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EFFECT OF INTERVENTION BASED ON THE SPIRITUAL TEACHINGS OF NAR-ANON'S FAMILIY ON THE CO-DEPENDENCY, LEARNED HELPLESSNESS AND HARDINESS IN WIVES OF ADDICTS

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ABSTRACT

This study evaluates the effect of interventions based on the spiritual teachings of the Nar- Anon family on co-dependency, learned helplessness and hardiness of wives of drug addicts. The research method was quasi-experimental with pre-test, post-test and control groups. Statistical sample consisted of 40 spouses of addicts who were going to an addiction treatment center and had announced their desire to participate in the study. Among these, half were randomly assigned to the experimental group and half in the control group (n = 20 per group). The tools used in this study consisted of Co-dependency, Attributional Style, and Psychological Hardiness and Demographic Characteristics questionnaires. After the pre-test for both groups, intervention sessions were held just for experimental group (24 sessions, two sessions per week). Each week, one of the interventions teachings of Nar- Anon was performed and evaluation was done afterwards. The data were analyzed applying multivariate analysis of covariance method and using SPSS 17 software. Results of statistical analysis showed that by controlling age, education level, economic status, social status and occupation, research intervention has had significant effect on the total scores of the three variables of hardiness, learned helplessness and co-dependency (p<0.05).

Keywords: Therapies Based on Spirituality, Co-Dependency, Learned Helplessness, Hardiness, Spouses of Addicts

INTRODUCTION

A healthy society requires healthy people and families. Achieving to this goal will prevent from existing social problems and also improve society. Addiction is a fact which is sensible in the field of family problems and will disrupt the function of family. Addiction will make physical and psychological harm among family members. The most harmful and destructive effect of addiction is the addiction of the head of the family which has negative effects on all of the family members and more important on the spouse. The status of women with spouse abusers with regard to the personal issues and their roles in front of their husband, children, and society are of utmost sensitivity and special attention to this group is necessary. Spouses of male addicted smokers will lose their hope in the face of problems which result from living with individual consumers and their psychological well-being will go through turbulence. Also, men's addiction will disturb the social relations and life quality of their wives (Halford et al., 2001). Although addiction seems a physical issue and individual psychology with a glance look is in fact a social issue and will involve individuals associated with addicted people. This subject was taken into consideration for the first time in the clinical experience of some of the clinical experts who worked with addicted people. These experts faced some unusual behaviors and situations of family members and specially spouses of individuals who were affiliated with chemicals at the time of treating them. Today, it is called co-dependency and it can be described in the form of systematic approach (Kaufman, 1995). It means those family members and specially, the spouses of addicted control the behavior of their addicted wife or husband and takes care of them regardless of their health and basic needs. Such behaviors are not common in all of the families because coping methods may be different like other psychological pressures and proposed issues and problems.

In other words, coping method will identify the psychological and physical health of people (Pawell and Jiph, 1998). Co-dependency is considered a kind of inefficient coping method against the stressful crises of spouse abuse. Such behaviors make it difficult for ordinary people and even some of the therapists to

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recognize the dedication, sincerity, altruism, and love. Spouses who are suffering from co-dependency pay the damages of their addicted husband or wife and are compassionate for them against those responsible and unusual behaviors of drug-dependent individuals are damaged and have suffered injuries generally. Also, they tell a lie for defending of themself and deny their addiction problem (Masumian, 1999). It was emphasized in the works published in the United States between the years of 1975 to 1980 that in the families of addicts some kind of transformation of roles and traditional hierarchy were observed (Chirillo, 1999, Waller, and Mahony, 1999). Masoumian (1999) reached to this conclusion in relation to the treatment of addiction that the recovery of spouses' co-dependency, family members and friends of addicts to survey and identify their compulsive behaviors, improve their independency and autonomy, and finally increase their self-esteem and empowerment.

Beyti (2009) believes that the interdependent individuals want patients to stay with them. Also, they need them to feel satisfied in an unhealthy way through taking care of them. Monshai *et al.*, (2003) examined addicts' family from the view point of communicative problem solving, roles, affective-responsiveness, affective involvement, control behavior, general function.

The results showed that there was inefficiency and a problem in the performance of addicts' family. Staples (Staples, 2004) expressed that the best way of dealing with addicts for their treatment was to pay attention to the addicts' issues, addiction trend, and addicts' family beside the addicts. Moreover, it is necessary to pay attention to the behavioral patterns of addicts' family (Aghabakhshi, 2000).

Couples who one of them consumes drugs are less likely to be involved in the methods of problem solving than usual couples. In these kinds of relationships, the non-abusing couples may lose their desire to involve with the issues and offer solutions because they predict the result of the discussion will be negative and if this pattern continues, important issues such as the finance of family, sexual intimacy, decisions about children nurturing remain unresolved. So under this condition, avoidance can likely be the easiest reaction of these kinds of people (Golparvar, 2000). This condition is expressible in the form of learned helplessness concept. In general, learned helplessness means that events are uncontrollable.

According to the Seligman's learned helplessness theory, when a person face various disappointed situations and feels that he is unable to control the situation, he or she will become unstable and will accept defeat beforehand in the next situations despite of the success possibility. Seligman (Seligman, 1996) believes that learned helplessness which is created with the uncontrollable events will lead to the negative construction. It means that failure and success are something out of the control of personal attempts. Seligman and his co-workers offered the theory of attribution styles for the purpose of completing the learned helplessness theory and stated that the negative and pessimistic attributional style of their research results can be lead into learned helplessness (Seligman *et al.*, 1976).

Weiner (Weiner, 1986) stated that the various attributions of one event would lead into the different emotions in a person who submit attributions. According to the reviews by Gutman and John (Gottman, 1979), helpless couples are different from non-distressed couples in dealing with issues like behaviors, reactions, problem solving, and message sending. Helpless couples' reactions are more negative. Also helpless couples complain more than non-distressed couples (Bernstein et al., 1998). Ghavanlu (1999) expressed that men's addiction would discourage women from their marriage. So women express their feelings less and minimize their emotional relations with their husbands. Also, they use a few communicative skills in their relationships. Therefore, men's addiction would intensify the incompatibility in couples. Halford et al., (2001) reached to this conclusion that the spouses of addicts would lose their hope and their psychological well-being would go through turbulence. Also men's addiction would disturb the social relations and life quality of their wives. In brief, Sorrow, sadness, loneliness, shame, psychological insecurity will be dominated on the life of addicts' wives. Golparvar (2000) compared the psychological traits of two hundred souses of addicts and non- addicts based on the socio-demographic variables which were rather paired. He declared that the spouses of addicts have less psychological disorders and general health than spouses of non-addicts in physical complaints, anxiety, social dysfunction, depression, hostility, and aggression. Many researchers believe that individual differences and different personalities will differentiate people's reaction toward situations and stressors.

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One of the characteristic features which are regarded to the theorists and researchers is psychological hardiness (Verdi et al., 1999). Kobasa et al., (1993) define hardiness as a combination of beliefs about themselves and the world which is formed from three components of commitment, control, and militant. Maddi et al., (1996) stated that believing in change, transformation, life flexibility, and the attitude that every event is not necessarily a threat to human health and security will make people to have cognitive flexibility and patience in dealing with stressful difficult events (Kobasa et al., 1983). According to Kobasa's point of view (1979), hardened people experience life events like non-hardened people. He evaluated those events as non-stressful events and was optimistic about his capability in dealing with them. It seems that hardiness will change the two components of assessment. So, hardiness will reduce the assessment of threats and increase the expectancy of dealing with threats successfully. Findings of various studies have showed that psychological hardiness as a personality trait acts as a source of strength and shield (Kobasa, 1979). Azmode et al., (2007) stated that there was a significant difference between women and men in psychological hardiness and women were stronger than men from this point of view. Kobasa and Puccetti (1983) believe that characteristics of psychological hardiness like considerable curiosity, inclination to interesting and meaningful experiences, self-expression, being energetic and life changes are normal and can be helpful in the individual adaptation with stressful life events. Studies have indicated that there is a positive relationship between hardiness and physical and mental health. Also, hardiness will reduce the stressful negative effects as a source of internal strength and prevent people from physical and psychological disorders (Kobasa, 1979; Florian, 1995).

On the other hand, spirituality has increasingly attracted psychologists and experts of mental health attention to itself as an effective factor in dealing actively with problems and its positive view point toward the world. Spirituality as a dimension of awareness and self-knowledge and the need for further integration of the self in everyday life with anyone other than the experience of the knowledge may lead to the experience beyond the experience of the person. Mabe and Josephson (2004) believe that spirituality is an awareness of the existence, power beyond the material aspects of life, and the strong bond with the universe. Swinton and Pattison (2001) consider spirituality as an aspect of human existence which gives humanity to the individuals and believe that spirituality is in relation with the important structures of individuals and help people in dealing with life issues. Spirituality includes aspects such as the search for meaning, purpose, knowledge of self, meaningful and purposeful relationships, love, and faith. Also Swinton and Pattison consider spirituality as an internal, external and supra-individual experience which forms the community and the individual experiences.

Wills (2007) believe that spirituality is associated with the components of mental health. He believes that spirituality is an active process which empowers individuals and makes him to search for healthy and purposeful activities. Also, he believes that human beings will reach to the calmness, happiness, and hope in the light of faith.

Research results show that there is a positive correlation between mental health (Najjar, 2005; Sarduyi, 2007; Tabrai *et al.*, 2008; Kazemiyan and Mehrabi, 2009), decrease in depression (Cheraghi and Molavi, 2006), and decrease in suicide (Richards and Bergin, 2007) with spirituality. Also, if spirituality is not considered in the traditional treatment during the treatment process, it will lead to the long term instability in behavioral changes and high probability of turning to disorder behaviors (Hadi and John, 2009). Studies have showed that faith, adherence to spiritual principles can play an effective role in preventing people from afflicting to psychological problems and in the treatment of psychological problems. Also it will improve the health and well-being level of individuals (Miller, 2008; King, 2010). Also, Hamid *et al.*, (2011) examined the effectiveness of spiritual-based cognitive-behavioral psychotherapy on the women depression found out that there was a significant difference between experimental and control groups after conducting spiritual-based cognitive-behavioral psychotherapy and the depression of experimental group was significantly decreased.

According to most research, it seems that people who have psychological problems will benefit more from psychological treatment and spiritual training due to the spiritual background. In other words, it seems that adding a treatment program based on the spiritual rules play an effective role in solving

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people's problems. One of the treatment programs which had a great efficacy on the addicts' wives was the participation of them in Naranan Family groups and use of its teachings. Naranan family groups are a global community for those people who have been injured from someone else's addiction. Naranan family groups offer their help through sharing spirituality, hope, experience, and strength. The only requirement for becoming a member of Naranan groups is that there should be an addiction problem in one of the member of their family or their friends.

Naranan groups help addict's families and friends to recover from the effects of living with an addicted person. Naranan recovery program is derived from twelve steps and twelve traditions of anonymous addicts. People who participate in these meetings accept that they can influence addicts who live with them in order to make them tired from addiction. So, it is the first step of going toward life without addiction for a drug consumer. Addicts' wives are given proper training during these meetings in order to deal with a difficult situation with their faith in superior power, relying on God and entrusting matters to him. Studies in recent decades show that spiritual beliefs are effective in mental health of individuals in various aspects of human being psychology. Therefore, it seems that the reinforcement of spiritual beliefs of individuals can be effective in a decrease of psychological problems (Burns and Anstey, 2012).

One of the spiritual characteristics which have a direct role in solving psychological problems is relying on a superior power (For most people is God). We can say that someone rely on God that believe in a superior power. This belief creates a situation in which a person considers the presence of this power in all of his or her behaviors and attitudes and feels capable. Therefore, relying in God will make him or her calm in a way that he or she does not hesitate in the creation of stressful life events and grants out of control affairs to this superior power. In all of the religions, the heart belief, the religious belief, and the faith in supreme source, and superior power are taken into consideration for the purpose of accessing to calmness. Twelve steps of Naranan show the path of reaching to a superior power and endless knowledge with spirituality. So, relying on a superior power will lead them to peace and mental relaxation. Addicts' wives learn that they are not responsible for other people's disease, behavior, acts, and the outcomes of their affairs with the teachings of Naranan groups. Also, they find out that they can have a happier, better, and more hopeful life by not paying attention to other people's behavior and acts which keep their mind busy. Addicts' wives grant taking care of their spouse to a superior power and leave them with love and instead of changing their spouse confess that they can't control other people and be responsible for them. People are trained respectively during the sessions of twelve practical and strategy steps of Naranan groups which are based on spirituality, hope, and empowerment. The outcome of training these twelve steps is spiritual awakening which will affect all aspects of people life. In this training program, people reach to peace and courage. So that they can see their true self and observe positive changes in themselves with the use of spiritual principles like leaving their addicts with love and abandon their attempts for changing them. Also, enlightenment, honesty, and hardiness are the spiritual principles of this program. When they understand that addiction is a disease, they tend to change the principles of their unhealthy life (Bevti, 2009).

With regard to a salient number of addicts in different communities and the importance of addicts' wives as the most injured people in this field, addicts' spouses should become familiar with some of the skills in order to keep and access to their capabilities. Psychologists can play an important role in offering scientific and practical approaches and raising the capabilities of addicts' wives. In a condition that addicts are not supported by their wives and their marital life responsibilities are increases, it is necessary to empower these people. So, when these people are more capable, they are more successful in dealing with future stressful problems. This case has a direct relationship with the psychological health of these families and special their children.

Despite of these issues, a few studies which were conducted in this field show that these groups are not regarded considerably. Until now, none of the examined variables of this research in addicts' wives have been intervened simultaneously. In addition, the intervention method which will be conducted in this research has not been examined in any studies with the focus on spirituality. So, the present research was conducted with the purpose of indicating the intervening effect of spiritual teachings of Naranan family

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on codependency, learned helplessness, and hardiness in wives of addicts. In this research, researchers studied the following assumptions in order to reach to the above aims.

- 1) The interventions based on the spiritual teachings of Naranan family have a significant effect on codependency, learned helplessness, and hardiness in addicts' wives.
- 2) Spiritual teachings of Naranan family groups have a significant effect on the co-dependency of addicts' wives.
- 3) Spiritual teachings of Naranan family groups have a significant effect on the learned helplessness of addicts' wives.
- 4) Spiritual teachings of Naranan family groups have a significant effect on the hardiness of addicts' wives.

MATERIALS AND METHODS

The design of present research is a quasi-experimental method and is included pre-test, post-test, and control groups. The statistical population of this research is included all addicts' wives who attended to addiction treatment centers of the city of Isfahan (2014). This research was conducted using convenience sampling method. So, forty women who attend to one of the addiction treatment centers, one of the camp centers, one of the anonymous addicts' communities, and the only center of therapeutic community of Isfahan and announced that they were ready for working with them were volunteered for participating in these sessions after submitting their essential information. These people were put randomly in two experimental group (20 individuals) and control group (20 individuals). The only criterion for entering people in this research was the addiction of their spouse and themselves participating in the intervention. Three questionnaires of codependency, learned helplessness, and psychological hardiness were filled by experimental and control groups as a pre-test. Then they hold twenty four intervention group sessions for experimental group twice a week (The begging and the end of the week). Each week, experimental group was taught one of the treatment teachings which were based on twelve steps of Naranan family group. (Control group did not have any interventions during these weeks). The things that were emphasized in each of the twelve step interventions are as follows:

- 1) The first teaching was that people should create a comprehensive vision about the problem; it's out of control, and less capability of individuals separately for the purpose of improving the condition.
- 2) The second teaching was that people should be hopeful and strengthen their hope by relying on a superior power.
- 3) The third teaching was that people should grant out of control affairs to a superior power and abandon self-damaging attempts.
- 4) The fourth teaching was that people should know themselves and make a list of weak and strong points.
- 5) The fifth teaching was that people should not look for blameworthy and pay attention to this point that no one is perfect.
- 6) The sixth teaching was that people should be ready and plan for the changes in their negative characteristics with attempts and by relying on a superior power.
- 7) The seventh teaching was that people should pursue behavioral changes practically.
- 8) The eighth teaching was that people should survey their past personal relationships and find out their personal mistakes in these relationships.
- 9) The ninth teaching was that people should attempt for compensating the mistakes that they were made in front of the others.
- 10) The tenth teaching was that people should review the changes which were made and survey strong cases in facing changes.
- 11) The eleventh teaching was that people should promote their spiritual relationships with the superior power and appealing to prayers and meditation.
- 12) The twelfth teaching was that people should perform the changes which were made due to the spiritual awakening in all life aspects.

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Each of the sessions which were held at the end of the week was included four parts.

- 1) Remembering the previous session teaching
- 2) Asking a question about the way that the homework should be done
- 3) Stating new experiences and participants' feelings about the changes which were made
- 4) Summing up and reviewing the subject matter

The members of each of these two groups answered to the research instruments again as a post-test after all the intervening sessions were finished.

The collected data was examined with the use of SPSS software version 17 and a multivariate analysis of covariance. Three questionnaires were uses in this research beside a demographic questionnaire which was included some questions for the purpose of examining age, education level, social status, economic status, and occupation. These three questionnaires were codependency questionnaire, attributional style questionnaire, and psychological hardiness questionnaire.

1) Co-dependency Questionnaire (CODQ)

This questionnaire is an instrument which has 29 items and has been designed by Stonebrink (Stonebrink, 1998) for the purpose of examining the co-dependency in the family and friends of people who use addiction drugs. The scoring of this kind of questionnaire is in a way that testers should choose one of the four options which are based on the values of 0, 1, 2, and 3. The four options of this questionnaire are never, rarely, sometimes, and most of the time.

In this kind of questionnaire, the higher score is the representation of high codependency in an individual. This questionnaire has four subscales. These subscales are control; inter individual dependency, alienation, and interrelatedness. The total Alpha coefficient of this questionnaire was reported 0.79. Also, the validity of this questionnaire was well (Stonebrink, 1998).

In this research, the reliability of this questionnaire was examined with the use of Cranach's alpha and Split Half methods and were reported respectively 0.92 and 0.88. These results showed that this instrument had a good reliability.

2) Attributional Style Questionnaire (ASQ)

This questionnaire which was used for indicating the testees learned helplessness in this research was designed and derived by Islami Shahre Babaki (Bagheri and Eskandari, 1999) from Seligman and et al.' attributional style scale (Seligman *et al.*, 1976). This questionnaire can be filled by testees in a group form or in an individual form.

This questionnaire is included some positive and negative hypothetical situations. Each situation is followed with the same offered items which identify the cause in three internal, sustainable, and total dimensions and in a scale which is scored based on seven values.

This kind of questionnaire measures the contents of the individuals' causal attributions with the people's attention to the research outcomes for the purpose of indicating positive and negative outcomes in internal-external, sustainable-unsustainable, total-special dimensions. The Alpha coefficient of the subgroups of this questionnaire is bad internal outcome 0.75, good internal outcome 0.74, bad sustainable outcome 0.43, good sustainable outcome 0.56, bad total outcome 0.73, and good total outcome 0.76 (Bagheri and Eskandari, 1999).

In the present research, the reliability of this questionnaire was examined based on Cranach's alpha and Split Halt methods. The reliability of this questionnaire was reported respectively 0.88, and 0.90. The results show that this instrument has a good reliability.

3) Psychological Hardiness Questionnaire (AHI)

Ahvaz hardiness questionnaire is a pencil self-report scale which has 27 items of the paper. The scoring of this kind of questionnaire is in a way that testees should choose one of the four options which were based on the values 0, 1, 2, 3. The four options of this questionnaire are never, rarely, sometimes, and most of the time. In this kind of questionnaire, the higher score is the representation of higher psychological hardiness in an individual. In the research of Kiyamarsi (1997), the Cranach's alpha was reported 0.76 for all of the testees, 0.76 for men testees, and 0.74 women testees. In the research of Shakeri (2009), the Cranach's alpha was obtained 0.89.

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In the present research, the reliability of this questionnaire was examined with Cranach's alpha and Split Half methods and were reported respectively 0.92 and 0.87. These results showed that this instrument had a good reliability.

RESULTS AND DISCUSSION

Testees mean and standard deviation on hardiness, learned helplessness, and codependency variables were shown in the table one for the control and experimental groups in the post-test.

Table 1: The mean, standard deviation, and the scores of experimental and control groups on hardiness, learned helplessness, and co-dependency in the post-test

| Indicators | Mean Control group | Experimental group | Standard deviation mental Control Experi group group | |
|----------------------|--------------------------|--------------------|--|-------|
| Tastees | group | Stoup | Stoup | Stoup |
| Hardiness | 44.90 | 68.15 | 9.38 | 5.79 |
| Learned helplessness | 87.80 | 78.00 | 15.95 | 13.97 |
| Co-dependency | 47.00 | 21.55 | 10.08 | 6.39 |

As it is seen in table 1, the mean of hardiness variable in experimental group is higher than the control group, but the mean of learned helplessness and codependency variables in the experimental group is less than the control group. Naturally, these differences in these descriptive findings do not show that there are significant differences.

Therefore, the survey of significant differences which are observed in table 1 will be discussed after studying the inferential findings. This research was conducted with the use of multivariate analysis of covariance for the purpose of studying the intervening efficacy of this research on hardiness, learned helplessness, and codependency. The results of the Backs test (M=16.72; P=0.14) are the realization of the assumption of equal covariance and the results of Leven's test are the realization of the assumption of equal variance for hardiness (F= 1.32; P=0.25), learned helplessness (F=0.58; P=0.44), and codependency (F= 2.41; P= 0.12) variables. So, this analysis was used in this research for the purpose of examining data and its results were shown in tables 2 and 3 with the control of age, education level, economic status, social status, and occupation variables.

Table 2: The results of Lambday Vyleks on hardiness, learned helplessness, co-dependency variables with the control of age, education level, economic status, social status, and occupation

| Indicators | Specific | F | DF | DF | Significant | Eta | Statistical |
|--------------------------|----------|-------|------------|-------|-------------|--------|-------------|
| Source of effects values | | | assumption | fault | level | square | power |
| Age | 0.55 | 5.97 | 4 | 30 | 0.001 | 0.44 | 0.96 |
| Education level | 0.94 | 0.42 | 4 | 30 | 0.79 | 0.05 | 0.13 |
| Economic status | 0.92 | 0.63 | 4 | 30 | 0.64 | 0.07 | 0.18 |
| Social status | 0.93 | 0.93 | 4 | 30 | 0.45 | 0.11 | 0.26 |
| occupation | 0.99 | 0.07 | 4 | 30 | 0.98 | 0.001 | 0.06 |
| Group membership | 0.11 | 56.66 | 4 | 30 | 0.001 | 0.88 | 1 |

As it is regarded in table 2, the intervening effect of this study was in general significant on all of the dependent variables with the control of age and education level variables. So, the main assumption of this research was confirmed. When the statistical power of research is one, it shows that the sample size and the test accuracy are satisfied.

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Table 3: The results of a multivariate analysis of covariance on the dependent variables separately

| Indica Source | tors e of effects | Sum of square | F | DF | Mean of square | Significant level | Eta square | Statistical power |
|--------------------|----------------------|---------------|-------|----|----------------|----------------------|---------------|----------------------|
| ihi | Hardiness | 5405.62 | 90.78 | 1 | 5405.62 | 0.001 | 0.73 | 1 |
| Group membershi | Learned helplessness | 960.40 | 5.07 | 1 | 960.40 | 0.03 | 0.13 | 0.59 |
| Gro | Co-dependency | 6477.02 | 99.70 | 1 | 6477.02 | 0.001 | 0.75 | 1 |

Respecting the results of table 2, the results of a multivariate analysis of covariance on each of the dependent variables show that the intervening effect of this research is significant on each of the three examined variables. So, assumptions number two, three and four were confirmed in this research.

Conclusion

As it was shown in the tables, all of the four assumptions of this research were confirmed. So, it means that the interventions based on the Naranan teachings can be effective in the increase of hardiness and the decrease of codependency and learned helplessness in the wives of addicts and also addicts' psychological well-being. So, we can say that the present research points to the importance of spiritual dimension and efficacy of spiritual interventions on physical and psychological well-being in line with many results of previous studies. The previous studies which reached to the same results about the efficacy of spiritual interventions were as follows:

Fehring *et al.*, (1997) examined spiritual health, hope, depression, and other mood states with the adjustment of elderly people. The results of their research showed that there was a positive relationship between internal religiosity, spiritual health, hope, and other mood states and a negative relationship with depression and other mood states. Livneh *et al.*, (2004) indicated in a study that spirituality had an important role in the adjustment with stressful chronic and disabling conditions.

Ingelc *et al.*, (2006) examined the efficacy of spiritual coping strategy on the cancer patients as the purpose of cancer patients' coping with their disease. They showed that the use of spiritual sources is common in cancer patients and specially life threatening diseases for the purpose of coping with the disease. Also, the results of their research showed that spiritual coping can be used in various functions like maintain self-confidence, offering one sense of meaning, goal, mental relaxation, and sense of hope. Revheim and Greenberg (2007) believe that the use of spirituality is one of the important and effective factors in the treatment group that can affect the promotion of social support, adjustment, and coping effectively in matters relating to health.

Peter *et al.*, (2010) examined the relationship between inter-individual and intra-individual preferred coping strategies with spiritual-religious identity in Muslims and Christians and stated that religious affiliations were helpful in coping people with stressful events and problems. It is true in both Christians and Muslims. Spiritual-religious identity promotes different kinds of coping methods.

Sharifi (2002) studied the relationship between general health, depression, anxiety, aggression, and patience with spiritual attitude on four hundred students of Islamic Azad University Ahvaz Branch. Sharifi indicated that spiritual attitude is associated with the impairment in general health, anxiety, and patience. Taraghijah *et al.*, (2008) studied the effect of group therapy on depression of cognitive and intellectual approach of female students of Tehran University and stated that spiritual health specially, meaning and peace are more considerably associated with less depression.

The point that we should take it into consideration is that the results which are obtained from each of the offered assumptions are not as a result of one special factor because it is not only possible due to the consolidated and multifactor structure of this intervening program. Therefore, we can point out to different factors for the purpose of explaining the obtained results. We can classify these factors into five general groups.

The first and most important factor is related to the special effect of spiritual intervention in the improvement of individual's attitude toward life or problems. The significance of overwhelming factor is

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identified through cognitive evaluation which is influenced by individual beliefs and values like spiritual and existential beliefs and personal control. Individuals manage their stress based on available sources and through different ways. From this point of view, we can say that beliefs affect important cognitive evaluations in the process of coping. So, spirituality can help people to evaluate negative events through different methods. Therefore, spirituality will make people to control themselves more and contribute them to the mental compatibility (Mabe and Josephson, 2004).

According to Richards, Hardman, and Berrett's point of view (Richards et al., 2007), spirituality is a sense of individual from his or her identity in relation with God or his or her position in the world. This definition is the basis of spiritual interventions. In this approach, spirituality is used as a resort and despite of the problems, inability, and disappointment help people not to concentrate on the losses and look for the meaning in their life. So, from this viewpoint, life is meaningful under any conditions. Significance, purpose, and hope in life are the important elements of mental health. So, if life is meaningful and purposeful, it is normal that each event became meaningful in this way even if it is difficult.

The second factor is related to the holding of course in a group form. Most experts believe that interventions are more effective in a group form. Group will improve individuals' communicative skills and share useful support system with them. On the other hand, when individuals see other people's problems, they find out that their problem is not unique. So, this affair will make them more hopeful. Corey (Corey, 2005) finds the following factors very important in the improvement of group treatment.

- 1) Generalization: An individual does not find himself or herself the only person who has a problem.
- 2) Altruism: An individual feels sense of significance and existence in the group through supporting other people.
- 3) Hope: It means that an individual observes some people that although they have the same or even worse situation and experience the same feeling, they can experience sense of meaningfulness in their life, have a better life, and be hopeful in their life.

The third point is related to the particular characteristics of group members. The efficacy of the approach based on the spirituality can be as a result of the characteristics of sample group because the severe psychological pressures and tensions will usually get them away from their normal life and make them find that daily goals and values are temporary. So, in this way, people need an instrument to reach to more persistent goals and values through it. So, the interventions based on the spirituality can more likely give this opportunity to this group.

The fourth case is related to some of the researcher's particular methods and techniques in holding the course. During the course, the researcher used some methods which were seemed effective. These methods were mindfulness, relaxation, outflow feelings in writing and the use of metaphor which can have many psychological applications. Studies showed that mindfulness could decrease blood pressure and the amount of cortisol and also provoke sympathetic nervous system. So, this affair would contribute to the decrease in people's stress and anxiety. Hartz (2005) stated that spiritual beliefs play a role in the promotion of adjustment through affecting on existential anxieties like individuals' search for life meaning and hope (Askari et al., 2010). Relationship is one of the oldest and yet the most perfect achievement. In the past, the primary human relationship, in addition to functions in order to preserve life and help of others, leading to social activism and social life was beginning. However, in the present era, Man's relationship is to the extent that human beings always invent and manufacture all kinds of instruments and tools. Also spirituality is a search for sanctity and individuals can become wonderfully sacred through making a relationship with the source of sanctity. So, this affair will make them to reach to calmness and mental health (Pargament, 2007). Also, writing an event with emotions will turn it into a story. So, emotions, unsaid and obscure points will be transformed in the form of meaning and words. So, at this moment, they are not unsaid and obscure. Unsaid and unconscious feelings will be transformed into spoken and conscious phrases. When something is unsaid and obscure, it is more fearful. So, becoming aware about unsaid and obscure things will reduce its crises and it has better outcome (Harizchy et al., 2009). The efficacy of metaphor was examined on the results of EsaZadegan (2008) research and it showed that metaphor has an important role in the facilitating of change processes in

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counseling and psychotherapy. Metaphor is a creative method which makes people gets into the insights of looks easier with the use of imagery.

Another point is related to some of the cultural and native features of our society. Based on the cultural condition, Iranian people will tend to spirituality more for the purpose of adjusting with critical conditions. In our society, spirituality is considered the most effective psychological basis which can provide life meaning in the life time and save people from absurd. Also, it can help people in difficult and critical situations. In general, it seems that spiritual thoughts have positive effects and proper outcomes on the psychological status of individuals.

- 1) It provides a meaning for a life.
- 2) It provides hope and enlightenment
- 3) It provides a better life style
- 4) It provides social positive norms and provokes social supports.

Limitations

With regard to the particularity of statistical population, it was obvious that the most difficult task of research was to access to the sample. Treatment centers, Addicts and their spouses were not willing to cooperate with us due to their high anxieties. On the other hand, the only way of visiting the wives of addicts was consultation meetings. These meetings did not have an exact program most of the time. Wives of addicts were not mainly able to participate in these meetings even if these meetings were scheduled due to their high responsibilities and problems. Sampling was time consuming. Also, most of the treatment centers except keepers with methadone were far from the center of the city. So, daily commuting would make our task more difficult. In addition, accessing to the questionnaires which were designed for this particular group and their validity and reliability were examined was impossible.

Recommendations

Spiritual studies in psychology are a basic and serious topic in all around the world. This topic is attracted by many countries. It seems that spirituality can be the best way for dealing efficiently with problems of addicts' wives due to the more addicts, our society condition, and most people's spiritual and God-based life. Also, addicts' wives are the main victim of their husbands' addiction. In this line, the present research showed that the Naranan teachings can be considerably effective among existent spiritual-based methods. It is recommended to the treatment centers which offer the services of quitting addiction to pay more attention to the wives of addicts as a group which takes the most negative effects from addiction and can have the most positive effects on the trend of their spouses' treatment. It is recommended to the practitioners to use of more spiritual-based methods and inform addicts' wives from Naranan meetings which were held in all the cities of the country for the purpose of helping the wives of addicts and accelerating the trend of addicts' treatment. These meetings provide social and psychological support for this group besides the counseling and educational benefit for the addicts' wives. So, this affair can be very important for this group psychologically. Training some approaches like how to increase our self –respect and self-confidence, how to maintain intimacy in the family, communicative skills, and child-raring can immune children from addiction. So, this task can help to the improvement of mental condition of addicts' wives. Also, it is suggested that training is held in a group form because the literature review shows that treatment group is of the most efficacy for the groups who have special problems.

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REFERENCES

Aghabakhshi (2000). Immunizing children against drug addiction. *Addiction and Family Pathology* (Afarin Publication) Tehran (Persian).

Research Article

Askari P, Ruoshani KH and Aderyani M (2010). Relationship between religios releifs and optimism with spiritual health in Ahvaz Islamic azad university Students. *Journal of Yaftehaye nou dar Ravanshenas* 6 27-39 (Persian).

Azmode P, Shahidi SH and Danesh X (2007). The relationship between happiness and hardiness with religious orientation. *Journal of Psychology* **21**(11) 60-74 (Persian).

Bagheri K and Eskandari H (1999). The validity of measurement criteria based on Islam point of view. The Faculty of Psychology, Tehran University (Persian).

Bernstein H, Philip B and Marseille T (1998). *Reorganization and Treatment of Marital Disorders* (*Marital Therapy*), translated by Hamid Reza Sohrabi (Rasa Institute of Cultural Service) Tehran.

Beyti M (2009). *Codependency*, translated by Hesamedin Masumian Sharghi (Liyusa publication) Tehran.

Brooks MV (2003). Health-related hardiness and chronic illness. Nursing Forum 38 11-20.

Burns RA and Anstey JK (2012). The Connor-Davidson Resilience Scale (CD-RISC). Testing the invariance of a unidimensional resilience measure that is independent of positive and negative affect. *Personality and Individual Differences* **48** 527-531.

Cheraghi M and Molavi H (2006). The relationship between different dimensions of religion and general health in Isfahan University students. *Psychological Projects* **2**(2) 1-22 (Persian).

Chirillo A, Berin G and Kambajuar M (1999). Addiction in the Life Relationships (Hamax Press) Isfahan.

Corey G (2005). *Group Counselling Methods and Theories*, translated by Askari Faize Khodabakhshi and Maryam Darini Mehrnoush.

Essa Zadegan A (2008). The use of metaphors in counseling and psychotherapy. *Novel Research and Consulting* 26 105-75 (Persian).

Fehring RJ, Miller JF and Shaw C (1997). Spiritual wellbeing, religiosity, hope, depression, and other mood states in elderly people coping with cancer. *Oncology Nursing Forum* 24 663-71.

Florian V, Mikulincer M and Yaubman O (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology* **68** 687-695.

Ghavanloo A (1999). The investigation of effectiveness of male addiction on marital relationship in Mashhad. Graduate thesis. University of Welfare and Rehabilitation Sciences (Persian).

Golparvar M (2000). Aggression in addicts and its effects on their wives. *Journal of Sarab* 24 21-34 (Persian).

Gottman John M (1979). *Marital Interaction: Experimental Investigation* (Academic Press) New York. **Hadi M and John Bozorgi M (2009).** The efficacy of monotheistic integrated treatment on personality and clinical components. *Psychology and Religion* (2) 71-104 (Persian).

Halford WK, Sanders MR and Behrens BC (2001). Can Skills Training Prevent Relationship Problem In At-Risk Couple Four-Year Effects of a Behavioural Relationship Education Program. *Journal of Family Psychology* **15** 750-768.

Hamid N, Bashlide K, Abdi Babgi M and Dehghani Zade Z (2011). The efficacy of religious-based cognitive-behavioral psychotherapy on the depression of divorced women. *Counseling and Psychotherapy of Family* **1**(1) 54-64 (Persian).

Harizchy Ghadim S, Ranjbar Kvchksray F, Talebi M, Pezeshki M and Akbari M (2009). Study of effect of outburst of emotion in writing on depression and anxiety in patients with sclerosis. *Iranian Journal of Neurology*, year eighth 25 475-465 (Persian).

Hartz G (2005). Spirituality and Mental Health: Clinical Applications.

Ingle C, Thune-Boyle Jan A, Stiegel Mohammed R Keshtgar and Stanton P (2006). Newman. Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic re view of the literature, *Social Science & Medicine* **63**(1) 151-164.

Kaufman E (1995). Substance Abuse and Family Therapy (Grune and Stratton) New York.

Research Article

Kazemiyan Moghaddam K and Mehrabi Zade Honarmand M (2009). The comparison between religious attitude and mental health in the students of Islamic Azad University Behbahan Branch. *Psychology and Religion* **2**(2) 173-187 (Persian).

Kiamarsi A (1997). Construction and Validation of the scale for assessment of psychological hardiness and the investigation of relationship of A type personality, locus of control, self-steam, physical complaints and academic performance among male and female students of Azad University of Ahvaz, Graduate thesis. Azad University of Ahvaz (Persian).

King Z (2010). Career self-management: Its nature, causes and consequences. *Journal of Vocational Behavior* **65** 112-133.

Kobasa SC (1979). Stress full life events, Personality, and inquiry into hardiness. *Journal of Personality & Social Psychology* (37) 1-11.

Kobasa SC and Puccetti MC (1983). Personality and social resources in stress resistance. *Journal of Personality and Social Psychology* **45** 839-850.

Kobasa SC, Maddi SR and Zola MA (1983). Type a and hardiness. *Journal of Behavioural Medicine* **6** 41-51.

Livneh H, Erin M and Todd B (2004). Psychosocial Adaptation to Chronic Illness and Disability: A Preliminary Study of its Factorial Structure. *Journal of Clinical Psychology in Medical Settings* **13**(3) 250-260.

Mabe PA and Josephson AM (2004). Child and adolescent psychopathology: spiritual and religious perspectives. *Child and Adolescent Psychiatric Clinics of North America* **13**(1) 111-25 vii-viii.

Maddi SR, Wadhwa P and Haier RJ (2007). Relationship of hardiness to alcohol and drug use in adolescents. *The American Journal of Drug and Alcohol Abuse* 22(22) 247-257.

Masumian Sharghi Sh (1999). Codependency is Enough (Rasa publication) Tehran (Persian).

Miller MD (2008). Using interpersonal therapy (IPT) with older adult today and tomorrow. A review of the literature and new developments. *Current Psychology Reports* **10**(1) 16-22.

Monshaee Gh, Samuee R and Valiani M (2003). The role of life skills training on preventing youth addiction in Isfahan. *Proceedings of the First Conference in Scientific Explanation of Victimization and Preventing Methods*, Azad University of Isfahan, Khorasgan (Persian).

Najjar Asl S (2005). The relationship between religious attitude and general health in the students of Islamic Azad University Behbahan Branch . Unpublished master s thesis, Islamic Azad University of Ahvaz (Persian).

Pargament KI (2007). Spirituality Integrated Psychotherapy: Understanding and Addressing the Sacred (Guilford Press) New York.

Pawell T and Jiph Anzayt Hi ANA (1998). *Psychological Pressures and Anxiety and Coping Methods with Them* (Mashhad Press) Mashhad.

Peter Fischer Amy L Ai, Nilüfer Aydin, Dieter Frey and Alexander Haslam S (2010). The Relationship between Religious Identity and Preferred Coping Strategies: An Examination of the Relative Importance of Interpersonal and Intrapersonal Coping Muslim and Christian Faiths. *Review of General Psychology* **14**(4) 365-381.

Revheim N and Greenberg WM (2007). Spirituality Matters: Creating a time and Place for Hope. *Psychiatric Rehabilitation Journal* **30**(4) 307-310.

Richards PS, Hardman RK and Berrett M (2007). Spiritual Approaches in the Treatment of Women with Eating Disorders (American Psychological Association) Washington.

Richards SP and Bergin AE (2007). A Spiritual Strategy for Counselling and Psychotherapy (American Psychological Association) U.S.A..

Sarduyi G (2007). The efficacy of religious values during the treatment of substantial depression people. *Psychology and Religion* **2**(1) 35-42 (Persian).

Seligman MEP (2008). *Learned Helplessness and Depression in Animals and Men Mores Town* (NJ: General Learning press).

Research Article

Seligman MEP, Abramson LY, Semmel A and Von Baeyer C (1976). Depressive attributional style. *Journal of Abnormal Psychology* **88** 242–247.

Shakerinia A (2009). The investigation of relationship of voice perception, psychological hardiness and mental health with quality of life among people who live in crowded place in Rasht. *Journal of Environmental Health of Iran Association* **3**(4) 475-484 (Persian).

Sharifi T (2002). The study of the relationship between religious attitudes and mental health, depression, anxiety, aggression and tolerance in Ahwaz, Islamic Azad University Students. Thesis. Islamic Azad University (Persian).

Staples M (2004). The Relationship of Volunteerism and Perceived Control to Personal Neighborhood. Well – Being, B.Sc thesis, Deakin University.

Stonebrink S (1998). A measure of Co-dependency and the impact of solo-cultural characteristic. Unpublished master's thesis, university of Hawaii, school of social work.

Swinton J and Pattison S (2001). Spirituality, Come all ye faithful. *Health Service Journal* **111**(5786) 24-5.

Tabrai R, Fathi Ashtiyani X and Rasol Zade Tabatabai K (2008). The efficacy of religious orientation on mental health in comparison with demographic factors. *Religion and Psychology* **1**(3) 46-62 (Persian).

Traghi Jah S, Navab Nejad Sh, Bolhary J and Kyamanesh A (2008). Comparison of the Effect of group cognitive psychotherapy approach and spiritual approach on the depression of female students in Tehran University. *Tazehaye Research and Counselling* **6** 111-125 (Persian).

Verdi M, Mehrabizade HM and Najarian B (1999). The relationship of perfectionism and psychological hardiness with ment, Health and academic performance. *Journal of Education and Psychology*, University of Shahid Chamran **3**(6) 51-70 (Persian).

Waller D and Mahony J (1999). Treatment of Addiction (Routledge) London.

Weiner B (1986). An Attributional Theory of Emotion and Motivation (Spriger- veriag) New York.

Wills M (2007). Connection, action and hope, an invasion to relation the spiritual in health care. *Journal of Religion & Health* 8(18) 1-15.