

The Effectiveness of Group Training Based on Positive-Oriented Psychotherapy on the Resiliency and Public Health of the Wives with Addicted Husbands

FARIBA JAFARI ROSHAN¹, SEDIGHE AHMADI*² and SOMAYEH ESLAMI³

¹Department of Psychology, Allameh Tabataba'i University, Tehran, Iran.

²Department of Counseling, Allameh Tabataba'i University, Tehran, Iran.

³Department of Psychology, Islamic Azad University, Science and Research Branch, Tehran, Iran.

*Corresponding author E-mail: Ahmadi139090@yahoo.com

DOI: <http://dx.doi.org/10.13005/bpj/598>

(Received: April 02, 2015; accepted: June 23, 2015)

ABSTRACT

This research sheds light on the effectiveness of group training based on positive-oriented psychotherapy on the resiliency and public health of the wives with addicted husbands. To select the study sample, among the women whose husbands referred to Iran Zamin clinic for quitting addiction, 24 were selected and randomly assigned to experimental and control groups. The instrument used in this study is Connor & Davidson Resiliency Scale (2003) and Goldberg's General Health Questionnaire (GHQ). The study has a pre-post test design with control group. The results of analysis of covariance showed that group therapy based on positive-oriented psychotherapy increases resiliency and public health of the wives with addicted husbands, and Bonferroni Test indicates the stability of the effect of this kind of training.

Key words: Positive Thinking; Resiliency; Public Health; Addiction.

INTRODUCTION

Healthy families provide a fertile ground for the growth and prosperity of the members. In the situation of traumatic injuries, particularly complex, recurrent and progressive ones, family functioning and pertinent critical networks may be fractured (Walsh, 2006).

Drug abuse is one of the most important problems of our time, which has a global scope and has become a psychological, social and family problem (Noori *et al.*, 2010). The most adverse damage that addiction can cause to families is major effects on emotional, sexual and psychological relationships of the couples. Husband's addiction leads to emotional isolation and separation, the lack of an emotional attachment and debate and conflict between the spouse (Pourghassemi, 2010). Naturally, such women will

never be able to play an educational and management role and to convert family environment to a warm and energetic environment (Johnson *et al.*, 2000).

The research results presented by Mohammadkhani (2010) on the wives of addicted and non-addicted men in terms of the incidence of psychiatric symptoms showed that the scores of the women with addicted husbands are significantly higher in all psychiatric symptoms.

A review of studies in the last few years on the women with an addicted husband shows that these women have been characterized by personal and social weakness and poor performance (Pourghassem, 2010). According to what was said, these women require medical and educational interventions to remain secured against negative effects of their husband's addiction.

In recent years, positive-oriented psychology with an emphasis on human capabilities and virtues, has investigated the human factors which can result in mental health, welfare and happiness of life, even in risky situations. Positive psychology is an umbrella term applied to the theories and research on what makes life worthwhile (Seligman *et al.* 2000).

Gable and Haidt (2005) consider positive psychology as the study of conditions and processes involved in development and optimal performance of individuals, groups and institutions (according to Compton, 2005). Lyubomirsky and Abbe believe that positive psychologists are committed to consider the factors that enable individuals, families and communities to grow and flourish and act in an optimal manner (Barati Sadeh, 2009).

Fredrickson (2005) in an analysis of the data obtained from the students in Harvard University found that positive-oriented people have a lower rate of affliction with illnesses than negatively oriented ones.

Two important topics in positive psychology is resiliency and public health. The concept of resiliency was emerged in the 1800s and has also been developing to the present time (Jackson *et al.*, 2007). Alvord *et al.* (2005) defined resiliency as the skills, attributes and capabilities that enable a person to cope with difficulties, problems and challenges. Although some biological and genetic traits to resiliency are determined in a genetic and biological manner, the resiliency skills can be taught and reinforced.

In general, personality traits such as positive self-concept, sociability, intelligence, the adequacy of educational work, autonomy, self-esteem, good communication, problem solving and mental and physical health are some of the factors that increase a person's resiliency (Banarv, 2004; Cohan and Stein, 2006; Gu and Day, 2007; Veslka *et al.*, 2009).

The most famous definition of health in the Constitution of the World Health Organization (WHO) is as follows: health is complete well-being

and biological, psychological and social prosperity and the mere absence of disease or disability is not health (Curtis, 2000; quoted from Sohrabi, 2005). Larson (1991) states that health is a multidimensional concept, that in addition to not being patient, cover feelings of happiness and well-being. Therefore it can be concluded that positive psychology is effective in promoting public health with increased levels of happiness. World Health Organization experts believe that mental health is not just the absence of mental illness. Rather it is a response to the variety of life experiences in a significantly resilient manner (Solaimani Zadeh *et al.*, 2007).

Thus positively oriented psychotherapy not only through the reduction of negative symptoms, but also effectively and directly by creating positive emotions, character abilities, and creating meaning can change vulnerability into resiliency. Positively oriented psychotherapy can not only create positive resources, it can have a mutual effect on the negative syndromes and it can also act as a barrier for their recurrence (Kordmirza, 2008).

Given the experts' focus on learning a variety of resiliency skills (Weena, 2003), as well as the fact that teaching positive psychology interventions can increase happiness in life and also leading to more life satisfaction and increase meaning in life and ultimately lead to reduced depression (Samani *et al.*, 2007), so two questions are raised including whether the group training based on positive psychotherapy can increase resiliency and general health of women with addicted husbands or not? And whether positive psychotherapy interventions can promote positive participative life, meaning creation in life and increase positive feelings and emotions in women with an addicted spouse?

Research Hypotheses

- 1- Whether the group training based on positive psychotherapy can increase resiliency of the women with addicted husbands or not?
- 2- Whether the group training based on positive psychotherapy can increase public health of the women with addicted husbands or not?

METHODOLOGY

The methodology of the current research is semi-experimental and of the type of a pre-test and post-test with control group. Statistical population consisted of women with a husband addicted in Ghods city, located in Tehran province in 2012. The participants qualifications were age range was 20 to 45 years, having secondary school diploma and higher, and the wives who had a husband with at least three years of drug use.

The sample selection was done among volunteers after clinical interview, and finally 24 were selected randomly and divided into two groups of control and experiment. The experimental variable also was applied randomly. During the study, the experiment group was faced with 3 exclusions. In the present study, the 14-session

group positive psychotherapy training program (Seligman, Rashid & Park, 2004) was used. After 6 weeks after the end of meetings, follow-up was done.

Research Tool

Connor- Davidson – Resilience - Scale, (CD-RISC) (2003)

This questionnaire was provided by Connor and Davidson (2003). This test was scored by Likert scale and the maximum score is 100. And its reliability coefficient using the Cronbach Alpha is 0.93.

General Health Questionnaire (GHQ)

General Health Questionnaire was provided by Goldberg (1972) and is made up of four sub-scales: psychosomatic symptoms, anxiety and insomnia, social dysfunction and severe

Table 1: The mean and standard deviation of the resiliency scale scores in the control and experimental groups according to the pre-test, post-test and post-test covariated score

Statistics Group	Pre-Test		Post-Test		Post-Test covariated Score	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Experiment	54.55	14.91	80.87	15.12	78.8	3.84
Control	48.83	15.12	52.75	12.64	54.23	3.32

Table 2: Results of the analysis of covariance between two study groups in post-test by removing the effect of pre-test

Statistical Index Source of Variance	Total Squares	Degree of Freedom	Mean of Squares	F	Significance Level of F	Extent of Effect
Post-test effect (Covariated Factor)	1255.06	1	1255.06	9.68	0.006	
Independent variable effect (Group)	2961.07	1	2961.07	22.85	0.0001	0.60
Error (within the group Factor)	2332.75	18	129.60			
Total	7627.81	20				

Table 3: The mean and standard deviation of the public health scale scores in the control and experimental groups according to the pre-test, post-test and post-test covariated score

Statistics Group	Pre-Test		Post-Test		Post-Test covariated Score	
	Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Experiment	34.78	15.06	11.11	6.43	10.34	2.77
Control	32.42	16.09	30.83	14.9	31.42	2.39

depression. Its reliability coefficient using the Pearson correlation coefficient was 91%.

Data analysis

For data analysis, analysis of variance covariance with neutralizing the pre-test factor variance (the primary differences between the subjects of two study groups) was used, and to compare the scores of the pre-test, post-test and follow up, Bonferroni test was utilized.

Findings

In Table 1, the pre-test score of resiliency in the experiment group is higher than the pre-test score of the control group.

As Table 2 shows, as the F-value calculated ($P= 0.0001$, $F_{(1;20)}=22.85$) is higher than F value of the table with degree of freedom (2 & 32) at the significance level ($P <0.05$), ($F_{(1; 20)}=4.35$), thus, with 99% confidence, it could be inferred that there is a significant difference between two groups in terms of the scores relevant to resiliency after presenting the independent variable.

In Table 3, whatever the scores of the general health in the questionnaire are higher, public health is less.

As Table 4 shows, as the F-value calculated ($P= 0.0001$, $F_{(1;20)}=33.08$) is higher than F value of the table with degree of freedom (1 & 20) at the significance level ($P <0.05$), ($F_{(1; 20)}=4.35$), thus, with 99% confidence, it could be inferred that there is a significant difference between two groups in terms of the scores relevant to public health after presenting the independent variable.

Tables 5 and 6 show that scores of the women on a scale of resiliency and public health, both in the post test ($t = -5.45$, $p <0.01$), and the follow-up ($t = -5.35$, $p <0.01$) had a significant increase compared to those of the pre-test.

DISCUSSION AND CONCLUSION

The first main hypothesis: positive psychology interventions lead to increasing the resiliency of the women with addicted husbands.

The first hypothesis result is in line with the result of a study by Kaminsky (2006), Mahmoudi *et al.* (2011), Foroughi (2011), and Kord Mirza (2009) that their research shows that interventions based on positive psychotherapy can be effective in increasing resiliency; there is a direct relationship between optimism and resiliency and optimist persons use more effective psychological coping styles in the face of mental pressure. Grint (2007) states while some people are naturally resilient, others have to do more effort to be equipped with it.

According to the resiliency model, positive factors in one's life can offset some of the risks and play roles in line with other factors to reduce the negative consequences. Similarly, risk factors that typically can be dangerous can provide a manageable level of stress at the same time, which this can make facing with stress less debilitating in the future. In terms of effects, stress becomes a source that enhances person's capability to cope with more severe stress. In addition, some specialists such as Weena (2003) underlines the various resiliency skills, and the current research shows that positive resource training and development of capabilities and virtues are effective in increasing resiliency.

Table 4: Results of the analysis of covariance between the two study groups in post-test by removing the effect of pre-test

Statistical Index Source of Variance	Total Squares	Degree of Freedom	Mean of Squares	F	Significance Level of F	
Post-test effect (Covariated Factor)	1538.75	1	1538.75	41.22	0.0001	
The effect of the independent variable (Group)	2271.39	1	2271.39	33.08	0.0001	0.65
Error (within the group Factor)	1235.80	18	68.65			
Total	4775.95	20				

Table 5: Multiple comparisons between three statuses of resiliency scale and Bonferroni Test (t associated with modified alpha)

Index Group Comparison	Mean		Standard Deviation		Mean Difference	Measurement Standard Error	t statistics	Significance
	Status							
	First	Second	First	Second				
Comparing the pre-test and post-test	54.56	80.78	4.97	5.04	-26.22	4.81	-5.45	0.002
Comparing the pre-test and follow up	54.56	73.11	4.97	4.93	-18.56	3.47	-5.35	0.002
Comparing the post-test and follow up	80.78	73.11	5.04	4.93	7.67	4.22	1.82	0.32

Table 6: Multiple comparisons between three statuses of public health scale and Bonferroni Test (t associated with modified alpha)

Index Group Comparison	Mean		Standard Deviation		Mean Difference	Measurement Standard Error	t statistics	Significance
	Status							
	First	Second	First	Second				
Comparing the pre-test and post-test	78.34	11.11	5.02	2.14	23.67	4.16	5.69	0.0001
Comparing the pre-test and follow up	78.34	14.22	5.02	2.09	20.55	4.61	4.45	0.002
Comparing the post-test and follow up	11.11	14.2	2.14	0.92	-3.11	1.95	-1.59	0.15

The second hypothesis: group training based on positive psychotherapy leads to an increase in the public health of the women with addicted husbands. The result of this study is in line with the findings of Myers (2001), Fredrickson (2003), Dolan (2004), Kahnemam & Riis (2005), which reflect the impact of positive psychology training on the enhancement of public health. The function of happy people in various areas of life such as marriage, dating, earning, job performance and health is better than those who have low happiness. Happy people are satisfied with their family life, create well established relationships and also have a lot of friends (Lobomirescu *et al.* 2005). Wilson *et al.* (2005) in their study showed that there is a significant different between male and females in terms of the scores relevant to physical and

psychological well-being symptoms (anger, depression, negative emotions). In addition, psychological well-being is associated with inner stimulations, and higher levels of happiness improve social skills and prevent depression (Irina *et al.*, 2007).

Based on the results of this research, it is proposed that, given the effect of positive psychology-oriented techniques to promote positive participative life, a meaningful life and positive emotions and excitement, providing students, teachers, healthy families and the families of addicted members with this particular positive approach can have a significant impact on reducing social vulnerability and increased resiliency and general health of society.

REFERENCES

1. Alvord, C. B. , Bcgar & Diana, H. Resiliency Determinats and .resiliency processes among female adult survivors of childhood sexual ab
2. Bonanno, G. A. Loss. Trauma, and human resilience. *American .psychologist*, **59**, 20-28 (2004)
3. Campbell- sills, L., Cohen, Sh.L., Stein, M.B. Relationship or resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy*, **44**, 585-599 (2006).
4. Compton, W. C. An Introduction to Positive Psychology. Thomson Wadworth: USA (2005)
5. Conner, K. M., & Davidson, J. R. T. Development of a new resilience scale: The Conner- Davidson Resilience Scale (CD-RISC). *Deoression and Anxiety*, **18**, 76-82 (2003).
6. Irina P., Igal, S., Mark A. Ratner, Chirality on Surfaces: Modeling and Behaviour, *Chemistry Today: Chimica Oggi*, **25**, 18. www.SID.ir (2007)
7. Fredrickson, B. L. The value of positive emotions. (Electronic version). *American Scientist*, **91**, 330 - 335 (2003).
8. Fredrickson, B. L., & Losada, M. F. Positive affect and the Complex Dynamics of Human Flourishing. *American Psychologist*, **60**(7); 678-686 (2005)
9. Grant, G., Ramcharan, P. and Flynn, M. Resilience in Families with Children and Adult Members with Intellectua Disabilities: Tracing Elements of A Psycho-Social Model. *Journal of Applied Research in Intellectual Disabilities*, **20**, 563–575 (2007).
10. Jakson D, Firtko A, Edenborough M. personal resilience as a strategy for surviving and thriving in the face of workplace adversity : a literature review. *Journal of Advanced Nursing*; **60**(1):1-9(2007).
11. Junson , Bruce , Junson , Cynda: Murry , Jan, Women's Health Care Handbook , 2 nd Edition. Pp:92-101 (2000).
12. Kaminsky. K. V. Resilient leaders, case western reserve university (2006).
13. Kahneman,D. & J. Riis, Living, and thinking about it, two perspectives, in Huppert, F. A. Kaverne, B. and N. Baylis, The Science of Well-being, Oxford University Press (2005).
14. Seligman, Martin E. P. and Csikszentmihalyi, Mihaly. Positive Psychology, An introduction. *Journal of American psychologist*, **55**. No.9: 5-14 (2000).
15. Myers, Dj Gj, Psychology, 6th Ed; New York: Worth Publishing(2001).
16. Larsen, R. J. . Ketelaar, T personality and

- susceptibility to positive and negative emotional states. *Journal of Personality and Social Psychology*, **61**, 132 (1991).
17. Lyubomirsky, S, Sheldon, M & Schkade, D. Pursuing Happiness: The Architecture of Sustainable Change. *Review of general psychology*, **9**, no. 2, pp. 111-131 (2005).
 18. Walsh, F. *Strengthening Family Resilience*. New York: The Guilford Press (2006).
 19. Weena, C. Effects of communication skills training on parents and young adolescents from extreme family types. *Journal of Child and Adolescent Psychiatric Nursing*, **4**, 162-175 (2003).
 20. Wilson, G. S., Pritchard, M. E., & Revalee, B. Individual differences in adolescent health symptoms: The effects of gender and coping. *Journal of Adolescence* (2005).