

The effect of spiritual group therapy on resilience and conflict of women with marital conflict

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ABSTRACT

Objectives and Aims: The purpose of this study was to evaluate the effect of spiritual group therapy on resiliency and marital conflict in women with marital conflict.

Methods: This semi-experimental study of 60 women with marital conflict referred a Consulting Center in Tehran Iran and the samples were divided in two groups of 30 subjects and 30 controls. For experiment groups of 12 one-hour sessions of group therapy, week 3 meeting was held for four weeks and the control group did not participate in these meetings. Data collection included demographic, Connor and Davidson Resiliency and marital conflict (MCQ), respectively Statistical analysis was performed using covariance analysis tests.

Results: spiritual group therapy increase significantly ($p < 0.001$) the resiliency of women in experiment group compared with control group. The women in experimental group decreased marital conflict than women in the control group ($p < 0.001$)

Conclusions: Overall, the findings suggest that spiritual group therapy can be used as an effective treatment on the increase of resiliency and decreased marital conflict of women.

KEYWORDS: Marital conflict, resiliency, spiritual group therapy

INTRODUCTION

Marriage has been described as one of the most important and basic human relationship because it is the primary structure for establishing the family and also training the next generation (Larson and Helman, 1994). One of the vital aspect of the marital system is range of satisfaction that couples experience in the marital relationship (Taniguchi, Freeman, Taylor & Malcarne, 2006), but the statistics of divorce rate which is the most valid index of the marital turmoil (Halford 2003) demonstrated that the marital satisfaction is not easily accessible (Rosen-Grandon, Myers & Hattie 2004). So it is important to find some ways to decrease the turmoil of the unsuccessful marriages (Greeff, & Malherbe 2001). Resiliency is one of the factors which can either improve the psychiatric function of the member of the family or increase the potential of coping with emotional and psychological problems (tolerance and patience) (Valentine, McDermott, & Anderson 1985; Roach, Ormond, & Barratt 1999). Waller (2001) describes resiliency as positive adaptability in a person against difficult conditions (injuries and threats). 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 (Conner & Davidson; 2003). In addition to the establishment of the bio-psyche balance, most of the researchers believe that resiliency is one kind of self-restoration by positive emotional, affective and cognitive consequences (Garmezy & Masten 1991). Rutter (1999) believed that the resilient individuals necessarily do not confront to the less challenges, but they cope with these changes, gain their balance rapidly, and reserve their proficiency better than others. In addition, they are healthier in terms of physical and / demonstrated the effect of the group-therapy on improvement of the marital relationship, but evaluations showed that the effectiveness of the behavioral-cognitive group-therapy along with religious recommendations significantly affect increasing the quality of the marital relationship than classic behavioral-cognitive group-therapy (Zadhoosh et al, 2001). The aim of this article is evaluation of the effect of the group therapy on the marital conflict and also resiliency in the women with marital conflict.

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Cognitive framework

Marital conflict:

Familial relationship is the most compact situation for interpersonal conflicts. Marital conflict is one of the most common problems in the family (Weeksand Treat 2001). Marital conflict is lack of continuous and meaningful agreement between spouses which is reported by one of them. Meaningful means the effect of this condition on function of the spouses, and also continuous means disagreements which they cannot be resolved during the lifetime (Halford, 2003). Conflict is a natural task in the intimate relationship, so marriage has this natural task because different and frequent interactions between spouses provide numerous backgrounds for conflict. (Weeksand Treat 2001). Conflict may have different forms and it may be manifested as depression in one spouse or both of them, misbehavior to spouse, oral conflict and physical conflict in both spouses and finally it results in divorce (Sayers, Kohn, Fresco, Bellack & Sarwer, 2001). In the field of the destructive effects of the conflict, it can be addressed to the physical, relational and psychiatric consequences: in terms of psychiatric, conflict in the relationship is extremely stressful for most of the people (Halford, 2003).

Nevertheless, conflict is not always negative, while the method which spouses apply for management of the conflict may have negative effect on relationship (Gottman & Silver, 2000). It's mean that the method of managing the conflicting situations determines the quality of the marital relationship (Wilmot and Hooker, 2000). Couples, who can manage conflicts in marital relationship by using positive methods and less use of negative interaction, create ambience with more opportunity for self-disclosure and agreement about family problems (Johnson, 2003).

Resiliency

Resilience is the other more important element in the field of psychology of health which has special position in the fields of positive attitude psychology, psychology of family and mental health. Conner & Davidson (2003) state resiliency as individual powerfulness and ability in producing the bio-psyche balance at the dangerous conditions. They consider resiliency not only stability against the threatening conditions of the life, but also active participation of the individual in the environment.

Resiliency is described by six stages:

1. Response to the stressful stimulants is affected by individual perception, capacity of the processing of the experiences and meaning them, and also considering the new events in the belief system.
2. The way of confrontation to difficult conditions.
3. The ability of people for positive performance which depends on their self-esteem and efficacy.
4. In addition to the mood features, the safe and stable emotional relationship, successfulness and achievement, and positive experiences in previous life events has important role in the life.
5. The effect of separate environments is more than common environments.
6. The capability of the successfully coping with the stressful situations can be increased throughout the life. It is natural that people have challenges in the life and they can overcome to them (Rutter, 1999).

The definitions indicated that resiliency has been defined in the different forms, but briefly it means the features which reduce individual vulnerability against risks. And also it includes positive changes and growth, in addition to adaptability or problem solving (McCubbin&McCubbin1996).

Resiliency plays major role in the new approaches of the familial interventions. In these approaches, the capabilities of the family are considered instead of finding the cause of problems and working on the deficiencies. Also, it is considered to improve the patterns of the family and marital relationship. So, it is completely essential to perform the interventional programs based on resiliency for resolving the marital problems (Garnezy&Masten1991). Resiliency increases the level of mental health and satisfaction of the life (Silliman, 1994).

Spirituality and spiritual group therapy

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) (Movlavi2009). Emmons defined spirituality according to the Gardner definition from intelligence. He believes that spirituality is one form of intelligence which predicts the individual action and adaptability and also helps people to solve their problems. There is meaningful correlation between spiritual actualization and resilience, and also spirituality play significant role in increasing the resilient capacity of the individual (Hashemi and Jokar 2011). Zahed-babelan, Rezaei, jamaloei ,Sobhani-Herfati2012in a study about correlation between attachment to God and resiliency in life concluded that there is a meaningful correlation between attachment to God and find meaning in life (0.48) and also resiliency (0.40) (0.39) ($P<0.01$). Spirituality as one of the human dimensions includes awareness and self-identification. In fact, it needs not only to go beyond oneself in the daily life but also to unify with somebody else. However, this knowledge and awareness may result in an experience beyond personal experience (Ghobari Banab). Mabe & Josephson (2004) believed that spirituality is knowledge of existence and also it is a force beyond material aspects of live as well as deep relationship to the universe. Spirituality has some dimensions such as searching the meaning,

aim and self-identification, existence of the meaningful and purposeful relations, love, faith and sense of God seeking nature. The spirituality is considered assupra personal and internal-external experience which is formed by society and individual experiences (Swinton& Pattison2001). Wills (2007) believed that spirituality relates to mental health. He believed that spirituality is an active process which produce power and force in people, and also it make them search for healthy and purposeful activities. In the light of faith, human achieves to peace, happiness and hope. In fact, spirituality is considered as optimistic attempt. In one side, the spiritual activity include the sense of relationship with others or world. In the other side, with regard to the relationship dimension, spirituality results in unity of people for advancing the human aims.

The result of studies about health demonstrates that religion and spirituality has potential advantages for either improvement of mental health and decreasing the physical, emotional and mental diseases. Spirituality has important effect on physical, mental and social welfare of people. (Tsuang 2002).

Also, people with more religious and spiritual preoccupation have lower mortality rate, less frequent diseases and higher mental health compare to their counterparts with less religious and spiritual activity. In many people, spirituality is considered one of the main and defensive mechanisms against diseases. It is important to know that the relationship between spirituality and mental health for perceiving the role of values, believes and religious activities in accordance with difficult conditions of the life (Tsuang and et al 2003). Kim and et al (2004) 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 (McClain 2003).

It is difficult either to define the religious-spiritual psychotherapy or to determine its characteristics and we cannot simply define a religious or supernal approach about psychotherapy. This task has different reasons, for example there are different perceptions about the meaning of the religion or spirituality and everybody defines it according to himself or herself perception, aim and intellectual background. The word of spirituality has different forms in treatment and also literature related to treatment. Some people know spirituality as personal growth and development, while the others use the spirituality for any concept which improve human beyond nonreligious treatment. In the other word, for many people the meaning of the religion and spirituality is considered as relationship and connection with supernal, moral and subjective means (Mohr & Huguelet2004).

Richards & Bergin (2005) stated the spiritual strategies as follow:

1. To read religious holly books.
2. To Pray.
3. To state the history of the religious patterns.
4. To participate in the religious- spiritual programs.
5. Repentance and forgiveness.
6. Education and spiritual analyses of moral values.

Internal researches

Hamid, Weiis& Sajjadi (2012) evaluated the effectiveness of the behavioral-cognitive-religious-center psychotherapy along with impunity training on either decreasing the marital conflicts or increasing the life satisfaction. The test group, received 12 sessions of behavioral-cognitive-religious-center psychotherapy along with impunity training. The results showed that the rate of marital conflicts significantly decreased, but life satisfaction increased.

Khodayarifard, Shahabi& Akbari Zardkhaneh. (2007) examined the relationship between religious attitude and marital satisfaction in married students of Tehran University. The result of the study demonstrated that there is positive meaningful correlation between religious attitude and marital satisfaction.

External researches:

David and Stafford (2013) evaluated the correlation between attachment to God and impunity with marital satisfaction. The results demonstrated that the attachment of person to God and impunity has positive effect on marital life.

Cutronaand et al. (2013) in a study on 207 American-African couples found that religious beliefs cause stability in the couple's relationship; as a results, interventions based on spirituality is necessary.

Schramm, Marshal, Harris, & Lee, (2012) in their study examined the relationship of religion and marital adjustment in 2000 couples. They found that there is significantly more marital adjustment in the more religious couples. Also, adjustment in couples who both of them have religious beliefs is more than couple who one of them is religious.

Fincham, Ajayi, Beach & Steven (2011) in one study evaluated the correlation between spiritual experiences of the spouses and their quality of marital relationship and they concluded that spirituality results in increasing the quality of the life in marital relationship especially in men.

Ellison, Burdette, & Wilcox (2010) found that the quality of the relationship of spouses is better when they have more religious beliefs and tendencies.

Brown, Orbuch & Bauermeister (2008) in his study which performed for evaluating the correlation between religion and marital stability in Caucasian and black American couples showed that the marital stability is more either in the black spouses who have more religious beliefs or in black spouses who participate in the religious ceremony regularly.

Orathinkal & Vansteewegen (2006) demonstrated that religion has positive correlation to marital satisfaction. Lambert and Dollahite (2006) in their study used structured interview for 57 religious couples from three religions of Christianity, Judaism and Muslims and they evaluated the role of religion in resolving the marital conflicts. The results demonstrated that religion primary prevented marital conflicts. In the second stage, religion facilitated finding solution of conflicts and in the third stage, it made easily correction of the relationship after conflict.

Type of research:

The present study is semi-pilot pretest-posttest with control group and it is the most complete experimental pilot project. Also, it minimizes the internal and external threatening factors to validity. In this pilot project, resiliency and overall health of women with marital conflicts are in the two different therapeutic situations include spiritual group therapy and without group therapy.

Society, sample and the method of sampling

The statistical society includes all women with marital conflict who referred to the consultant center of Shahid Shojaei. The sample of research in this study includes all women who had the following criteria for entering the study:

1. Female gender
2. Having marital conflict which has been diagnosed according to Marital Conflict Questionnaire (MCQ)
3. Tendency to participation in study
4. To participate and attend in the group therapy sessions for 1 hours each session.
5. The ability to reach suitable relationship with researcher in primary interview (ability for beginning and continuing the conversation)
6. Minimum age of 25 years old
7. Having at least two years common life and one offspring

Exclusion criteria:

Frequently absence in sessions or lack of participating in the group therapy sessions

Sampling performed as available sample. The Consultant Center of Shahid Shojaei was selected for sampling and the women who referred to this center during time of the study were considered for sampling. Women with marital conflicts who had tendency for participation included in the study with regard to the inclusion and exclusion criteria.

Tools of study:

In this study, the required information for variables include marital conflicts, general health, resiliency and demographic data collected by Marital Conflict Questionnaire (MCQ), Kaner Resiliency and Davidson, and Demographic questionnaire respectively, which will be explained later.

Marital Conflict Questionnaire (MCQ)

In order to achieve validity and reliability of this tool, Barati (1996) performed this questionnaire not only on a group consists of 111 persons include 53 male and 58 female who referred to the jurisdictions and consultant centers for resolving the marital conflicts but also a group consists of 108 ordinary couples include 55 women and 53 men. Comparing the mean of two compatible and incompatible groups in the men and women demonstrated the meaningful difference between these two groups which can discriminate couples with conflicting and without conflicting. In addition, the rate of correlation of each question was obtained by high meaningfully total score. Cronbach's Alph for total questionnaire was 0.53. In the present study, the coefficient of Cronbach's Alph of marital conflicts has been 0.95.

Kaner and Davidson Resiliency scale:

This questionnaire which was prepared by reviewing the research resources of 1979-1991 in the field of resiliency by Kaner and Davidson (2003) has the range of test scores from 0 to 100. The higher scores show the higher resiliency of subjects.

The stability of this scale in Iran is normalized by Mohammadi (2005). He used the method of Crobach's Alph for determination of the stability scale of Kaner and Davidson resiliency and also he reported the final coefficient of 0.89.

For validity of this scale, first the correlation of each statement was calculated with the total score and then the method of factor analysis has been used.

In the present study, the coefficient of Crobach's Alpha resiliency was 0.93

Demographic data questionnaire:

This questionnaire has the individual features of the samples of research and it has been made by using of different questionnaire which are applied in the researches at the field of psychology. In addition, data related to the personal characteristics, the educational status, the way of becoming familiar to each other and the number of children has been stated in this questionnaire.

Method

First, clients who had the inclusion criteria with tendency to participation in the study were selected and the research tools (Kaner and Davidson, MCQ questionnaire) were filled by them. Then, they were divided into two groups randomly. Control group completed the required tests before and after the sessions, but they did not attend in the classes. While, the intervention group participated in the group therapy sessions and also they completed the questionnaire before and after the classes. The structure of group was in the form of each session consist of 30 persons for intervention group.

Analysis of data:

The tests of covariance analyses were used for comparing and finding the effect of spiritual group therapy on the resiliency and overall health.

In the section of descriptive statistics, the mean and the standard deviation of the variables were calculated, and also the method of covariance analysis method along with pretest control was used for evaluating the hypothesis in the comprehensive section.

Moral considerations:

This study has been performed by license of the ethics committee of Islamic Azad University with considering all moral considerations.

Findings

Descriptive findings:

Both table no. 1 and 2 indicate the features of the members of the sample group, and also the mean and standard deviation of the variables of study according to the separate group of study.

Table no. 1 The features of the sample group

group				Characteristics
sum	Control group	sample group		
60	30	30		Number age
34/6	34/43	34/77	mean	
5/21	5/34	5/17	SD	The number of Children
2/30	2/37	2/23	mean	
0/53	0/55	0/50	SD	The length of the marital life
12/23	11/53	12/93	mean	
4/82	4/93	4/67	SD	Education
6	3	3	under diploma	
33	14	19	Diploma	
4	2	2	Associate of arts Degree	
15	10	5	Bachelor degree	
2	1	1	Master degree	Type of marriage
37	20	17	traditional	
14	6	8	Modern	
9	4	5	Familial	

Table no.2. The mean and standard deviation of the variables of the study according to divided groups

post test			Pretest			Variables
sum	control	sample	sum	control	sample	
3110/3	131/76	88/900	133/10	135/03	131/17	Marital conflict
31/95	22/55	24/86	17/33	20/49	13/54	
56/13	49/46	62/800	48/95	48/03	49/87	Resiliency
17/82	13/48	19/29	16/74	16/17	17/51	

The comprehensive findings:

The first hypothesis of the study was related to the effect of the spiritual group therapy on marital conflicts. For testing this hypothesis, the covariance analysis was used for comparing of the evidence group with pretest control group.

Evidence groups has significantly meaningful differences to each other by pretest control group. This means that the spiritual group therapy affected the marital conflicts and it determined 50% of variance of this variable. For evaluating this effect, it should be referred to the adjusted means. Table no. 4 indicates the adjusted means of the marital conflicts in these two groups with pretest control.

Table no. 3the adjusted means of marital conflicts of test and evidence groups

CONTROL		sample		Marital conflict
SD	Mean	SD	Mean	
3/73	130/38	3/73	90/28	

The results of the table no 3 demonstrates that the spiritual group therapy caused decreasing the marital conflicts in the test group than evidence group.

The effect of spiritual group therapy on resiliency

The second hypothesis of the study related to the effect of spiritual group therapy on the rate of resiliency. For testing this hypothesis, the covariance analysis was used for comparing the test and evidence groups with pretest control.

There is meaningful difference between test group and evidence group with pretest control. This means that the spiritual group therapy affected the resiliency and it determined 16% of variance of this variable. For evaluating this effect, it should be referred to the adjusted means. Table no. 6 indicates the adjusted means of the resiliency in these two groups with pretest control.

Table 4: the adjusted means of resiliency of test group and evidence group

Control		sample		Resiliency
SD	mean	SD	mean	
2/63	49/93	2/63	62/33	

The results of the table no 6demonstrates that the spiritual group therapy caused increasing the resiliency in the test group than evidence group.

DISCUSSION AND CONCLUSION

Theoretical explanation of the study findings:

The first hypothesis of study was about the effect of spiritual group therapy on the marital conflicts. The mean of marital conflict in the test group was $X=131/17$ before intervention and $X=131/76$ after intervention. By comparing the above scores, it is clear that the spiritual group therapy decrease marital conflicts in test group. With regard to the lower scores in MCQ which are due to less conflict and more normal relationship, so decreasing the mean of scores after intervention is a good reason for the successfully effectiveness of spiritual group therapy in this study. The result has descriptive nature and it is less quantitative. Some studies addressed to effectiveness of spirituality on family. Also, the finding of this section is agreed to studies which have been performed by Khodayarifard, Shahabi and Akbari (2007) on 156 married students. They found that there is positive and meaningful correlation between religious- spiritual attitude and marital satisfaction. Generally, in the field of the possible reasons of the effects of spiritual group therapy on decreasing the marital conflicts, it can be said that spouses' participations in spiritual experiences will increase the marital stability.

The second hypothesis was about the effectiveness of the spiritual group therapy on resiliency of women with marital conflicts. The obtained results in the second hypothesis showed that the spiritual group therapy has increased the resiliency in women with marital conflicts. According to result, the mean of resiliency in the test group was $X=49/87$ before treatment, but it increased to $X=62.80$ after treatment. In the control group, the mean was $X=48/03$ before treatment, while it was $X=49/46$ after treatment. This finding is agreed to the studies of Seidi, Pour Ebrahim, Bagherian, Mansour. (2011) in related to presence of spiritual ambience in family and resiliency. The results of this study are agreed to the Allport approach in which people with religious internal beliefs are more immune against social problems.

For explanation of the result of present study, it can be said that the spiritual beliefs clear the aim of life for person and they are sedative in the threatening condition. They cause people consider the unexpected events as less

threatening and they can accept the invariable events. When person is connected to the bigger force and has higher values and purposes, so he or she has better action. One of the other consequences of spirituality is the sense of more powerfulness as well as more calmness. In the difficult condition, spirituality may be the only source for obtaining the relaxation. As a result, second hypothesis of the study is confirmed with regard to not only the obtained results but also the comparison of the pretest and posttest scores of the test group and control group.

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