

Hope – Oriented Mental Rehabilitation and enhancement of marital satisfaction among couples with addicted husband

Hamid Darrodi¹, Seyed Jalal younesi, PhD.; Fazele Bahrami, PhD.

Farshad Bahari, PhD.; Ali Akbar Solimanian, PhD.

University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

Objective: The purpose of the present study was to study the effects of hope-oriented group-couple-therapy on the increase of marital satisfaction among wives with addicted husbands.

Method: The design of study was quasi-experimental with pre-test, post-test and a control group. Population of the study included all wives with addicted husbands who volunteered to participate in the hope-oriented group- couple-therapy sessions, held in 2010 at Residential and Rehabilitary Place of Aftab Population. Sampling was achieved through random selection which assigned 6 couples in the experiment and six couples in the control groups. Enrich marital satisfaction-short form was the instrument utilized in the study; consistency coefficient for the questionnaire was calculated at .091 by Asgari & Bahmani (2010). Hope-oriented group-couple- therapy sessions involved a pre-session and 8 main sessions which were held once a week, each 1.5 hour; to hold these sessions practical instructions on hope therapy, as suggested by Snyder, et. al & Verthington (cited in Bahari, 2010) were utilized. Data analysis was conducted by SPSS using descriptive statistics methods (drawing tables, depiction of diagrams and using mean and standard deviation for the study variables) and inferential statistics methods (including Colmogrov-Smirnov test, t-test for independent groups, Lewin test, Q-Square test and covariance test).

Results: Results of covariance analysis revealed hope-oriented group-couple-therapy intervention could significantly increase marital satisfaction among couples of the experimental group as compared to the control group.

Discussion: to summarize, this study showed the effects of using couple therapy, the advantages of group therapy, the advantages of adopting a hope-oriented approach and the benefits of making use of multiple therapeutic methods (such as cognitive-behavioral, problem-oriented, motivational and narrative therapies).

Keywords: group couple therapy, hope therapy, marital satisfaction, wives with addicted husbands

Submitted: 12 March 2010

Accepted: 29 March 2010

Introduction

Marriage has been described as the most important and basic human relationship, as it lays the initial foundations for forming familial relationships and educating the upcoming generation (1). One very important aspect in a familial relationship is the satisfaction each of the couples experience (2); however, statistics on divorce rate, which is the most important index of distress in marital relationships(3), show marital satisfaction is not simple to achieve (4). In addition to marriages which are killed by divorces, there are also many unsuccessful marriages

which are unhappy but never end in divorce for different reasons (5). Accordingly, lowering down the amount of distress in each of the couples is of critical importance

(6). Marriage counseling sounds a suitable option that can help increase the likelihood of keeping a marriage alive or making it as satisfactory as possible (7).

Addiction is a social problem which not only has detrimental effects on the addict's life, but also exposes other family members and the addict's relatives to various dangers and problems. Nowadays,

1- Correspondence: Hamid Darrodi, E-mail: University of Bojnord Darrodi.hd@gmail.com

addiction is considered one of the most important general health problems all around the world, with addiction treatment being the most primary defensive actions taken in the war against behavioral problems including AIDS and Hepatitis (8). In Iran number of drug abusers has been estimated between 1.8 to 3.3 million people (9). According to the latest census data, 47.3 percent of addicts in Iran are married (10). Alcohol and drug abuse are often accompanied by severe marital distresses, financial problems, poor sexual performance, lowered self-confidence for solving marital conflicts, nagging, reduced relational skills and increased aggression at home (11). Factors threatening marital satisfaction among addicted couples include marital distress, aggressive behaviors by the addict, the addict's lack of accountability and psychological pressures (12). Stanton (1989) states the right strategy for treating the addicts is not only to consider the problems of the addicts but also to take into account their addiction trend and their familial issues. On the other hand, while it is known some forms of couple therapy bring about more positive results in comparison to personal therapies, - including fewer drug abuse days, more abstinence from drugs, less cases of intervals and being confined to bed, reduction of marital conflicts and increase of relational satisfaction (13)- according to *US National Survey of Substance Abuse Treatment* only 27 percent of drug abusers are benefitted from sort of couple therapy, with the mean score being only 3.1 sessions(14).

It seems "hope" is the factor which guarantees change or success in treatment. Almost in all help-providing professions there is hope that the help-seeking client's situation will change. However, some humanist psychologists (e.g. Yalom, 1985) have avoided giving clear ideas about hope, and in most cases hope has been so much taken for granted that it has been ignored. On the other hand, hope has been regarded a common important factor in the success of psychotherapy, in general, and of family therapy and couple therapy, in particular. For instance, Hanna (2002) has mentioned hope as a predictive factor in his therapeutic model. Other authors have considered the relationship between hope and therapeutic outcomes, as well. Hef (1993) (15) stated if the therapist is able to discover and induce hope, as well as to get the client to be able to express hope, more positive therapeutic results will follow. In addition hope had been regarded a common factor in the success of all therapeutic

approaches (16,17,18). In fact, hope theory has provided a meta-theory by which we can arrive at a deeper understanding of several psychotherapies (19) including cognitive-behavior therapy (19), problem solving method and narrative therapy (16). As a matter of fact hope therapy is a cognitive-motivational method (19).

Research on the influence of hope in psychotherapy (15, 16, 17, 18, 19) tends to consider hope as a moderator or mediating variable in psychotherapy and especially in couple therapy (20). However, a therapist may face clients during his/her clinical experiences who are completely resistant to change, though they are quite inclined to change; or clients who have a high capability to change but are not motivated enough to do so. Therefore we can conclude well-structured therapeutic interventions may fail to succeed due to their implicit inattention to the client's motivation or capability; such problems have caused some researchers (17) to give attention to hope as a common therapeutic factor (21).

According to these backgrounds, it seems little attention has been given to research studying the influence of hope therapy, as an independent variable, and in combination with group approaches, - such as group couple therapy- on couples facing addiction problems; so the hypothesis in this study would be "whether hope-centered-group-couple therapy exerts any influence on the marital satisfaction of couples with addicted husbands".

Method

The design of this study was quasi-experimental with pre-test, post test and a control group. Subjects in the study included two groups having addicted husbands. For one group, couple therapy was provided and the other group took part as the control group in the study. Population of the study included all couples with addicted husbands who volunteered to take part in the hope-centered group-couple-therapy sessions held at the residential and rehabilitative place of Aftab Society, at summer 1388. The sample of the study included 12 couples (24 subjects) with addicted husbands who were divided into control (six couples) and experimental (six couples) groups through random selection; the sample was randomly selected from among couples volunteering to take part in the sessions according to the research criteria. Criteria for entering into the research included: 1- the marriage being the couple's first marriage 2- the couples not receiving other

counseling services 3- couples not having taken actions to get divorced by the time of the research 4- the husband having received methadone therapy for between 3 to 4 months.

Instrument used in this research included Marital Satisfaction Questionnaire; the short form of this questionnaire (22) was utilized in this study. This instrument involves 40 close-ended items, to which participants are required to answer on a 4-point scale (completely agree, agree, disagree, and completely disagree). Total score in this questionnaire is 160 which indicate the highest marital satisfaction. Soleimani administered the questionnaire for the first time in Iran and reported its validity at 0.93. In addition, (22) estimated the consistency coefficient for the instrument at 0.91 for the whole scale, and reported its validity through Spearman-Brown & Gottman split-half methods at 0.89 and .088, respectively. More to this, for the first time separate normative tables (standard and percentile tables) for males and females were calculated for the test.

The procedure for the research included the following stages: First, the counselor invited volunteer couples to take part in group therapy sessions through advertisements at the Residential and Rehabilitative Centre of Aftab Society. The advertisement specified the date for the preliminary, elective interview with the couples. The interview was a semi-structured one, emphasizing the selection criteria and providing a brief description of the structure of the sessions. In the next stage, 14 couples were selected, who were randomly categorized into experimental and control groups (7 couples in each group; one couple in each group refused to continue cooperation). Before starting the intervention, each group were administered a pre-test; The intervention lasted for eight sessions and 3 days after the last intervention, groups were given a post-test. The therapist had an assistant in all the sessions. Interventions were

conducted based on practical guidelines on hope therapy provided by Snyder, et al. & Worthington (21). Issues in our hope therapy sessions included the initial statement of the problem by the couples, evaluation and diagnosis of the problem of the couples, diagnosis of the cognitive foundations of the couples' problems, instilling hope in the couples to help them build their hope house (hope bonding), hope enhancing in couples, acquainting couples with marital communication skills, giving hope to couples regarding their capabilities to solve problems of relapse, ending the interventions, and studying the amount of persistence of hope in couples along time. Data analysis was conducted through descriptive statistics methods including depiction of graphs and calculation of mean and standard deviation scores. Inference was achieved through t-test for independent groups and covariance test. Data analysis was done by using the SPSS software.

Ethical considerations were assured in the study as far as possible. Participants in the study were reassured of the privacy of the information they provided, while they were also told should anyone like to be informed of their scores, the researcher would provide them with their scores. It was proclaimed that control group participants would receive eight sessions of hope-centered group couple therapy following the intervention sessions. Meanwhile, it was emphasized any of the participants had the right to leave the experiment at any stage of the experiment.

Findings

Subjects participating in this study included 6 couples with addicted husbands (12 subjects) in the experimental group and six couples with addicted husbands in the control group. Table 4-1 shows sex distribution of the subjects by the group in which they were being studied.

Table 1. Sex distribution of the subjects by their study groups

Group	Male		Female		Total	
	Frequency	percent	Frequency	percent	Frequency	percent
Experience	6	50/0	6	50/0	12	50/0
Control	6	50/0	6	50/0	12	50/0
Total	12	100/0	12	100/0	24	100/0

According to table 2 it is clear there were no significant differences between the subjects of

experimental and control groups in their age, duration of their marriage and duration of addiction.

Table2. Comparison of the experimental and control groups in age, duration of marriage and duration of addiction.

Variable	group	Mean	SD	P value
Age	Experience	32/83	3/99	0/79
	Control	33/25	3/74	
Time of marriage	Experience	7/3	1/87	0/55
	Control	7/83	2/21	
Time of addict	Experience	8	2/10	0/69
	Control	6/67	2/50	

As table 3 shows the experimental group's mean and standard deviation scores in marital satisfaction at the pre-test stage were 75 and 4.46, respectively; for control group these scores were 78.08 and 4.66, respectively. As for the post-test stage, mean and

standard deviation scores for the experimental group were 86.75 and 2.50, respectively, while for the control group the mentioned scores were 78.33 and 3.99, respectively.

Table3. Descriptive statistics indices for marital satisfaction

group	Pre test		Post test	
	Mean	SD	Mean	SD
Experience	75	4/64	86/75	2/50
Control	78/08	4/66	78/33	3/99

In this study two independent groups were being compared in marital satisfaction; therefore, in order to investigate the normality of the distribution of scores in both the pre-test and post-test, and hence to decide whether parametric or non-parametric tests should be utilized, as well as to make sure of the size of the sample being adequate, Kolmogorov-Smirnov

test was used; In the meantime, to ensure both the equality of variances among the two groups and lack of significant difference among the two groups in the pre-test, Lewin and t-test for independent groups were conducted. Results are provided in tables 4 and 5:

Table4. investigating the normality of the distribution of marital satisfaction scores in pre-test and post-test

Scale	Z k-s		P value	
	Post test	Pre test	Post test	Pre test
Marital satisfaction	0/45	0/53	0/92	0/84

As table 4 indicates the significance level for marital satisfaction scores in pre-test and post-test are 0.92 and 0.84, respectively; therefore, according to the obtained score in Kolmogorov-Smirnov test we find

that marital satisfaction scores in both the pre-test and the post-test are normal. Moreover, it can be concluded the sample size is adequate.

Table 5. Examining difference in mean score and the equality of variances in pre-test

Scale	F	P value	t	P value
Marital satisfaction	0/03	0/95	-1/17	0/26

In addition as table 5 shows both the obtained F score and t score for marital satisfaction (F= 0.03, t= -1.17) were below the significance level which

indicates that mean score and variance for both groups were not significantly different before the intervention.

Hypothesis: hope-centered group-couple therapy will increase marital satisfaction in couples with addicted husbands.

Results of statistical analysis of the above-mentioned hypothesis are presented in table 6.

Table 6. Results of covariance analysis for the comparison of marital satisfaction in experimental and control groups

	Sum of squares	df	Mean square	F	P value
Pre test	55/58	1	55/58	8/99	0/001
Intervention	264/37	1	264/37	42/78	0/001
Error	55/61	9	6/18		
Total	82081/25	12			

According to table 6 it was found that the obtained F score for the pre-test was 8.99, which was significant at $P < 0.01$. Therefore, one can conclude pre-test had exerted its influence over total score in post-test; this influence was moderated in this model. Moreover, F score for the influence of the independent variable was 42.78 which were significant at $P < 0.01$. Hence, one can conclude hope-centered group couple therapy influenced the enhancement of marital satisfaction among couples with addicted husbands and created a significant difference in mean scores of marital satisfaction between the experimental and control groups.

Conclusion:

Substance abuse or drug dependence is a great biopsychosocial problem which has undoubtedly involved all countries throughout the world. Iran is more exposed to the problem due to its geographical situation and neighborhood with Afghanistan. This social phenomenon creates problems not only for the addicted person but also for the whole family system and leaves many detrimental consequences, especially psychological, both for the drug abuser and other members in his/her family (23).

Substance abuse problems are often accompanied by other problems including severe marital distress, financial problems, reduced sexual relationships, lowered self-confidence in solving conflicts, nagging, poor relational skills and aggression at home; in most cases couples are trapped in dysfunctional relational patterns in which the addiction of one spouse allows the other to take care of the addicted partner. Accordingly, spouses of addicted people can help their partners through seeking treatment for themselves, because recovery involves the occurrence of change in both partners (11). Stanton (1989) states the best way to deal with an addicted person's problems is to take into account the trend of

his/her addiction as well as to consider his/her familial problems; In the meantime, the behavioral patterns of the addicted person's family members should be closely attended to (24). Along the same line of explanations, currently different approaches in couple therapy (especially, behavioral couple therapy and cognitive-behavioral couple therapy) have gained promising results regarding addiction. One of the newest approaches to couple therapy and to solution of marital conflicts has been hope theory, which has gradually found its importance among macro-theories. The purpose of hope-centered couple therapy is to strengthen the foundations of marriage and to reduce the likelihood of divorce (21). In fact, hope theory provides a meta-theory for understanding several psychotherapy practices including cognitive-behavioral method, problem-solving method, solution-oriented therapy and narrative therapy; hope, itself, is a cognitive-motivational practice which seems to be a suitable approach to addiction psychotherapy with regard to its characteristics.

Results of this study suggested couples with addicted husbands who received group hope-centered therapy showed higher marital satisfaction in comparison to couples in the control group. Hence, the hypothesis which stated hope-centered group couple therapy would increase marital satisfaction among couples with addicted couples was approved based on the obtained results. In the following sections we will explain the results to see the role of the factors which probably helped hope-centered group couple therapy sessions increase marital satisfaction among couples with addicted husbands:

1. Role of the participation of the addicted partner's spouse in sessions: As mentioned before, partners of addicted people can be of utmost help to their spouses through seeking help for themselves.

This emanates from the relational patterns having been instilled, and often observed, inside an addicted person's home and family environment. For example, the addicted person's partner or family might have become habituated to the addict's drug abuse behavior, and/or have adopted themselves to his/her behaviors; or it may be that such dysfunctional patterns are the result of unmentioned prior agreements between the couples; or in some cases couples might have cut any relationships with each other and kept their marriage despite distress in relationships, and only in some occasions struggle on drug abuse issues. Such relationships are likely to persist over a long time; In fact couples usually cooperate with each other to let addiction continue by forming particular life styles in which substance-abuse has been accepted as an inseparable fact in life(11). Based on such explanations of addiction behavior in which the role of marital patterns in addiction behaviors has been established, one can conclude the participation and cooperation of addict's partner can make the treatment more effective, speed up the recovery time in the addicted person, decrease the desire to abuse drugs and lower the likelihood of relapse into addiction (25). Regarding the influence and role of the participation of the addicted person's spouse on the psychotherapy process, this study confirms results of the research by Mc crady (1986), Stanton (1989), Bowers & Al-Redha (1990), Zoben (1991), offarel, et. al (1998) and Fals-Stewart (cited in 24) all of which concurrently suggest participation of the addict's spouse in the therapy process improves the performance of the addict, increases the abstinence days, improves and maintains the relationship, heightens marital satisfaction and adjustment both in short-term and long-term periods, lowers considerably the frequency and amount of drug abuse.

2. The importance of "couple groups" in the change process: As stated before, an interesting form of family therapy is "multiple -couples model" which is administered in groups comprised of 3

to 5 couples. It seems bringing several couples together in order to work on common problems is a logical and effective step in the therapy process; this study followed the same rationale. Elger (1976), Pep (1976), Libermann, Wheeler & Sanders (1976) and Frimo (cited in 14) have described their work with groups comprised of several couples applying different approaches. According to Low & Low (14) one factor that can explain the importance of couple groups in the change process is that in some cases (like the current study) the therapist and his/her assistant, who are often wives and husbands, are more loyal and honest to the therapy process; by displaying problem-solving practices these therapists act as a model for couples. In summary, group couple therapy, through feedbacks from other couples, modifies couples' distorted perceptions, attitudes and behaviors that act as barriers to the development of organized interactions within the family, and helps them (both the addict and his/her partner) shape robust social networks (14).

3. The role and importance of hope in the psychotherapy process: Results of the current study on the role and influence of hope in psychotherapy and couple therapy confirms prior studies by (26, 27, 15,16,18,19) , all of which stress the positive role of hope in leading to better therapeutic outcomes. In general, hope therapy facilitates change in clients by emphasizing their positive characteristics, and by concentrating on their goals and capabilities.

The salience of hope theory as a meta-theory in addiction psychotherapy: as mentioned before, hope theory provides a meta-theory for understanding several psychotherapy practices (19) including cognitive-behavioral method (19), problem-solving method (16), solution-oriented therapy and narrative therapy; hope, itself, is a cognitive-motivational practice (19). Each of these psychotherapies possess properties peculiar to itself, but hope has all these properties at once, which gives it an extraordinary advantage over other therapies in the psychotherapy of addiction.

References

1. Larson, J. H., & Holman, T. B. (1994). Predictors of marital quality and stability. *Family relation*, 43, 228-237.
2. Taniguchi, S. T., Freeman, P. A., Taylor, S., & Malcarne, B. (2006). A study of married couples' perceptions of marital satisfaction in outdoor recreation. *Journal of Experiential Education*, 28(3), 253-256.
- 3- Halford Kim (2005). Brief couple therapy . translated by Tabrizi et all (1384).Fararavan publication .
4. Rosen-Grandon, J. R., Myers, J. E., & Hattie, J. A. (2004). The relationship between marital characteristics, marital interaction processes and marital satisfaction. *Journal of Counseling & Development*, 82(1), 58-68.
5. Greeff, A. P., & Malherbe, H. L. (2001). Intimacy and marital satisfaction in spouses. *Journal of Sex & Marital Therapy*, 27, 247-257.
6. Byrne, M., Carr, A., & Clark, M. (2004). The efficacy of behavioral couple's therapy and emotionally focused therapy for couple distress. *Contemporary Family Therapy*, 26(4), 361-384.
7. Torkan,Hajar.Kalantary, Mehrdad. Molavi, Hossin (2006). study of the influence of Transactional – Analysis – Oriented Group Therapy on marital satisfaction in couples , *Family Research Quarterly* ,2(8): 383-402.
8. Dabaghi, Parviz. Farid, Ali. Atefvahid, mohammad& Bolhari,gafar(2008).A study of effect of mind – awareness – based prevention of relapse into addiction mental on drug – dependence and mental health , *Addiction Research quarterly*,2(7)
9. Mokri,a.(2002). Brief overview of the status of drug abuse in Iran. *Archive of Iranian medicine*,5,184-190.
10. Fars news agency, latest statistic of addiction in Iran, www.farsnews.com. 1Esfand 1387
11. Bahari, Farshad(2009). *Addiction: Counseling and treatment* .Tehran: Danjeh publication.
12. National healthy marriage recourse center.(2005). *Frequently Asked Questions about Alcohol and Marriage*.
13. Stanton,D; Thomas,c(1982). *The family therapy of drug abuse and addiction*.New York: Guilford publication.
14. Goldenberg, I. Goldenberg, H.(2000). *Family Therapy*. Translated by Baravati, Hamidreza . Naghshbavdi,Siammak and Arjmand, Elham(1387). Tehran: Ravan publication.
15. Cooper, S., Darmody, M., & Dolan, Y. (2003). Impressions of hope and its influence in the process of change: An international e-mail dialogue. *Journal of Systemic Therapies*, 22, 67–78.
16. Bensonward, D. (2006). *MOVING UP THE CONTINUUM OF HOPE: A QUALITATIVE STUDY OF HOPE AND ITS INFLUENCE IN COUPLES THERAPY*. Doctoral dissertation, Texas University.
17. Snyder, C. R., Irving, L., & Anderson, J. R. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective* (pp. 285–305). Elmsford, NY: Pergamum.
18. Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy*, 30, 113–129.
19. Snyder, C. R., & Taylor, J. D. (2000). Hope as a common factor across psychotherapy approaches: A lesson from the Dodo's Verdict. In C. R. Snyder (Ed.), *Handbook of hope: Theory, measures, and applications* (pp. 89–108). San Diego: Academic.
20. Cieslak, E. N. (2008).*Hope in psychotherapy process and outcome*. Doctoral dissertation, cannon University.
21. Bahari,Farshad(2009). A study of the effect of forgiveness – Oriented couples therapy and hope on the reduction of marital conflicts. Doctoral dissertation , Isfahan University.
22. Asgari,ali.Bahmani,Bahman(2006).Validation of Marital Satisfaction Questionnaire, A Collection of paper presented at Family pathology congress.
23. Dekordi, seyedkamal. Abedinzadeh, Mohammad. Nikfargam, Masood. Dris, Fatemeh(2006). A study of the relationship of substance abuse and drug deoendency with mental disorders among family members. *Shahre kord Medical University journal*.
24. Aqabakhshi, Habib(2006). *Addiction and Familial pathology : How to secure children against addiction* , Tehran: Afarin .
25. Toriki, Atefeh. Fatehizadeh, Maryam. Salehi, Mehrdad (2006). A study of the effect of cognitive – behavioral training on the reduction of tendency to substance abuse Isfahan city. *Family Research Quarterly* 2 (8)
26. Ripley, J.S; Worthington, E.L. (2002). Hope-Focused and Forgiveness-Based Group Interventions to Promote Marital Enrichment. *Journal of Counseling & Development*. Volume 80(4): 452 – 463.
27. Cheavens, J. S., Michael, S. T., & Snyder, C. R. (2005). The correlates of hope: Psychological and physiological benefits. In J. Elliott (Ed.), *Interdisciplinary perspectives on hope* (pp. 119–132). New York: Nova Science.