The Effectiveness of Mindfulness Training on Quality of Perceptual Marital Relationship and Psychological Well-being of Women with Addicted Wife

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Abstract: ***Objective:** The aim of the research was to investigate the effect of Mindfulness Training on Quality of Perceptual Marital Relationship and Psychological Well-being of Women with Addicted Wife. **Methods:** The research method was quasi-experimental with pretest- posttest and 3 months follow up, with a control group. Among the population of Women with Addicted Wife, twenty Women with Addicted Wife (10 persons in experimental group, 10 persons in control group) were selected by purposeful sampling method and were assigned in experimental and control groups. The experimental group received 8 session (2 hours for each) of positive thinking training. For data collection, Fletcher Perceived Quality of Marital Relationship Scale and Ryff Psychological Well-Being Questionnaire were used. **Results:** Multivariate analysis of covariance (MANCOVA) was used for analyzing the data. The results showed the Mindfulness Training was effective on the quality of marital relationship and psychological well-being among Women with Addicted Wife. Also, the training was effective in a 3 months follow up. **Conclusion:** Therefore, Mindfulness Training skills can be used in prevention actions.*

Keywords: *Mindfulness Training; Quality of marital relationship; Psychological well-being; Women with Addicted Wife.*

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Introduction

Addiction is a fact which is quite phenomenal in family problems and it is one of the examples which disrupt family functions and brings about various physical and mental damages in family members (Mohammadifar, Talebi, & Tabatabaei, 2010). Not only addiction affects the life of the addict person, but it also exposes the addict's relatives, friends, and, most importantly, his/her spouse to risk; and creates various crises for marital relationships such as depression, burnout, emotional divorce, official divorce etc., and significantly reduces quality of life (Naderi, Eftekhar, & Amollazadeh, 2009). Also, the status of women with an addict spouse is of particular sensitivity due to their personal problems and the roles they have towards their spouse, children and society (Mohammadifar et al., 2010).

A review of the literature suggests that women with an addict spouse are not in a desirable condition regarding psychological, emotional, and marital components, and quality of life in general. For instance, findings of a study show that a considerable percentage of addicts and their wives suffer marital incompatibility (Rahimpour, Khankeh, Fallahi Khoshknab, Farhoodian, & Farzi, 2012). Also, results of another research suggested that spouses of addict individuals are exposed to psychological problems such as depression and anxiety (Kishor, Lakshmi, & Pandit, 2013).

Among the variables which affect spouses of the addict individuals, and its disruption leads to significant problems in individual and social life of these women, is their marital quality; for which, disruption can be caused by psychological factors, and they can also negatively affect their psychological distress. Marital quality is a multi-dimensional concept which includes various dimensions of couple relationship such as adaptability, sexual satisfaction, happiness, coherence and commitment (Sandford, 2006).

Among other challenges of women with addict spouse, is their psychological well-being. Psychological well-being is a common domain in positive psychology research which is a multi-component concept including self-acceptance, positive relationship with others, autonomy, environmental mastery, purposeful life, and personal growth (Kamp Dush, Taylor, & Kroeger, 2008). Research indicates that being the wife of an addict is accompanied by a wide range of psychological problems including decrease in quality of life, self-esteem, sexual satisfaction, emotional and social satisfaction, increase in stress, anxiety, depression, anger, self-devaluation, sense of inefficiency, sexual dysfunction, and marital problems, and reduced well-being in general (Myers & Diener, 1995). Davis points out that

psychological empowerment of women leads to improvement in their maternal quality and reduces their psychological distress (Davis, 2010).

Various training approaches have been used for education and improvement in interactions and mental health of individuals. One intervention that can be significantly effective in improving psychological well-being and increasing quality of life is mindfulness-based training. Mindfulness means purposeful attention in here and now in a non-judgmental way towards momentary experiences (Gehart, 2012). In mindfulness, individuals learn to accept their unpleasant experiences and be aware of themselves and their reactions to unpleasant experiences; instead of denying and rejecting these experiences which is a dysfunctional skill for emotional regulation (Crane, 2009). Also, in mindfulness training, individuals are taught to be aware of any thought, feeling, or emotion which exist and are manifested within them by performing exercises such as focusing on breathing, body checking, and seated meditation. Researches have indicated that mindfulness training is associated with reduction in risk factors of mental and emotional health like depression, anxiety, and stress (Hofmann, Sawyer, Witt, & Oh 2010) and with increase in positivism components (Krishna, 2014). According to the fact that mindfulness training can be effective in improving many psychological and marital components, the present research was conducted by the aim of investigating the effectiveness of mindfulness on marital quality and psychological well-being among women with addict spouses.

Methodology

The present research is a quasi-experimental study in which a pretest-posttest with control group design was used. The statistical population of the present research included all the women with addict spouses who referred to addiction treatment centers affiliated to welfare organization of Damghan, Iran, in the first half of 2017 for receiving therapeutic and counseling services for their addict spouses. In the present study, 20 women with addict spouses, who volunteered to participate in the research after researcher's call for holding a training course for reducing marital problems and obtained lower scores in the research questionnaires, were selected via purposeful and available sampling method and, finally, they were assigned into experiment and control groups (10 subjects per group) through random assignment method.

The research inclusion criteria were as follows: being in the age range of 25-50 years, completing an informed consent for therapy, lack of acute

psychological disorder, not being applicant for divorce, receiving no psychological intervention outside the research therapeutic sessions, and at least two years of addiction history for spouse. In the present research, for applying the independent variable, the experiment group participated in eight 2-hour sessions of group mindfulness training, but the control group received no intervention. A pretest was conducted before applying the independent variable. After applying the independent variable, the research questionnaires were again completed by the participants of both groups. The participants were informed that the group training sessions were provided for the purpose of helping them improve their marital quality and psychological well-being, and of conducting a research, as well. Accordingly, the informed consent was introduced and all the participants entered the research with complete consent. Also, after finishing the group training sessions and conducting the posttest for the experiment and control groups, mindfulness training sessions were also provided for the control group in order to observe ethical principles of the research. The following tools were used for collecting the data:

Perceived Relationship Quality Components Inventory (PRQC): this inventory has been designed and developed by Fletcher, Simpson, & Thomas (2000). This inventory includes 18 questions in six dimensions (satisfaction, commitment, intimacy, trust, passion, and love), and every dimension is measured by 3 questions. The subject answers each question on a 7-point Likert scale (1=never and 9=completely). The minimum score is 18 and the maximum score is 126 which is obtained by summing all the scores for questions. The Cronbach alpha coefficient was reported to be desirable by Fletcher et al. (2000). According to Nilforoushan (2011) the inventory's reliability through internal consistency was 0.86 and it was 0.84 through test-retest method; which has been confirmed.

Ryff's Psychological Well-Being Scale (PWB): this scale was developed by Ryff in 1989 which has been revised in 1995. In this research, the 18-item form has been used (Ryff & Keyes, 1995). This scale measures six factors of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Lindfors, Berntsson, & Lundberg (2006) reported that the range of internal consistency coefficient has been 0.65 to 0.70 for different dimensions of the Ryff's scale.

In the present research, the author's aim was to use mindfulness-based teachings. For this purpose, sessions of mindfulness training were sequenced as following: *session 1*: introduction of participants, providing explanations regarding addiction and the effect of addiction on family and its members, raising eating practice, discussion on the subject that many people

live in a non-mindful way and they often don't pay attention to what they do, the practice of focusing on breathing, and body checking. Session 2: practicing body checking, inviting the participants to talk about their experiences of mindfulness trainings, examining the obstacles, discussion on some characteristics of mindfulness such as being non-judgmental and letting go, practice of thoughts and feelings, practice of seated meditation with focus on breathing. Session 3: practice of short seeing or hearing, seated meditation with focus on breathing and bodily senses, three-minute breathing space, and practice of mindful body movements. Session 4: seated meditation with focus on breathing, body, voices, and thoughts (seated meditation with four main components), discussion on stress and typical reactions of individuals to difficult situations and alternative reactions, mindful walking. Session 5: seated meditation with focus on breathing, body, voices, and thoughts, discussion on acknowledgement and acceptance of the present condition the way it is, the second series of mindful body movements. Session 6: three-minute breathing space, discussion on the thoughts which have non real content. Session 7: seated meditation practice with open awareness (of whatever that comes to consciousness in every moment), discussion on the best way to take care of one's self, practice of examining pleasant vs unpleasant daily activities and learning to plan for pleasant activities, practice of loving kindness meditation. Session 8: practice of body checking, discussion on what you have learned, applying what you have learned, evaluating the training, providing more references.

Results

According to the findings of the present research, the mean age of the experiment group was 34.80 years with a standard deviation of 7.75. The mean age of the control group was 34.10 years with a standard deviation of 5.21. Also, according to these findings, 55 percent of the women with addict spouses had middle school degree, 25 percent had a diploma degree, and 20 percent had a bachelor's degree. The duration of marriage was 5-10 years in 40 percent of the women with addict spouses, 10-15 years in 45 percent of the women, and 15-20 years in just 15 percent of the women.

For testing the normality of the scores distribution, the Kalmogorov-Smiranov test was used. Results of this test indicated that the scores distribution of the variables of marital quality and psychological well-being has been normal in pretest and posttest and the data had normal distribution ($P > 0.05$). Also, for investigating the homogeneity of the variances, the Levene test was used, the result of which was insignificant for pretest and posttest

indicating that the assumption of variances homogeneity is established. Results of the multivariate analysis of covariance for the variables of marital quality and psychological well-being are shown in table 1 and 2.

Table (1): Results of the multivariate analysis of covariance for investigating the effect of mindfulness training intervention on marital quality and its components.

Dependent variable	Source of change	Sum of squares	Degrees of freedom	Mean Square	F	Significant	Effect size	Statistical power
Relationship satisfaction	Pre test	1/09	1	1/09	0/44	0/23	0/07	0/05
	Post-test	16/86	1	16/86	6/62	0/02	0/35	0/788
	Follow up	17/19	1	17/19	6/98	0/01	0/37	0/795
Commitment	Pre test	3/77	1	3/77	2/09	0/07	0/14	0/13
	Post-test	9/71	1	9/71	6/01	0/03	0/33	0/647
	Follow up	11/08	1	11/08	8/24	0/01	0/44	0/795
Intimacy	Pre test	3/84	1	3/84	1/96	0/20	0/11	0/23
	Post-test	15/25	1	15/25	6/98	0/02	0/36	0/821
	Follow up	17/09	1	17/09	8/73	0/01	0/39	0/813
Trust	Pre test	0/06	1	0/06	0/008	0/78	0/001	0/06
	Post-test	25/20	1	25/20	6/66	0/02	0/35	0/750
	Follow up	28/87	1	22/11	9/98	0/01	0/41	0/798
Sexual excitement	Pre test	1/99	1	1/99	0/60	0/76	0/09	0/07
	Post-test	30/27	1	30/27	6/10	0/03	0/33	0/699
	Follow up	34/32	1	34/32	7/55	0/02	0/42	0/812
Love	Pre test	0/39	1	0/39	0/15	0/66	0/02	0/09
	Post-test	20/26	1	20/26	6/32	0/01	0/34	0/711
	Follow up	23/44	1	23/44	7/87	0/01	0/35	0/734
Total score	Pre test	40/82	1	40/82	1/49	0/08	0/23	0/28
	Post-test	1469/15	1	15/25	53/78	0/001	0/76	0/821

	Follow up	1633/4 3	1	1633/4 3	57/73	0/001	0/79	0/882
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As observed in table 1, the difference of scores of marital quality and its components in the posttest and follow-up after controlling the scores of pretest is significant between control and experiment groups, and the experiment group had higher mean scores in both stages compared to the control group ($P>0.05$). That is, mindfulness training is effective in increasing marital quality and its components among women with addict spouses. Also, the effect size for components of marital quality was between 0.32 to 0.38, and it was 0.76 for its total score. This suggests that 32 to 38 percent of the individual differences in posttest scores of marital quality components and 76 percent of the difference for the total marital quality scores is related to the effect of the intervention.

Table (2): Results of the multivariate analysis of covariance for investigating the effect of mindfulness training intervention on psychological well-being and its components

Dependent variable	Source of change	Sum of squares	Degrees of freedom	Mean Square	F	Significant	Effect size	Statistical power
Self-Acceptance	Pre test	2/13	1	2/13	0/889	0/22	0/06	0/13
	Post-test	18/45	1	18/45	7/40	0/01	0/38	0/802
	Follow up	17/23	1	17/23	7/12	0/01	0/37	0/758
Positive relationships with others	Pre test	3/13	1	3/13	1/77	0/22	0/13	0/21
	Post-test	13/99	1	13/99	6/85	0/02	0/36	0/797
	Follow up	15/88	1	15/88	8/75	0/01	0/39	0/812
Autonomy	Pre test	2/83	1	2/83	1/04	0/22	0/08	0/15
	Post-test	16/50	1	16/50	6/08	0/03	0/35	0/778
	Follow up	18/27	1	18/27	8/88	0/02	0/37	0/792
Environmental mastery	Pre test	4/16	1	4/16	2/12	0/08	0/12	0/190
	Post-test	21/35	1	21/35	7/48	0/01	0/38	0/819
	Follow up	22/11	1	22/11	7/78	0/01	0/39	0/832
Purposeful life	Pre test	1/09	1	1/09	1/05	0/09	0/07	0/17
	Post-test	10/80	1	10/80	5/80	0/03	0/38	0/833
	Follow up	7/87	1	7/87	5/64	0/04	0/33	0/724
Personal growth	Pre test	5/19	1	5/19	1/23	0/11	0/10	0/17
	Post-test	27/78	1	27/78	7/44	0/01	0/38	0/792
	Follow up	28/44	1	28/44	8/19	0/01	0/40	0/801
Total	Pre test	34/81	1	34/81	2/05	1	0/10	0/22

score	Post-test	1197/2 5	1	70/74	70/74	0/001	0/80	0/987
	Follow up	1257/1 5	1	1257/1 5	73/51	0/001	0/84	1

As can be seen in table 2, the difference of scores of psychological well-being and its components in the posttest and follow-up stages after controlling the scores of pretest is significant between control and experiment groups, and the experiment group had higher mean scores in comparison with the control group ($P>0.05$). This means that mindfulness training is effective in increasing psychological well-being and its components among women with addict spouses.

Table (3): Adjusted mean of the scores of posttest and evaluation of marital quality and psychological well-being in terms of group membership

	Group Memberships	Post-test		Follow up	
Components	-	Mean	Standard deviation	Mean	Standard deviation
Self-Acceptance	experimental	9/91	0/91	9/55	1/11
	control	7/21	1/93	7/88	1/88
Positive relationships with others	experimental	10/01	1/28	10/67	1/21
	control	7/58	1/26	7/11	1/87
Autonomy	experimental	11/10	1/14	11/04	1/98
	control	7/88	1/72	6/75	1/12
Environmental mastery	experimental	10/90	0/87	11/23	0/97
	control	8/81	2/2	8/12	1/2
Purposeful life	experimental	9/09	0/73	9/55	1/09
	control	7/40	1/43	6/67	1/11
Personal growth	experimental	11/30	1/77	12/22	1/93
	control	7/33	1/43	8/29	1/09
Relationship satisfaction	experimental	10/80	1/03	9/97	1/87
	control	7/90	1/72	7/10	1/08
Commitment	experimental	10/75	1/41	11/77	1/33
	control	7/89	1/66	7/66	2/66
Intimacy	experimental	9/50	0/70	10/13	0/89
	control	8/20	2/09	8/66	2/44
Trust	experimental	10/02	0/80	12/77	1/45
	control	7/44	1/43	7/12	1/09
Sexual	experimental	12/38	0/94	12/14	1/33

excitement	control	8/70	2/62	9/01	2/62
Love	experimental	10/90	1/19	11/23	1/07
	control	7/30	2/11	7/88	1/88
Psychological well-being	experimental	65/25	3/33	67/23	3/33
	control	48/80	4/66	49/88	3/78
Marital Quality	experimental	66/50	2/87	67/68	2/77
	control	47/43	3/09	49/66	2/95

As observed in table 3, the adjusted mean of the scores of marital quality and psychological well-being has increased in all components in the experiment compared to the control group, and this difference has been maintained in the follow-up stage for the experiment group.

Discussion and Conclusion

The present research was conducted by the aim of investigating the effectiveness of mindfulness training on marital quality and psychological well-being among women with addict women. Findings of the research suggested that mindfulness training has been effective on the variables of marital quality and psychological well-being among women with addict spouses. Findings of the present research are consistent with the results of past researches which have indicated that mindfulness-based training and interventions are effective in improving efficient management of emotions (Goldin & Gross, 2010; Norman, Anderson, & Segal, 2012; Roemer, Williston, & Rollins, 2015;), and as a result, they have been effective in increasing marital quality (Kavyani Hatami, & ShafiAbadi, 2008; Lenders, Nyklicek, Dijkstra, Fonteijn, & Koolen, 2014; Schirda, Nicholas, & Prakash, 2015; Van Son, Nyklicek, Pop, & Pouwer, 2013).

As a justification for this finding, it can be stated that mindfulness is a multi-facet awareness which helps to create a wide and open mental range and acceptance of emotions and physical phenomena, as they happen. As a result of mindfulness training, women with addict spouses which suffer from particular mental and cognitive difficulties, would be able to accept their emotions and mental-physical symptoms and their quality of life and positive emotions levels would be improved (Brown & Ryan, 2004). By increasing mindfulness, the power of cognitive and emotional well-being would be increased in the individual and, as a result, they can regulate their cognition and emotions in a quite direct way and their marital quality level would rise. Mindfulness can increase deeper awareness and improve cognitive and emotional management towards feelings and thoughts, can

decrease stress, and finally, it can enhance the individual's health (Brown, Ryan, & Creswell, 2007).

Mindfulness training is a therapeutic approach which, by training individuals such as women with addict spouses who experience high levels of stress, helps individuals to control their thoughts and emotions, and this very act leads to higher quality of life and higher calmness among them. Due to its innate mechanisms such as non-judgmental observation, increasing awareness and presence in here and now, acceptance and refraining from avoidance, mindfulness training can help the individual be able to cope with stressful conditions such as living with an addict spouse. Mindfulness skills are predictive of self-regulation behaviors and positive cognitive-emotional states which lead to higher individual satisfaction and enhanced quality of life. The higher the individual's awareness of their beliefs, thought processes and ideas is (through learning mindfulness skills), the better and the sooner will they be able to evaluate various conditions and perform better functions, and less will they be likely to face difficulties in decision-making.

Women with addict spouses may not be aware of their positive and negative thoughts and emotions, and they may not be able to use their thoughts and emotions efficiently when facing stressful conditions of life. The problems of such women cause them to evaluate themselves negatively in social conditions and to involve less in social conditions, the effect of which can emerge as problems in quality of life. However, mindfulness training can lead individuals to become aware of their negative emotions and thoughts and their negative effects, and, by reappraisal of their thoughts and emotions, try to keep their lives healthy; in this way, regarding the level of their problems particularly in regulation of cognitions and emotions, training of mindfulness helps women with addict spouses to use their emotions appropriately, be aware of their emotions and accept them, and expressing emotions (especially positive ones) in life situations and, therefore, decrease their negative thoughts and emotions, the result of which is that their adaptability level would be improved in various dimensions and their quality of life is directed towards the health of family members (Yoo, Matsumoto, & LeRoux, 2006).

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