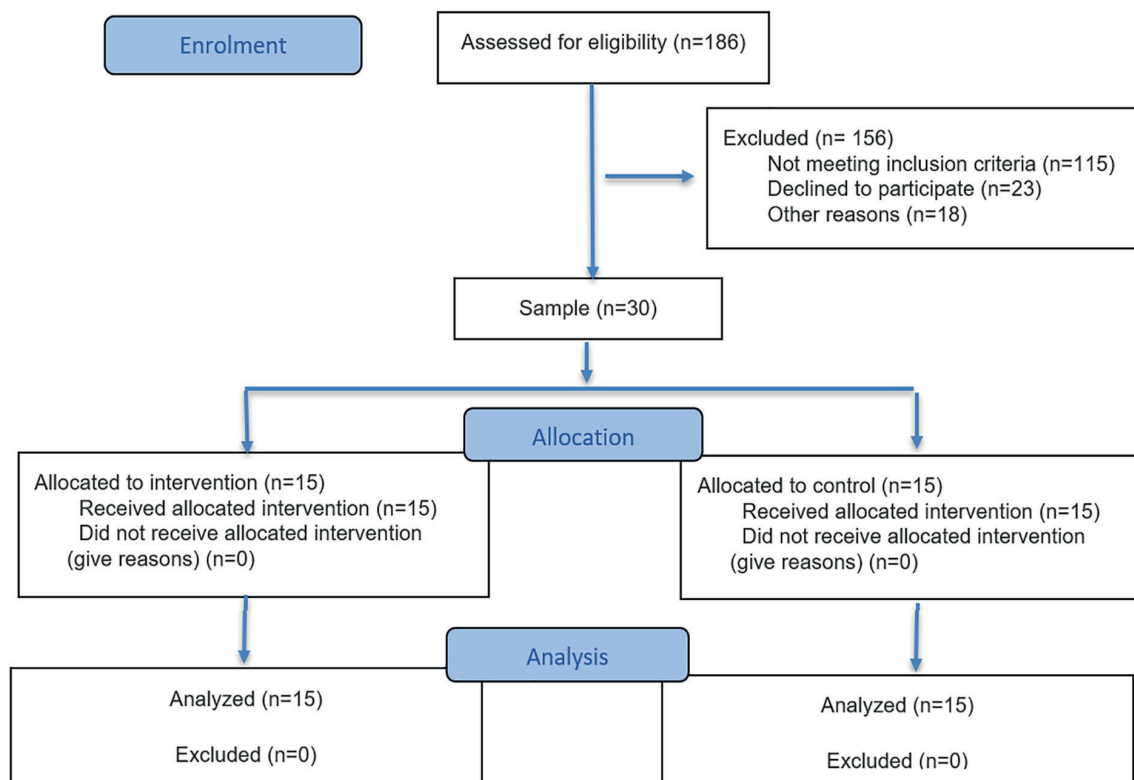


Figure 1: The figure shows the CONSORT flow diagram of the study.

2.4.2. The Satisfaction with Life Scale (SWLS) is used to assess Life satisfaction, a central component of subjective well-being (27). This widely validated, five-item instrument employs a 7-point Likert scale, ranging from “strongly disagree” to “strongly agree,” to gauge global cognitive judgments of the participants of their life satisfaction. SWLS is recognized for its robust internal consistency, consistently yielding Cronbach’s alpha coefficients exceeding 0.88 (28). Sameie and colleagues (28) established the validity of the Persian version of SWLS, reporting a Content Validity Index (CVI) of 0.93 and a Content Validity Ratio (CVR) of 0.89. In the present study, SWLS demonstrated high reliability, with a Cronbach’s alpha of 0.86, thereby confirming its suitability and the unidimensionality of the life satisfaction construct within the study sample.

2.5. Procedure

In this study, participants in the experimental group received positive psychotherapy training delivered over eight 90-minute sessions. The intervention adhered to the framework developed by Seligman (19). The principal investigator, a licensed clinical psychologist with expertise in positive psychotherapy, designed and oversaw the intervention, determining the session content and delivery methods based on established protocols. These training sessions were conducted at the same family counseling centers in Ahvaz, Iran, where participants were initially recruited. The selection

of participants was carried out by the research team, comprising the principal investigator and trained research assistants, who identified eligible women seeking services at these centers using a convenience sampling technique. The control group received no psychological intervention during the study period. Following the completion of the intervention, both the experimental and control groups completed a post-test assessment administered by the research assistants at the same counseling centers. To address ethical considerations, the control group was offered the treatment protocol in an intensive format after the study concluded, with sessions delivered by the same principal investigator at the counseling centers. A summary of the positive psychotherapy sessions is provided in Table 1.

2.6. Data Analysis

To assess the statistical significance of between-group differences in subjective vitality and life satisfaction, Analysis of Covariance (ANCOVA) was employed, with pre-test scores serving as the covariate. Paired t-tests were used to evaluate within-group changes from pre-test to posttest for each group. Prior to these analyses, the Kolmogorov-Smirnov test was conducted to confirm the absence of significant outliers and verify the normality assumption. Homogeneity of variances was assessed using Levene’s test. For demographic comparisons, independent samples t-tests were used to compare means of continuous

Table 1: Positive psychotherapy session outlines

Sessions	Content
1	Introduction to Positive Psychology and Self-Definition: This session focused on establishing rapport, introducing participants to the core tenets of positive psychology, and facilitating the development of a positive self-perception.
2	Cultivating Positive Thinking and Strengths: Participants were introduced to key concepts in positive thinking, learned to identify indicators of positive thought patterns, and explored their individual strengths to foster positive attributes.
3	Processing Memories and Practicing Gratitude: This session helped participants understand the impact of both positive and negative memories. It introduced a gratitude journal, guided participants in writing about three positive memories, and provided a framework for processing three negative memories to facilitate emotional expression. Homework assignments reinforced these practices.
4	Transforming Emotions through Gratitude and Forgiveness: The focus of this session was on techniques to transform negative emotions into positive ones, with an emphasis on gratitude and forgiveness. Related homework was assigned.
5	Fostering Hope and Optimism: This session reviewed the previous week’s concepts and delved into the cultivation of hope and optimism, summarizing key takeaways.
6	Nurturing Love, Attachment, and Positive Relationships: Participants explored the dynamics of love and attachment, learned strategies for fostering positive relationships, and examined active-constructive responding as a communication style. Homework assignments were provided.
7	The Art of Savoring and Pleasure: This session reviewed the prior week’s material and introduced participants to the concept and practice of savoring positive experiences and cultivating pleasure. Related homework was assigned.
8	Integration, Positive Environment, and Health: The final session aimed to integrate the concepts learned throughout the program, emphasized creating a positive environment, highlighted the role of health within positive psychology, and gathered feedback from participants.

variables between groups, while chi-square tests evaluated differences in frequencies of categorical variables. All data analyses were performed using SPSS version 27.

3. Results

A total of 30 participants were included in the study, with 15 randomly assigned to the experimental group and 15 to the control group. Demographic characteristics were assessed to ensure baseline equivalence between the groups. The experimental group had a mean age of 33.17 years (SD=3.68) and a mean marriage duration of 6.85 years (SD=2.25). The control group had a mean age of 32.22 years (SD=3.10) and a mean marriage duration of 5.42 years (SD=2.91). Independent samples t-tests revealed no statistically significant differences between the groups for either age ($P=0.451$) or marriage duration ($P=0.143$). Employment status, educational attainment, and presence of children were also comparable, with no significant differences found via chi-square tests: employment (experimental: 60.0% homemakers, 40.0% employed; control: 73.3% homemakers, 26.7% employed; $P=0.446$), education (experimental: 53.3% high school, 46.7% university; control: 66.7% high school, 33.3% university; $P=0.464$), and children (experimental: 66.7% with children; control: 73.3% with children; $P=0.695$).

Table 2 presents the descriptive statistics (mean and standard deviation) for subjective vitality and life satisfaction at both pre-test and post-test for both the positive psychotherapy group and the control group. Within-group comparisons revealed significant improvements in the positive psychotherapy group across both variables. Specifically, the mean subjective vitality score in the positive psychotherapy group increased significantly from 15.62 (SD=5.08) at pre-test to

26.35 (SD=7.16) at post-test ($P=0.001$). Similarly, the mean life satisfaction score for this group rose significantly from 14.41 (SD=3.72) at pre-test to 26.55 (SD=6.15) at post-test ($P=0.001$). In contrast, the control group showed no significant within-group changes for either variable. Their mean subjective vitality score slightly increased from 14.26 (SD=4.91) at pre-test to 15.83 (SD=5.34) at post-test ($P=0.409$), while their mean life satisfaction score slightly decreased from 13.11 (SD=2.27) at pre-test to 12.06 (SD=2.94) at post-test ($P=0.283$). Between-group comparisons at the post-test phase further underscored the intervention's effectiveness, with statistically significant differences observed for both subjective vitality ($P=0.001$) and life satisfaction ($P=0.001$).

As shown in Table 2, the experimental group demonstrated a notable increase in mean scores for both subjective vitality and life satisfaction from pre-test to post-test, a stark contrast to the negligible changes observed in the control group. Before conducting ANCOVA, we assessed key assumptions. Levene's test confirmed the homogeneity of variances for both subjective vitality ($P=0.095$) and life satisfaction ($P=0.230$). Additionally, the assumption of homogeneity of regression slopes was met, with results for subjective vitality ($P=0.294$) and life satisfaction ($P=0.130$).

An ANCOVA was then performed to examine the differences in post-test scores between the experimental and control groups, while statistically controlling for pre-test scores. This analysis aimed to evaluate the impact of the positive psychotherapy intervention on subjective vitality and life satisfaction in women affected by domestic violence. The results indicated a statistically significant impact of the intervention on both subjective vitality ($P<0.001$) and life satisfaction ($P<0.001$). The observed substantial effect sizes suggest a large practical

Table 2: Descriptive statistics of research variables

Variables	Stage	Positive Psychotherapy Group		Control Group		P value (between-group)
		Mean	SD	Mean	SD	
Subjective Vitality	Pre-test	15.62	5.08	14.26	4.91	0.462
	Post-test	26.35	7.16	15.83	5.34	0.001
	P value (within-group)	0.001		0.409		-
Life Satisfaction	Pre-test	14.41	3.72	13.11	2.27	0.258
	Post-test	26.55	6.15	12.06	2.94	0.001
	P value (within-group)	0.001		0.283		-

SD: Standard Deviation

significance, indicating that a considerable portion of the variance in both subjective vitality and life satisfaction can be attributed to the intervention. These findings strongly suggested that the positive psychotherapy intervention significantly enhanced both subjective vitality and life satisfaction within this participant sample.

4. Discussion

This study aimed to evaluate the effectiveness of positive psychotherapy in improving subjective vitality and life satisfaction among women experiencing domestic violence who sought support from family counseling centers in Ahvaz, Iran. The findings revealed that positive psychotherapy effectively improved both subjective vitality and life satisfaction within this population. Notably, the primary finding indicated a statistically significant increase in subjective vitality among women subjected to domestic violence following positive psychotherapy. This outcome aligned with previous research (23, 29). This observed effect can be attributed to the established role of positive psychotherapy training as a potent method for augmenting subjective vitality in individuals. Empirical evidence supports the notion that positive psychotherapy training, encompassing exercises and activities designed to cultivate positive perspectives and strengthen interpersonal and intrapersonal connections, can substantially elevate individuals' levels of vitality and psychological vigor (29). Positive psychotherapy training also promotes enhanced functioning across diverse life domains, including creativity, self-confidence, occupational and relational satisfaction, stress and anxiety reduction, and overall well-being (22).

The application of positive psychology interventions, encompassing mindfulness practices, the cultivation of self-efficacy and confidence, and the promotion of adaptive coping strategies, in conjunction with the fostering of enhanced self-awareness and interpersonal understanding, serves to bolster subjective vitality and psychological well-being (29). Notably, an elevation in negative affective states, such as anxiety and feelings of isolation, among women who have experienced domestic violence, can precipitate a reduction in optimistic outlook and heighten susceptibility to other psychological disorders, including depression (5). This phenomenon is particularly

salient in individuals who exhibit difficulties in the identification and articulation of their emotional experiences. Positive psychotherapy is structured to prioritize the amplification of personal capabilities and strengths, thereby empowering individuals to engage in more efficacious social interactions and reinforce positive emotional states (19). Simultaneously, it facilitates the identification and development of personal strengths, while also providing tools for the regulation and management of negative emotions and vulnerabilities, which, in turn, fosters a sense of hopefulness and optimism. Indeed, the induction of positive emotions through positive psychotherapy, and the subsequent subjective experience of these emotions, enables individuals to consider a wider array of possibilities and opportunities, culminating in an augmented sense of personal agency, heightened subjective vitality, and a diminution of negative affect, such as anxiety (23).

Additionally, the study results demonstrated the efficacy of positive psychotherapy in elevating life satisfaction among women subjected to domestic violence. This observation aligned with prior research findings (30, 31). The observed improvement can be attributed to the capacity of positive psychotherapy training to significantly enhance life satisfaction by focusing on the amplification of positive elements within an individual's experience. This intervention incorporates psychological exercises and activities designed to facilitate the identification and replacement of maladaptive behavioral and cognitive patterns with adaptive, constructive alternatives (32). By modifying these negative patterns, individuals are empowered to engage with life's challenges and stressors in a more proactive and resourceful manner, subsequently increasing their overall life satisfaction and fostering a greater sense of confidence in navigating the adversities of life (31). Positive psychotherapy training further supports women experiencing domestic violence in attaining heightened life satisfaction through the promotion of a revised perspective and enhanced self-assurance. This training integrates multiple components aimed at cultivating the individual's mind-body integration and fortifying their internal resources, including techniques for positive cognitive restructuring, nutritional optimization, regular physical activity, engagement in novel experiences, and the pursuit of existential meaning (30).

4.1. Limitations

This study had certain limitations that affect the generalizability and interpretation of the findings. The study exclusively focused on women who were accessing services at family counseling centers. This limits the generalizability of the results to other populations, such as individuals who do not seek formal support, men experiencing domestic violence, or couples facing marital discord without overt violence. The cultural context of Ahvaz, Iran may also affect the applicability of findings to other settings. Additionally, the study did not explore gender-based differences in the experience of domestic violence or responses to the intervention, despite women being disproportionately affected. The use of self-report measures, like the Subjective Vitality Scale and Life Satisfaction Scale, may have introduced social desirability bias, potentially skewing results as participants might underreport negative experiences or overstate positive outcomes. Also, convenience sampling technique may have introduced selection bias, reducing the representativeness of the study sample, and the group-based intervention format (eight 90-minute sessions) might not suit all participants or be sufficient for lasting change.

5. Conclusions

The findings of this quasi-experimental study demonstrated that positive psychotherapy significantly increased both subjective vitality and life satisfaction in women who had experienced domestic violence. These results not only confirmed the immediate positive impact of the intervention but also underscored the importance of strength-based approaches in addressing the psychological aftermath of trauma. Future research should investigate the generalizability of these findings across various demographic and clinical populations, and further explore the underlying mechanisms contributing to the observed treatment effects.

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Authors' Contribution

Sanaz Soltani: Substantial contributions to the conception and design of the study, acquisition, analysis, and interpretation of the data; drafting the manuscript. Farah Naderi: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data; critically reviewing the manuscript for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such as the questions related to the accuracy or integrity of any part of the work.

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Ethical Approval

The Ethics Committee of Islamic Azad University, Ahvaz Branch, Ahvaz, Iran approved the present research with the code of IR.IAU.AHVAZ.REC.1403.141. Also, written informed consent was obtained from the participants.

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