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The effectiveness of Pennsylvania resilience training to decrease marital boredom and increase religious commitment and individual resilience

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Original Article

Abstract

BACKGROUND: Chronic illness is a long-term disease that causes a body structure damage and body functions, and it necessitates changes in the patient's normal life. Resiliency is one of the factors contributing to the development of chronic physical and psychological disorders, which affect marital satisfaction and boredom. Therefore, the aim of this study was to investigate the effectiveness of the Penn Resiliency Program (PRP) on marital boredom, religious commitment, and individual resilience.

METHODS: This quasi-experimental research was conducted with a pretest-posttest design and control group. The study population consisted of all married female students of Ferdowsi University of Mashhad, Iran, who had referred to the university clinic in the first 6 months of 2017. The sample consisted of 40 women selected using convenience sampling. They were randomly assigned to experimental and control groups. To collect the required data, the Couple Burnout Measure (CBM) (Pines), Religious Commitment Inventory (RCI) (Worthington et al.), and Connor-Davidson Resilience Scale (CD-RISC) were used. The collected data were analyzed using analysis of covariance (ANCOVA).

RESULTS: The results of ANCOVA showed that PRP reduced marital boredom and increased religious commitment and individual resilience in the participants ($P < 0.010$).

CONCLUSION: It can be concluded that the PRP is effective on marital boredom, religious commitment, and individual resilience.

KEYWORDS: Marital Status; Boredom; Religion; Resilience; Psychological

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Introduction

Boredom, exhaustion, and psychomotor retardation are emotional and mental, are due to a mismatch between expectations and reality, and their symptoms take on chronic forms over time. The most important chronic physical signs include fatigue, chronic headaches, abdominal pain and back pain, and gastrointestinal ulcers. Emotional symptoms often occur as a chronic state of impotence, sense of ruin, and in severe cases, hopelessness and suicidal ideation.

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Chronic mental symptoms include boredom, self-denial, and low self-esteem.[1] In fact, love and intimacy gradually disappear, and along with it, there is a general symptom of an exacerbation. At worst, boredom leads to marital breakdown.[2] Although all married couples experience boredom, many of them remain in a low-quality relationship, their marital life remains an instability that is prone to collapse, and they are filled with thoughts and assumptions about separation.[3]

One of the most important concepts for high-quality marriage, which affects the quality of interactions, is the power and capacity to cope with stressful events. This ability, which can be determined by flexibility, problem solving, and mobilization of resources, may not be a family function that has a positive effect on speech, peace, hope, and prosperity.[4] Resilience focuses on the fact that despite being exposed to extreme stress and risk factors, the individual can improve his/her social performance and overcome problems.[5] Findings show that individual resilience characteristics play an important role in marital satisfaction, couples' relationships, decreasing marital stress and increasing emotional excitement. Resilience properties strengthen family relationships and social networking, and result in increased resilience.[6]

Patterson stated that the relationship between child and parent, conflict in the family environment, and the support of members for each other are related to individual resentment. Moreover, religious commitment is one of the factors that have been proven to have a significant correlation with resilience in many studies. In fact, the healthiest aspect of religion is the ability to reduce existential stress and give meaning to human life. Religious beliefs affect various aspects of human life and make the individual's attitude toward life and his/her life goals meaningful. Religious and spiritual tendencies increase psychological well-being, mental health, and resilience in the face stressful life events.[7] Studies have shown that religiosity can promote resilience in people.[8] In addition, many studies have shown the role of spiritual, religious, and religious factors in increasing marital satisfaction, and consequently, in reducing marital boredom. Research has shown that there is a positive and significant correlation between the level of practice of religious beliefs and the amount of intimacy, affection, and adherence to obligations in couples, which means that the higher the level of adherence to religious beliefs is in couples, the more intimate they are with each other.[9]

Zamirinejad et al. reported a positive relationship between life satisfaction and religious practice and beliefs in couples, marital disturbance was lower in couples with greater practice of religious beliefs.[10] In recent years, the positive psychology approach has directed the attention of psychologists toward human talents and abilities as opposed to abnormalities and disorders. This approach aims at identifying issues and practices that seek to improve human well-being and happiness, and seeks to take advantage of the strengths and talents of humans as a shield for mental illness.[11] In addition, the Penn Resiliency Program (PRP), which is based on positive psychology, is one of the most widely used programs for psychologically equipping individuals in dealing with negative life experiences. This training program teaches cognitive-behavioral skills and social problem solving based on the principles of cognitive-behavioral approach and clinical interventions designed by Aaron Beck in 1967, Albert Ellis in 1962, and Martin Seligman in 1978.[12]

The PRP initiative increases optimism through realistic training and flexibility in thinking about the problems that a person encounters. It also teaches courage, creative thinking, decision-making power, consistency, and problem-solving skills. So far, the effectiveness of this program has been

reported in various psychological changes, including reduction in the symptoms of boredom, reduction of anxiety and aggression symptoms, and increase in self-efficacy, self-esteem, and courage.[13]

Accordingly, the necessity of a study on the reduction of marital boredom and improvement of religious commitment, and the alignment of couples in this field has become more pronounced. Of course, different views have been presented on the provision of a therapeutic model in this regard. Moreover, previous studies have focused on the relationship between religion and the quality of marital life, and different religions have been studied; religion is more general than jurisprudence; therefore, there is a research vacuum in this field. Thus, an examination of this issue is necessary. Therefore, the purpose of this study was to investigate the effect of PRP on marital boredom, religious commitment, and individual resilience.

Materials and Methods

This research was a quasi-experimental study with a pretest-posttest design and control group. The statistical population consisted of all married female students of Ferdowsi University of Mashhad, Iran, who referred to the psychology clinic of Ferdowsi University of Mashhad in the first 6 months of 2017. From among these individuals, 40 patients were selected using convenience sampling method. Then, based on random allocation, subjects were assigned to the two experimental and control groups (20 participants in each group). Subsequently, after providing an explanation of the research to the participants and obtaining their consent, the intervention was implemented in the experimental group in 10 sessions as a 90-minute weekly session. All subjects completed the questionnaires in the pretest stage, and after the completion of the 10 sessions of group intervention, again, both groups were tested by means of the research tools in the posttest stage.

The study inclusion and exclusion criteria included being a married women, having low resilience [a score of less than 50 in the Connor-Davidson Resilience Scale (CD-RISC)], low religious commitment [a score below 25 in the Religious Commitment Inventory (Worthington et al.)], high marital boredom [a degree of boredom of more than 3 in the Couple Burnout Measure (CBM) (Pines, 2002)], a minimum of 18 years of age and maximum of 35 years of age, studying at Ferdowsi University of Mashhad, not being simultaneously under psychiatric treatment (medicinal and psychological) (also previous psychological treatment should be completed 1 month before entering the group), and not having any psychological disorders or psychiatric diagnoses (self-report).

Couple Burnout Measure: The CMB was designed by Pines in 2002 for measuring the degree of marital boredom among couples. This tool contains 21 items that are scored based on a 7-point scale. The score of this scale shows the degree of boredom; degree of boredom of 2 or less, 3, 4, 5, and 6 or more are, respectively, interpreted as a good relationship, risk of boredom, boredom, a crisis, and the need for urgent assistance.[2] In Iran, Ahmadi and Asghar reported a Cronbach's alpha of 0.86 for the Persian-version of the CMB in a sample of 240 individuals, 120 nurses and 120 teachers.[14] In the research by Adibrad and Adibrad in 2005, the test-retest reliability coefficient for the CMB was 0.89 for 1 month, 76.0 for a 2-month period, and 0.66 for a 4-month period.[15] The internal consistency for most subjects was measured using Cronbach's alpha, which ranged from 0.91 to 0.93.[15]

Religious Commitment Inventory: The Religious Commitment Inventory is a self-assessment tool designed to measure the religious commitment of individuals. Religious commitment can be divided into two sub-divisions, the religious commitment of the individual and interpersonal religious

commitment. Interpersonal religious commitment involves personal valuation of religious beliefs and adherence and loyalty to the sacred. While religious commitment of the individual refers to the behavioral tendency to engage in religious activities. The Religious Commitment Inventory consists of 2 general subscales, interpersonal religious commitment and individual religious commitment.

It consists of 10 questions that are scored on a 5-degree Likert scale ranging from 1 (completely disagreeing) to 5 (5totally agree). The interpersonal religious commitment subscale consists of 6 essentially cognitive materials, while the religious commitment of the individual is mostly behavioral. Worthington et al. have reported the reliability coefficient for the general scale, religious commitment of the individual subscale, and interpersonal religious commitment subscale as 0.87, 0.86, and 0.83, respectively. They also evaluated the structural, criterion, and differential validity of this questionnaire and favorable results were obtained. They analyzed the structure of this questionnaire using exploratory and confirmatory factor analysis. The results of this study confirmed the 2 subscales of this inventory (interpersonal religious commitment and religious commitment of the individual).[16] In present study, using a separate sample, the reliability and validity of this inventory were calculated using Cronbach's alpha, and the coefficient of reliability for men and women was 0.94 and 0.94, respectively.

Connor-Davidson Resilience Scale: The CD-RISC was designed by Connor and Davidson in 2003 by reviewing research sources (1979-1991) in the field of resignation. The psychometric properties of this scale were evaluated in 6 groups, the general population, referrals to primary care, outpatients, patients with generalized anxiety disorder, and 2 groups of patients with post-traumatic stress disorder (PTSD). Connor and Davidson believe that this scale is well able to distinguish resilient individuals from intolerant individuals in clinical and non-clinical groups, and can be used in clinical settings. There are 25 items in this questionnaire. Each item is scored on a Likert scale ranging between 0 (completely false) and 4 (perfectly correct). To obtain the total score of the questionnaire, the sum of the points of all questions is calculated, which ranges from 0 to 100. The higher the score, the greater the resilience of the respondent.[17] Cadet adapted this scale for use in Iran in 2016.[18] Among 248 people, the reliability of the scale was obtained as 89% using Cronbach's alpha coefficient, and the validity was obtained at 41%-64% as the correlation of each item with the total score of coefficients.[18]

In this research, 2 absentee sessions were allowed and 3 absentee sessions was determined as an exclusion criterion. Table 1 summarizes the group sessions in general.

Table 1. Summary of the Penn Resiliency Program

Meetings	Meetings content
First	Introducing members to each other and the instructor, and explaining the basics of the PRP
Second	Teaching the pattern of the relationship between emotional states following confrontation with negative events with the individual belief system based on the pattern proposed by Albert Ellis
Third	Explaining the styles of thinking: pessimism and optimism, and document formatting with styles
Fourth	Understanding intellectual traps, and combating catastrophic thoughts about the future
Fifth	Detecting people's behavioral styles
Sixth	Applying coping skills to family conflicts
Seventh	Problem-solving skills training
Eighth	Teaching social skills for expressing or arguing and negotiating
Ninth	Real-Time Resilience Skills
Tenth	Review, education, the expression of the changes made and current feelings, and saying goodbye

PRP: Penn Resiliency Program

Table 2. Average and standard deviation of age and martial duration

Variable	Group			
	Control		Experimental	
	Average	Standard deviation	Average	Standard deviation
Age	31.18	5.09	31.09	6.81
Marital duration	5.91	1.51	8.09	7.84

Results

Descriptive statistics such as mean and standard deviation, and inferential statistics such as analysis of variance (ANOVA) were used to analyze the data. In addition, the assumptions of the analysis of covariance (ANCOVA) included normal distribution, homogeneity of regression line, and homogeneity of variances. After confirming these assumptions, ANCOVA was used to examine the significance of the difference between the test scores.

In the experimental group, there were 8 individuals with bachelor's degrees and 12 individuals with master's degrees, and in the control group, there were 7 individuals with bachelor's degrees and 13 individuals with master's degrees.

Table 2 shows the average and standard deviation of age and martial duration. The mean age of the subjects was 31.99 ± 6.81 years.

The mean age of the participants in the control group was 31.18 ± 5.9 years. The mean age of the two groups was approximately equal, and the age distribution in the experimental group was greater than that in the control group. The average duration of marriage in the studied groups was 8.09 ± 7.84 years. In the control group, the mean duration of marriage was 5.91 ± 51.1 years. The mean duration of marriage in the experimental group was about 2 years and the distribution of scores in this variable was much greater in the experimental group than the control group.

Table 3 shows the mean and standard deviation of the variables' scores. Mean scores of marital disturbance in the experimental group decreased in the posttest compared to the pretest. Moreover, the mean scores of resiliency in the experimental group increased in the posttest compared to the pretest. In addition, the mean religious commitment scores of the experimental group increased in the posttest compared to the pretest.

The results of single-variable ANCOVA showed that the PRP significantly reduced marital disturbance ($P < 0.001$) (Table 4). Therefore, it can be concluded that PRP significantly reduces marital disturbance. Furthermore, the results of single-variable ANCOVA indicate that PRP significantly increased resiliency ($P < 0.001$).

Table 3. Average and standard deviations of marital boredom scores, religious commitment, and resiliency

Variable			Mean	Standard deviation
Martial boredom	Experimental group	Pretest	81.09	8.21
		Posttest	66.09	8.21
	Control group	Pretest	79.91	9.06
		Posttest	78.82	11.26
Religious commitment	Experimental group	Pretest	28.82	4.28
		Posttest	36.09	4.11
	Control group	Pretest	24.55	3.47
		Posttest	24.73	3.63
Resiliency	Experimental group	Pretest	49.55	6.59
		Posttest	69.64	5.62
	Control group	Pretest	48.18	7.46
		Posttest	49.18	8.07

Table 4. Single-variable analysis of covariance results

Variable	Sum of squares	Degree of freedom	Average squares	F	P	ETA coefficient
Marital boredom	1758.23	1	1758.23	179.30	0.001	0.904
Group	1073.80	1	1073.80	109.50	0.001	0.852
Religious commitment	291.41	1	291.41	8.14	0.001	0.252
Group	213.36	1	213.36	418.91	0.001	0.957
Resiliency	417.69	1	417.69	14.41	0.001	0.431
Group	2246.71	1	2246.71	77.54	0.001	0.803

Finally, the results of single-variable ANCOVA showed that PRP significantly increased religious commitment ($P < 0.001$). Therefore, it can be stated that PRP can significantly increase religious commitment.

Discussion

The results of this study showed that PRP was effective in decreasing marital disturbance, and increasing religious commitment and individual resilience in the experimental group in comparison to the control group. Therefore, PRP can be a predictor of marital boredom, religious commitment, and individual resilience. In explaining the effectiveness of PRP in reducing marital boredom, according to the emphasis of the experts that various skills of change can be learned, it can be said that by teaching these skills to individuals, raising the level of marital life can be achieved. The use of communication skills and coping skills can result in improved self-esteem and self-expression, which in turn increase mental health.

The results of this study are consistent with that of the study by Meikaeilei et al., because they also found that resilience is a predictor of marital satisfaction.[19] Generally speaking, development of abilities such as resilience can play an important role in reducing marital boredom. The resiliency variable has a direct effect on emotional health and has an indirect effect on life satisfaction. In other words, resilience, through its effect on individuals' feelings and emotions, leads to a positive attitude, and thus, life satisfaction. These findings are consistent with that of several other studies, including the study by Najaf Nejad et al.; they concluded that resiliency training was effective in increasing the sense of happiness and quality of life (QOL) of spouses of individuals working in the police force in Guilan, Iran.[20] In fact, from the increase in the mental health of individuals it can be deduced that the disturbance of individuals has reduced.[20] Responding to stressful life events or continuous exposure to stress results in compliance with the conditions. Hard and stressful life events help protect individuals against mental disorders and life problems. Resilience is a predictor of life satisfaction.

These results are consistent with that of the study by Ebadat Pour et al., which showed that individualized resilience and family functioning is directly and indirectly effective in reducing marital boredom. In difficulties, resilience helps people to cope with problems and to maintain their mental health, and consequently, feel less stress in life, and because boredom is to some extent related to stress accumulation in life, it can be said that resilient people are less likely to experience marital boredom.[21]

The results of the studies carried out by Behzadpoor et al.[22] and Patterson[7] confirm the results of the present study. Behzadpoor et al., in their research, showed that religiosity and resilience in infertile women can reduce marital boredom.[22] Therefore, teaching the components of resilience and placing emphasis on increasing religiosity can help to reduce marital boredom. In a study, it was found that the effectiveness of training based on resilient factors on the level of resilience and life

satisfaction of women with marital problems is significant. Patterson showed that several characteristics of families are related to resilience.[7] He stated that the relationship between child and parent, conflict in the family environment, and the support of members for each other are related to individual resentment.[7] These findings are consistent with several other findings, which concluded that some aspects of religious beliefs play a role in predicting psychological well-being among students.[22] In explaining the above results, key beliefs in resilience can be organized into three categories. These three categories include attempting to make sense of disaster, a positive outlook, and transcendental beliefs and spirituality.

Moreover, the results of this study showed that PRP increases the resilience of married women. In justifying this, one can say that individuals, through learning skills to deal with stressful situations, show greater resiliency, and thus, act in a way that reduces stress and focus on their abilities and talents, which results in a happier and healthier life. Moreover, this program targets maladaptive cognitive styles and information process biases that are related to boredom and anxiety, thus improving the resiliency of individuals. These findings are in agreement with the results of several other researches, including those by Gillham et al.,[12] Brunwasser et al.,[23] Hoseinighomi and Salimi;[24] in all of these studies, resiliency training has been shown to increase resilience. Thus, resiliency training is a good predictor of high resilience. Due to the effectiveness of resiliency training on resilience, it may be possible to create better coping strategies and better defense attitudes in individuals.

One of the limitations of this research was the use of availability sampling, which endangers the universality of the findings. Furthermore, since the tool used in this study was a questionnaire, the limitations of this tool should be considered. Among other things, despite the emphasis and explanation provided by the implementer, some respondents may not provide real responses and may provide superficial and unplanned answers. Other limitations, such as conducting the research on volunteers, low sample size, and non-presence of a placebo group could have had an impact on the effectiveness of the intervention. One of the other limitations of this study was the lack of time (due to the extraction of a paper from the dissertation) that limited the possibility of measuring during the follow-up phase. The follow-up phase provides a good opportunity for the comparison of the study groups. It is suggested that this type of intervention be compared with other therapeutic approaches.

Further research is required to insure the continued effect of this treatment. It is suggested that future researches be conducted with other therapeutic approaches to confirm the effectiveness of this method. Moreover, the effectiveness of PRP on marital boredom, religious commitment, and individual resilience can be compared to that of other approaches such as cognitive error correction strategies, coping strategies, and problem-solving skills.[24,25]

Conclusion

In general, the results of this study and that of our previous studies have illustrated the effect of resilience of the individual and the family on marital disturbance, religious commitment, and individual resilience. They have confirmed a significant relationship between resilience and religious commitment. The PRP is intended to correct ineffective cognitions and beliefs, as well as changes in the attributes of individuals who seek to improve their feelings and behavior. In this study, the effectiveness of PRP has been confirmed. It has been well documented in previous studies that PRP can improve a variety of mental health, including

reduced marital boredom, and increased resilience and religious commitment of married women.

Conflict of Interests

Authors have no conflict of interests.

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