



## Mental Health, Hope, and Psychological Capital in Women with Addicted and Healthy Husbands

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### A B S T R A C T

Comparison of Mental Health, Hope, and Psychological Capital between Women with Addicted and Healthy Husbands. This casual-comparative study was performed between two groups of women having addicted and healthy husbands (each n=50) in GonbadKavous city (in Iran). Sampling was done voluntarily by convenience method. The tools used were General Health Questionnaire (GHQ-28), Snyder's Hope Scale and Psychological Capital Questionnaire (PCQ). Data was analyzed using SPSS software and MANCOVA method. There was a significant difference between the mental health, hope and psychological capital scores of women with addicted and healthy spouses, so that physical symptoms, anxiety, depression, and hopelessness of those with addicted spouses were higher and they had lower general health. Given the importance of mental health, hope, and psychological capital, therapists and policy makers should strive to develop programs with a special prevention approach for women with addicted spouses.

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**Keywords:** Mental Health, Psychological Capital, Hope, Women With Addicted Spouses.

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## INTRODUCTION

Today, we are witnessing a significant increase in the use of drugs and stimulants, especially methamphetamines in the country, which have the greatest potential for causing psychological, physical and social harm. The result of the interaction between social factors and individual factors governing the situation in the family, which is a member of the drug user, is the occurrence of abnormal behavioral complications that lead the family organization to lack of expectation and correlation.

The existence of the complication of addiction in the family as a system has been transferred to other parts and has put the whole system at risk of various complications. It is obvious that the family as a system, despite the damage caused by dysfunction of members, is moving towards inefficiency (Elisha, Idisis, Timor, & Addad, 2010; Panaghi, Ahmadabadi, Khosravi, Sadeghi, & Madanipour, 2016; Young & Rodgers, 1998).

Marital incompatibility and family failure are serious consequences of drug abuse and provocation. Financial stress, domestic violence, changing roles and responsibilities, and socially unacceptable behaviors such as extramarital affairs all lead to family turmoil. The process of using addictive drugs is moving towards the disintegration of the institution of the

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family, an institution on which the foundation of the social structure is based(Mathew, Regmi, & Lama, 2018; Mirzakhani, Khodadadi Sangdeh, & Nabipour, 2020; Reilly, 1984).

Experts believe that a healthy society consists of a healthy family and the condition for family health is the existence of healthy relationships and the proper functioning of this institution, but in recent centuries, the emergence and spread of many individual, social problems and other injuries and deviations due to disorders They know the function of the family institution and one of them that is plaguing most societies today is addiction(Khalili et al., 2018; Panaghi et al., 2016).

The range of effects of addiction is important because the serious consequences are not limited to the addicted person. Drug addiction can affect a person's entire life and often leads to a wide range of pathological behaviors and normal functioning. Disrupts the family, the workplace and the community. On the other hand, there is a special emotional connection between the members of a family, they care about each other and defend, support and support each other. Therefore, the function of other family members is also impaired(DiClemente, 2018; Van Wormer & Davis, 2016).

Irresponsibility of addicts creates a disorder in the family that first the family does its best to control the addiction, but the emotional turmoil and unstable and unpredictable behaviors of the addicted person to chronic anxiety, confusion and Family fears persist(Johansen, Tavakoli, Bjelland, & Lumley, 2017).

In the 21st century, psychology has realized that man must spend his intellectual energy on the positive aspects of his experience. In the beginning, psychology focused more on negative emotions such as anxiety and depression than on positive emotions such as happiness, satisfaction, and so on. Scientific texts were also more about suffering than pleasure(Compton & Hoffman, 2019a, 2019b; Seligman & Csikszentmihalyi, 2014), so one of the topics that has attracted a lot of attention in recent decades is positivist psychology. This view emphasizes the capabilities and resources of the individual and believes that the goal of psychology should be to improve the standard of living and to realize his latent talents. Therefore, positivist psychology deals with the positive issues of human life such as happiness, welfare, health, etc. and tries to make the presence of these positive components in human life smoother with a scientific and practical view. This psychology seeks to help people develop their abilities and competencies. This psychology does not ask people what glasses they wear or who they choose as role models, but tells them that strengths are as important as weaknesses, flexibility is as important as vulnerability, and constant homework. Sowing good seeds is as important as intervening to repair the damage(C. Snyder & Lopez, 2002).

Mental health is one of the most important factors in the development of human beings. Defining and measuring health structures is difficult and our understanding of it is still evolving. The meaning of health has changed significantly in the last 150 years(Lake & Turner, 2017), and to explain it, various models such as the medical model, the social model, the holistic model(Ravikumar et al., 2010), and the socio-psychological model of bio (Constantine, 2017), has been formed. According to the World Health Organization (1946 and 2003), which is still widely used, health is a state of complete physical, mental and social well-being and is not

limited to the absence of disease and disability.

Another positive component in life that may affect human health is hope. Hope is the most important motivation in life, hope strengthens a person's spirit psychologically and is a factor in doing hard and difficult things. The person's spirit is strengthened by the hope of achieving the goal, and the person reacts positively to adversity and hopes to achieve his goal by enduring it. This does not mean that a person will definitely achieve his goal, but only hopes that he may achieve it and this will be the motivation to endure the hardships (Toussaint, Barry, Angus, Bornfriend, & Markman, 2017; Yaghoobzadeh, Soleimani, Allen, Chan, & Herth, 2018).

According to Snyder, despair is a shocking state that is manifested by a feeling of impossibility and a feeling of helplessness and lack of interest in life. The person is severely inactive due to frustration and cannot assess and make decisions in different situations (C. R. Snyder et al., 2002).

Psychological capital is a new structure that derives from a positive psychological approach in the scientific literature (Lee and Yang, 2019) and can be defined as the development of a positive individual psychological state. According to Luthans, Youssef, and Avolio (2015), Psychological capital is a hybrid and interconnected structure that includes four perceptual-cognitive components: hope, optimism, self-efficacy, and resilience. These components give meaning to a person's life in an interactive and evaluative process and continue the person's effort to change stressful situations and prepare him to enter the action scene. And ensures his resilience in achieving goals (Anglin et al., 2018; Newman, Ucbasaran, Zhu, & Hirst, 2014). Creed, Machin, and Hicks (1999), acknowledged that these four sources work together in an interconnected system to reinforce each other and form a stress-resistant shield. Hence, the effects of shock absorbers on these sources in stressful situations are emphasized. Thus, psychological capital is composed of positivist psychological variables that can be measured, developed and developed (Rus & Băban, 2013).

The results of Schafer and Fals-Stewart (1997), showed that substance abuse is associated with increased aggression and also substance abuse is a risk factor for violence. Murphy, Winters, O'Farrell, Fals-Stewart, and Murphy (2005), also found in a study that addicted men have a higher rate of violence than their spouses and that addicted men are less likely to have an emotional relationship with their spouse.

Greydanus, Reed, and Hawver (2016), in a study showed that substance use disorders have countless consequences not only for the health and well-being of the patient but also for family, friends and society as a whole. In this regard, Adib-Hajbaghery, Karimi, Karbasi, Haji-Rezaei, and Aminolroayae (2015), in a study showed that people who use drugs have the most violence against their spouses compared to those who do not.

In the research literature, very little attention has been paid to women with addicted spouses, even though these people are the most affected strata of society. This study was designed and conducted with the aim of comparing the mental health, hope and psychological capital of women with addicted and healthy spouses. The approach of recent studies in the field of etiology of addiction, considering the importance of important structures such as the family,

the need for more accurate use of preventive measures. Prevention as a rational strategy against the harms of human society with a focus on family, school and work and life is one of the most important tools in the fight against drugs. Since the relationship between husband and wife as a part of family relationships is very important and this relationship has emotional, psychological and sexual aspects, addressing this issue is of great importance.

Therefore, the present study aims to compare the mental health, hope and psychological capital of women with addicted spouses and women with healthy spouses, identify the mental status of these people and measure the amount of positive components in them and answer this question. Is there a difference between mental health, hope and psychological capital of women with addicted and healthy husbands? With the hypothesis that there is a difference between mental health, hope and psychological capital of women with addicted and healthy husbands.

## METHODOLOGY

This study, which was conducted in 2015, is a cross-sectional (causal-comparative) method between two groups of women with addicted spouses and women with healthy spouses. The statistical population of the study is women in GonbadKavous city (In Iran). The sample size includes 50 women with healthy spouses and 50 women with addicted spouses. . The sampling method was available and voluntary among those who were willing to cooperate. After justifying the participants, the questionnaires were given to them, which include three questionnaires as follows:

1- General Health Questionnaire (GHQ-28, Goldberg and Williams, 1988): The 28-GHQ test is used to assess mental health. This questionnaire was developed by Goldberg in 1972 and consists of 28 questions in four subscales of physical symptoms, anxiety and insomnia, social dysfunction and depression. . Validity is 0.65 and reliability is 0.7-0.93 and this scale has been evaluated and approved in Iran.

2- Snyder Adult Hope Questionnaire (1991): This scale is a 12-item self-report questionnaire with an 8-point Likert scale designed to diagnose hopefulness in adults aged 15 years and older. The reliability coefficient with Cronbach's alpha in 6 samples of undergraduate students was obtained from 0.74 to 0.84. Also, the reliability coefficient of the retest method after 10 weeks was 0.80 (Snyder et al., 1991). Structural validity was obtained through correlation with optimism tests, expected achievement of goals, expected control and self-esteem between 0.50 and 0.60. Beck Depression Inventory (Beck et al., 1961) was also correlated with the frustration scale from -0.42 to -0.51.

3- Psychological Capital Questionnaire (PCQ, Lutans, Joseph and Olivo, 2007): This questionnaire is for measuring psychological capital and includes 24 questions and 4 subscales of hope, resilience, optimism and self-efficacy in which each subscale consists of 6 items and the subject has 6 items on a 6-point scale (strongly disagree to strongly agree). Likert answers. Questions 1 to 6 are related to the self-efficacy subscale, questions 7 to 12 are related to the hope subscale, questions 13 to 18 are related to the resilience subscale, and questions 19 to 24 are related to the optimism subscale. To obtain the score of psychological capital, first the score of each subscale is obtained separately and then their sum is considered as the score of the total

psychological capital. The chi-square ratio of this test is 24.6 and the CFI and RMSEA statistics in this model are 0.97 and 0.08, respectively. Also in the present study, the reliability of this questionnaire based on Cronbach's alpha was 0.85.

In the present study, after collecting the necessary information and converting it into numerical quantities, we analyzed the data using SPSS software, and from inferential and descriptive statistics including frequency, mean, variance, standard deviation, and multivariate analysis of variance was used.

## RESULTS

We first describe the results of demographic data and then describe the results of the Mental Health, Psychological Capital and Hope questionnaires.

Table 1. Frequency distribution of individuals based on education variable

group	education	Abundance	Frequency
Healthy	Below the diploma	14	28%
	Diploma	25	50%
	Bachelor	9	18%
	master's degree ( M.A)	2	4%
	Total	50	100%
Addicted	Below the diploma	28	56%
	Diploma	18	36%
	Bachelor	4	8%
	master's degree ( M.A)	0	0
	Total	50	100%

The information in Table 1 shows the distribution of research individuals based on education. The rate of women with addicted spouses with less than a diploma was 56%, but in normal women it was 28%. The number of women with diploma degrees was 18 in the addicted group and 25 in normal women. There were 9 women in the normal group with a bachelor's degree and in the group of women with addicted spouses, there were 4 of them.

Table 2. Frequency distribution of people based on job variable

group	Job	Frequency	Abundance
Healthy	housewife	33	66%
	manual worker	1	2%
	Free	5	10%
	Employee	8	16%
	Other	3	6%
	Total	50	100%
Addicted	housewife	35	70%
	manual worker	6	12%
	Free	8	16%
	Employee	1	2%
	Other	0	0
	Total	50	100%

**Table 3.** Mean and standard deviation of mental health and its subscales

Variable	Addicted		Normal	
	Mean	Std. deviation	Mean	Std. deviation
Physical symptoms	12.24	65.1	13.5	4.9
Anxiety	11.96	4.9	14.7	4.3
Social dysfunction	13.5	2.9	14.5	2.5
Depression	15.44	5.44	17.7	4.8
Total mental health score	53.14	15.3	60.6	14.01

The data in Table 3 show that the average total mental health score in normal women was 60.6 and in women with addicted spouses was 53.14. Regarding mental health components, the average component of physical symptoms in the group of normal women was 13.5 and in the group of addicts was 12.2, the average of anxiety in the group of normal women was 14.7 and in the group of women with addicted spouses was 11.9, the average of Social performance in women of normal people was 14.5 and this score was 13.5 in women with addicted spouses. Regarding the component of depression, the above table shows that the score of normal people is 17.7 and the average of women with addicted spouses is 15.4.

**Table 4.** Mean and standard deviation of psychological capital and its subscales

Variable	Addicted		Normal	
	Mean	Std. deviation	Mean	Std. deviation
Efficacy	18.32	5.5	21.2	3.1
Hope	14.34	7.22	17.62	5.15
Resilience	15.2	6.58	17.16	3.7
Optimism	17.04	6.89	19.76	4.7
The total score of psychological capital	64.9	23.59	75.74	11.4

The data in Table 4 show that the average total score of psychological capital in normal women was 75.7 and in women with addicted spouses was 64.9. Regarding the components of psychological capital, the average component of self-efficacy in the group of normal women was 21.2 and in the group of addicts was 18.3, the average component of hope in the group of normal women was 17.7 and in the group of women with addicted spouses was 14.3. The average resilience component in women of normal people was 17.16 and this score was 15.2 in women with addicted spouses. Regarding the optimism component, the above table shows that the score of normal people is 19.7 and the average of women with addicted spouses is 17.04.

**Table 5.** Mean and standard deviation of hope in research groups

Variable	Addicted		Normal	
	Mean	Std. deviation	Mean	Std. deviation
Hope	14.34	7.22	17.62	5.15

The data in Table 5 show that the average score of hope in normal women was 17.6 and in the group of women with addicted spouses was 14.34.

*Inferential findings of data*

First, we examine the normality of research data distribution.

Table 6. Kolmogorov-Smirnov test (K-S) to check the normality of data distribution

Variable	The value of z	Sig
mental health	1.7	0.4
Hope	0.64	0.8
Psychological capital	1.2	0.09

The data in Table 6 show that the data distribution of all three variables was normal. Therefore, parametric tests can be used in data analysis.

Main Hypothesis: There is a difference between mental health, hope and psychological capital of women with addicted and healthy husbands of Gonbad Kavous. Multivariate analysis of variance (MANOVA) was used to test this hypothesis.

Table 7. Multivariate analysis of variance to measure the difference between the mean of the two groups in health variables

Variable	group	N	Mean	SE	MD	sig	F	sig	$\eta^2$
mental health	Normal	50	60.6	2.080	7.46	0.01	6.43	0.01	0.06
	Addicted	50	53.14	2.080					
Hope	Normal	50	59.86	1.370	4.16	0.03	4.61	0.03	0.04
	Addicted	50	55.7	1.370					
Psychological capital	Normal	50	75.74	2.624	10.84	0.004	8.53	0.004	0.08
	Addicted	50	64.9	2.62					

According to Table 7, it can be seen that the difference between the mean group of women with addicted spouses and normal women in the mental health variable is statistically significant and the value of F ( $p < 0.01$ ,  $F = 6.43$ ) indicates the effect of spouse addiction on health. It is fluent. Regarding the hope variable, the table above shows that the difference between the means of the two groups is significant and the value of F ( $p < 0.03$ ,  $F = 4.6$ ) shows that the addiction of the husband has reduced the level of hope in women. Spouse addiction has also affected the amount of psychological capital of women ( $p < 0.004$ ,  $F = 8.5$ ). This means that the psychological capital of women with addicted spouses is lower than normal women. Therefore, the research hypothesis is confirmed.

## CONCLUSION

The results of demographic data show that the rate of addicted wives with education less than diplomas was 56% but in normal women was 28%. The rate of women with diploma degrees in the addicted group was 36% and in normal women was 50%. 18% of women in the normal group had a bachelor's degree and in the group of women with an addicted spouse, 8%. 4% of women with healthy spouses had higher education than bachelor.

Job data also showed that in healthy married women, the number of housewives was 66%, workers 2%, employees 16%, self-employment 10% and other 6%. In addicted wives, the number of housewives is 70%, workers 12%, employees 2%, freelance 16%.

Data on mental health and its subscales show that the average total score of mental health in normal women was 60.6 and in women with addicted spouses was 53.14. Regarding the components of mental health, the average component of physical symptoms in the group of normal women was 13.5 and in the group of addicts was 12.2, the average of anxiety in the group of normal women was 14.7 and in the group of women with addicted spouses was 11.9. Social performance in women of normal people was 14.5 and this score was 13.5 in women with addicted spouses. Regarding the depression component, the score of normal people was 17.7 and the average of women with addicted spouses was 15.4.

The data show that the average total score of psychological capital in normal women was 75.7 and in women with addicted spouses was 64.9. Regarding the components of psychological capital, the average component of self-efficacy in the group of normal women was 21.2 and in the group of addicts was 18.3, the average component of hope in the group of normal women was 17.7 and in the group of women with addicted spouses was 14.3. The average resilience component in women of normal people was 17.16 and this score was 15.2 in women with addicted spouses. Regarding the optimism component, it shows that the score of normal people is 19.7 and the average of women with addicted spouses is 17.04.

Information about the hope variable shows that the average score of hope in normal women was 17.6 and in the group of women with addicted spouses was 14.34.

In the inferential findings of the data, Kolmogorov-Smirnov test was used to evaluate the normality of data distribution. The data showed that the data distribution of all three variables was normal. Therefore, multivariate analysis of variance (MANOVA) was used to test the hypothesis. Data analysis showed that the difference between the mean group of women with addicted spouses and normal women in the mental health variable is statistically significant and the value of  $F$  ( $p < 0.01$ ,  $F = 6.43$ ) indicates the effect of addiction on mental health. Regarding the hope variable, the difference between the means of the two groups is significant and the value of  $F$  ( $p < 0.03$ ,  $F = 4.6$ ) shows that the addiction of the husband has reduced the hope of women. Spouse addiction has also affected the amount of psychological capital of women ( $p < 0.004$ ,  $F = 8.5$ ). This means that the psychological capital of women with addicted spouses is lower than normal women.

In this study, 100 women (50 addicted spouses and 50 healthy spouses) were studied. As the results showed that there is a difference between mental health, hope and psychological capital of women with addicted and healthy husbands of GonbadKavous (in Iran), so the research hypothesis is confirmed. It was observed that there is a difference between the mental health of the two groups and women with addicted spouses in all subscales of the general health questionnaire were in a worse situation than the healthy group, this result with the results of psychiatric syndrome in women with addicted spouses is consistent with showing that the scores of women with addicted husbands in all psychiatric symptoms are significantly higher. A comparison of the mental health, hope, and psychological capital of these women suggests that addicted wives have less mental health, hope, and psychological capital, which may be the latter condition of living with an addicted man. Living conditions with an addicted person may exacerbate traits such as anxiety, depression, hopelessness, etc., and reduce the presence of positive components such as self-efficacy, resilience, optimism, and hope in the



person. On the other hand, the atmosphere of non-conscientiousness in a family with an addicted spouse leads people to negative and irresponsible interaction, a space that deprives members of the opportunity to improve personality traits and correct existing abnormalities, and psychological capital. Adjusts. Although studies on the status and psychological status of women with addicted spouses and its comparison with women with healthy spouses have rarely been done, but report that substance use disorders have numerous consequences not only for health and well-being. The person has the disease, but also for family, friends and the whole community.

It can be said that there is always a degree of frustration among a group of people, but considering that in this study, hope was both a variable and a subscale of psychological capital, the study of both cases showed that Addicted spouses are more frustrated than normal women, and this frustration seems to be due to the behavior of the spouse among family, others, and society. All of these findings are consistent with the results of research that has shown that there is a higher rate of violence than a spouse among addicted men and that addicted men are less likely to have an emotional relationship with their spouse.

In general, it can be said that the findings of this study are in line with the results of research that has shown that the rate of aggression, hostility, spousal abuse and other behavioral psychosis in the wives of addicted people is more than the wives of healthy people.

In order to be practical, the present study offers suggestions. It is suggested that policy makers to develop programs with a special prevention approach for women with addicted spouses and also based on the findings of this study to set up counseling centers to support women with An addicted spouse seems necessary. At the same time, it is necessary to adjust the treatment programs of addicts based on the empowerment of spouses in order to support the foundation of the family in the treatment process.

It is suggested that research be conducted experimentally on women with addicted spouses with the aim of improving performance and increasing the components of positive psychology.

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