Effectiveness of Resiliency Skills Education on Quality of Life and Reduce Couples Conflicts

Zahra Moussavi Moghadam 1, Loghman Ahmadipour 2, Ghobad Yosefi 3, Hasan Binandeh 4, Abbas Ranjbari 5

1 MA in School Counseling, Allameh Tabataba’i University, Tehran, Iran
2 PhD Student in Counseling, Islamic Azad University, Science and Research Branch, Tehran
3 PhD Student in Counseling, Islamic Azad University, Kermanshah, Iran
4 MA in General Psychology, Islamic Azad University, Arak, Iran
5 MA in Clinical Psychology, Islamic Azad University, Sannandaj, Iran

ABSTRACT
Marital conflict is one of the main problems in families and to reduce and eliminate conflicts should be necessary arrangements. The present study aims to develop and prepare a plan to increase resiliency and study its effectiveness in reducing conflicts of couples and improving their quality of life. This study was conducted in a single subject design. The sample of this study consists of two couples randomly available among the people who were referred to the clinic psychological expectation in Kianpars of Ahvaz. To choice conflicting couples a psychologist and a family counselor separately confirmed the conflict between them. Then the questionnaire marital conflict (Sataei), and resiliency (Connor and Davidson) and Quality of Life Questionnaire (IRQOL) was performed on the three couples. The subjects were tested underwent resiliency skills training in ten 90-minute sessions of intervention and in four stages. Visual review of the charts and recovery factor value showed a significant impact in reducing conflicts and improving the quality of life for all couples. The results showed the resiliency training program affect in reducing conflicts and improving the quality elements of life of discordant couples.

KEYWORDS: Marital Conflict, Resiliency, Quality of Marital Life

1. INTRODUCTION

Undoubtedly, among clients who to solve their problems refer to public and private counseling centers, number of clients who are suffering family disputes and engage in conflict the relationship conflict of husband and wife, are more than other clients.

Marital conflict is inevitable, yet somewhat to keep the love between husband and wife is essential. But when the bad conflicts to be used and don’t properly handle ultimately lead the result that none of the parties are not meet expectations and desires of each other’s, and the discontent and dissatisfaction leads health problems such as depression, anger, anxiety and so on [1]. If marital relationship wants to continue dynamically Disagreements should be resolved in a correct manner. If spouses do not use constructive ways to deal with conflict, it may gradually be separated from each other. Divorce scenario is not a sudden cool, but also is gradually lack of intimacy. In short, fear of conflict and emotions associated with it can lead to a lack of involvement in issues and finally the emotional divorce and the divorce legal occurs [2]. Waller [2] describes resiliency as positive adaptability in a person against difficult conditions (injuries and threats) [3]. Way of dealing with conflict is acquired and can be changed, therefore, it is possible to provide new educational opportunities to help couples to change destructive and dysfunctional ways of dealing with their conflict and employ more effective ways. Couples who are engaging in conflict and controversy relationships, especially in women over time, lead to psychological disorders such as depression, anxiety, aggression, stress, insomnia, frustration, obsession and in some cases suspicion and skepticism, and even in some cases, a horde of the couples suicide and other hordes leave home with the intention of divorce, so all of these overshadowed the couples quality of life. Quality of life is an instrument that it has different definitions, such as can pointed out the definition of the World Health Organization (1993), the multidimensional structural quality of life, including the minimum assessment of three basic dimensions namely emotional well-being, physical status and social functioning. In fact, the quality is assessed and described by the individual. The World Health Organization introduces quality of life as “a perception of individual of their position in life, in the context of the culture and value systems in which the individual lives, in terms of itself goals, expectations, interests and desires “and the definition includes physical and psychological dimensions, level of independence, social relationships, and spiritual relationship with the environment [3]. However, resiliency is not only resistance against injuries or threatening condition and also it is not a passive state in confronting to the dangerous condition, but it is active and creative participation in one’s environment. It can be said that resiliency is powerfulness of person to confront dangerous condition [4]. In fact, the quality of marital involves trying to minimize the gap between expectations and desires, and it is something
that really happens, a good quality of life occurs usually in the form of happiness, satisfaction, joy, happiness and ability to overcome the difficulties [5].

The sense of objectivity and religious attitude are the protective factors in the resilience (it means that there is meaningful positive correlation between spiritual intelligence and resiliency) [6]. Resiliency is a successfully resisting against the challenging situations and plays an important role in adaptation of person and an important factor to solve problems and overcome them. Resiliency is the recovery after failure and severe conditions [7]. Some studies have found that resiliency, mental toughness and adaptability of some individuals and families in coping with stressful events is more than others. Resiliency is rooted in some psychological theories.

Several studies have been done on the topic of resiliency, for example Skehill [7] found that participation in resiliency plans to increase the resiliency and well-being and reducing psychological distress in adolescents had no effect [8] in one of the programs to increase resiliency, reaffirmed some skills are directly associated with resiliency, that such skills are emotional regulation, impulse control, analysis of problem causes and styles of thinking, keep unrealistic optimism, self-efficacy and empathy with others. Friedann [9] also in another application that is related to increase resiliency has place issues such as training in the field of positive and negative resiliency, training the emotional intelligence skills, self-efficacy education, recognize the value of social support and acquired its, training the stress management skills, understanding the value of optimism and acquiring the skills to enhance it and acquiring the skills to increase happiness, at the center of its intervention. Also Steensma et al. [10] found that training the resiliency increases use of effective strategies coping such as active strategies, seeking social support, self-encouraging and positive thoughts among individual and reduces negative coping strategies such depression reactions and passive and avoidant strategies. In another study Steinhardt and Dolbier [11] found that the enhancement program of resiliency leads to increase effective coping strategies, to increase protective factors such as positive emotions, self-direction and self-esteem, reduce negative emotions, stress and depression. Arabzadeh et al. [14] found that the effectiveness of training coping skills cause to increase resiliency of couples with marital conflict. Due to the conflict and its assessment play an important role in determining the various components of biological, social and psychological quality of life for couples who are experiencing marital conflict and tension, it seems logical that interventional programs that increase resiliency in the face of marital conflict and the strategies to deal with it learn to couples, to improve the components. While abroad, some studies have tried to assess the impact of interventions to reduce conflicts between couples, but about the impact of training the resiliency program in reducing the conflicts of couples and its effectiveness in improving components of biological, social and psychological of quality of life of the couples, the research vacuum was evident especially in researches conducted about mental toughness and resiliency of these couples is less evident. In the present study, a training package of resiliency to reduce marital conflict between spouses referred to Omid psychological clinic in Iran Kianpars of Ahvaz was formulated in academic year 2012-2013 and impact of the program on reduction of marital conflict and improve the quality of life were studied.

2. MATERIAL AND METHODS

The population of this study consisted of all couples with marital conflict in the first semester of 2013 were referred to Omid clinic psychological of Kianpars of Ahvaz. The sample in this study, was carried out in an available sampling method among the patients referred to Binesh clinic with a diagnosis of marital conflict that was approved by a psychiatrist and a psychologist, in the second 6-month of 2013. Among the 15 couples who were referred to the clinic, 3 couples with marital conflict were selected randomly and trained for 90 minutes’ sessions of resiliency skills.

Tools used in this research include: questionnaire of Marital Conflict [13], questionnaire of Resiliency (Connor and Davidson) and qualities of life questionnaire (IRQOL) were performed on the three couples. Marital Conflict Questionnaire [13]: This 42-item questionnaire, measures seven dimensions or seven aspects of marital conflict. The scores that subjects gained in this questionnaire was indicative of the conflict of them. Grading the tools means that for every question in this case five options is considered that from 1 to 5 assigned to them. The maximum total scores of 210 and the minimum is 42. This means more score means more conflict and less score means better relationship [14]. Questionnaire of Marital Conflict has a good content validity. In step analysis of the test material after the pilot test phase and calculating the correlation of each question and the questionnaires and its scales, 13 questions of 55 primary questions have been removed [14]. In study of Khazayi et al. [15], scores for all components of questionnaire of marital conflict from 0.31 to 0.82 had significant correlations with the total score marital conflict at level 0.01. Irene quality of life questionnaire (IRQOL): was built by Nasiri [16]. This version which has 26 questions and measures four domains of physical health, psychological health, living environment and relationships with others, the coefficient of reliability has been reported between 67% and 84% for that report ant its reliability and appropriate GHQ [16].

The sampling was done at Omid clinic in this manner that after determining, 3 couples as conflicting pairs were known and studied. The diagnosis was confirmed by a psychologist and a family counselor. The question of marital conflict [16] and quality of life questionnaire (IRQOL) was performed on the three couples. Training package conducted on the 3 conflicting couples includes 10 sessions of resiliency skills and was performed on couples during 12 weeks. At the beginning of the study, all couples were attempting to complete
research tools. Then participants were intervened and at sessions of fourth, sixth, eighth, and in the end of intervention, they were tested by post-test and 1 month after the end of treatment they were followed up.

Training Meetings Process: The training used in this study is handled individually. Training session’s programs were presented in 10 sessions and for headlines, topics, exercises and assignments for each session, training topics based on researcher made resiliency skills training package has been done. Here in brief remarks at the entrance to the treatment process. Training program was 90 minutes for each session and was with related training intervention, discussing practice, and examining the work of each session. From the first session was try to talking with the couple about the guidance interview, homework and the need to consider a special time to practice and a kind of commitment to follow a couple of exercises to be created.

In the present study, reviewing charts and coefficients effects methods were used to analyze the data. Formula percent recovery is one of the ways to measure the progress of clients at reducing targeted problems. This formula for first time was employed by Blanchard and Schwarz [17]. In the percent recovery formula, a person’s score of pre-test is subtracted by posttest score of the person and is divided it into pre-test score. If percent improvement was at least 50, the results can be considered clinically significant [17].

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>First session</td>
<td>Meet and Referrals, stating objectives, rules and meetings framework, resiliency questionnaire running, marital intimacy and qualities of life, defines resiliency, the factors influencing it and understanding of skills, doing homework</td>
</tr>
<tr>
<td>Second session</td>
<td>Review homework from last week, Highlights about structure of treatment, examination of the communication components in improving qualities of couples (importance of communication skills)</td>
</tr>
<tr>
<td>Third Session</td>
<td>Review form number 2, continue of learning communication skills, doing homework</td>
</tr>
<tr>
<td>Fourth session</td>
<td>Review Form No. 3, continue of communication skills components, doing homework</td>
</tr>
<tr>
<td>Fifth Session</td>
<td>Check Form No. 4, training the self-awareness skill, doing homework</td>
</tr>
<tr>
<td>Sixth Session</td>
<td>Check Form No. 5, training the problem solving skill, doing homework</td>
</tr>
<tr>
<td>Seventh Session</td>
<td>Review Form No. 6, Emotion regulation skills training and attitude change, do homework</td>
</tr>
<tr>
<td>Eighth Session</td>
<td>Review Form No. 7, stress management skills, doing homework</td>
</tr>
<tr>
<td>Ninth Session</td>
<td>Review Form No. 8, continue of stress management skills, doing homework</td>
</tr>
<tr>
<td>Tenth Session</td>
<td>Training the happiness and intimacy</td>
</tr>
</tbody>
</table>

3. RESULTS

The findings in this section are provided in the form of tables and graphs. All subjects received 10 sessions of training resiliency. Then the percent recovery and scores of each couple on the scale of marital conflict and quality of life are expressed in the fourth, sixth, eighth sessions, post-test and following, respectively.

First hypothesis: Resiliency training reduces conflicts of the couples.

To assess the conflict marital, Sanaei’s scale of marital conflict were used in five stages of measurement (pre-test, after the fourth, sixth, eighth sessions, and after training and follow up). Total data based on the data obtained confirms the first hypothesis. So with regard to the recovery coefficients obtained for each couple can be said training the resiliency skills leads to reduce the marital conflict and in all three couples under treatment and education. The second hypothesis: Resiliency training increases the quality of life for couples.

Table 2. Scores in the first couple on the scale of marital conflict before start treatment, during treatment, post-test and follow-up

<table>
<thead>
<tr>
<th>First couple</th>
<th>Couple</th>
<th>Pre-test</th>
<th>Fourth Session</th>
<th>Sixth Session</th>
<th>Eighth Session</th>
<th>Post-test</th>
<th>Follow up</th>
<th>Percent recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Conflict</td>
<td>The man</td>
<td>168</td>
<td>124</td>
<td>112</td>
<td>102</td>
<td>84</td>
<td>82</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>The woman</td>
<td>187</td>
<td>142</td>
<td>118</td>
<td>98</td>
<td>66</td>
<td>60</td>
<td>65</td>
</tr>
</tbody>
</table>

Figure 1. Impact of training the resiliency skills in reducing the marital conflict on the first couple
Table 3. Scores in the second couple on the scale of marital conflict before start treatment, during treatment, post-test and follow-up

<table>
<thead>
<tr>
<th>Marital Conflict</th>
<th>Couple</th>
<th>Pre-test</th>
<th>Fourth Session</th>
<th>Sixth Session</th>
<th>Eighth Session</th>
<th>Post-test</th>
<th>Follow up</th>
<th>Percent recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>The man</td>
<td>178</td>
<td>152</td>
<td>121</td>
<td>98</td>
<td>64</td>
<td>59</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>The woman</td>
<td>166</td>
<td>145</td>
<td>109</td>
<td>86</td>
<td>64</td>
<td>62</td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. Impact of training the resiliency skills in reducing the marital conflict on the second couple

Table 4. Scores in the first couple on the scale of marital conflict before start treatment, during treatment, post-test and follow-up

<table>
<thead>
<tr>
<th>Quality of Life</th>
<th>Couple</th>
<th>Pre-test</th>
<th>Fourth Session</th>
<th>Sixth Session</th>
<th>Eighth Session</th>
<th>Post-test</th>
<th>Follow up</th>
<th>Percent recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>The man</td>
<td>58</td>
<td>72</td>
<td>76</td>
<td>83</td>
<td>88</td>
<td>92</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>The woman</td>
<td>49</td>
<td>61</td>
<td>70</td>
<td>83</td>
<td>86</td>
<td>89</td>
<td>75</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3. Impact of training the resiliency skills in reducing the marital conflict on the first couple

Table 5. Scores in the second couple on the scale of marital conflict before start treatment, during treatment, post-test and follow-up

<table>
<thead>
<tr>
<th>Marital Conflict</th>
<th>Couple</th>
<th>Pre-test</th>
<th>Fourth Session</th>
<th>Sixth Session</th>
<th>Eighth Session</th>
<th>Post-test</th>
<th>Follow up</th>
<th>Percent recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>The man</td>
<td>44</td>
<td>59</td>
<td>64</td>
<td>69</td>
<td>76</td>
<td>80</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>The woman</td>
<td>47</td>
<td>62</td>
<td>71</td>
<td>80</td>
<td>86</td>
<td>90</td>
<td>92</td>
<td></td>
</tr>
</tbody>
</table>
To measure the quality of life, five stages measurement Iranian made scale of quality of life was used. According to the data of the couple, the second hypothesis is also confirmed. So with regard to the recovery coefficients obtained for each couples can be said training the resiliency skills leads to increase quality of life for all three couples under training.

4. DISCUSSION AND CONCLUSION

In this study, after planning the program of resiliency increase for the conflicting couple and pilot implementation of the program, the results of training through three questionnaires related to the three components of growth of resiliency, reduce marital conflict and improve the quality of life were analyzed.

First hypothesis: Resiliency training reduces the couples’ conflicts. As can be found the findings, the resiliency program causes to increase a warm relationship and reduce conflicts and improve relationships. Findings of the present research are consistent with Kordich-Hall and Pearson [18] who argued that resiliency causes to improve relations of individuals and others and happier relationships. Also, it is consistent with the findings of White et al. [19] who found the resiliency program causes to improve personal relationships [20], in line with current research has found that mental toughness training causes to increase the adaptability of individuals. Communication problems are the most common problems that couples argue. The first and most important skills that were taught conflicting couples, is communication skills. Over 90% of these troubled couples express these problems as the main problem in their relationships and communication problems is the key issue in communication approaches to the family. These approaches analyze marital conflict as incompatible relationship. These conflicts often creates a vicious circle that to find the starting point on it is meaningless [21]. Spouses’ communication skills program emphasizes attitudinal and behavioral aspects of couples for resolving marital conflicts. Crowley et al. [22] found that mental toughness influences the positive emotions, problem solving techniques and incompatible individual. Intervention process based on resiliency training is so that to be tried to change the cognitive schema of couples with marital conflict than existing misunderstandings and disagreements, and common misconceptions and stereotypes about the differences be corrected to have a more realistic expectations from each other, as well as, the resiliency program creates changes in attitudes, behaviors and skills of couples with marital conflict that can work better in their relationships. It also helps couples not give up conflicting problems and not allow these issues affect their life.

The second hypothesis: Resiliency training increases the quality of life for couples. The findings of this study suggest that resiliency training program has increased quality of conflicting couples life. And increase the number of parts and components of quality of life in incompatible couples. The results of this study confirm the findings of the King et al. [23] who argued that changes in beliefs and attitudes of discordant couples with compatibility marital conflicts increase resiliency of them in regard to conflicts and differences and then keep their mental health and mental well-being and quality of life of them at a high level. Belief systems when faced with adverse conditions in individual or family, creates a sense of hope and optimism. Kim et al. [24] in their studies demonstrated that practicing the religious believes have positive correlation to positive emotions and affections such as optimistic mood, welfare, kindness, self-esteem, concentration and relaxation. Also, having religious attitudes and arbitrary acceptance of religious ideas and believes are associated to lower anxiety, depression, sexual incompatibility and higher welfare in geriatrics [25]. Eriksson et al. [26] in line with the findings of study found that resiliency and its equalities is like a sense of integrity and wisdom acquired and quality of life are correlated and predict it. Resiliency programs cause to create better coping strategies and defense mechanisms in couples and in this way can enhance their quality of life.
REFERENCES

6. Movlavi Z. 2009. Investigate the relationship between spiritual intelligence and mental health inHamedan