

The effectiveness of a combination of marital relationship enrichment training and mindfulness-based cognitive therapy on depression, anxiety and emotional divorce of women with addicted spouses

Tehrani Azad L.¹, Mojtabaie M.², Abolmaali Hoseini KH.³

Abstract

Introduction: Every family should be a brick of the walls of a society and the main center for preserving traditions and customs, as well as respected and precious values, a strong institution for lasting social relations among relatives, the source of expression and expression of emotion. To be considered the center of the most intimate relationships between people and the cultivation of thought, mind, creativity and the promotion of the soul, Therefore, this study was conducted to determine the effectiveness of a combination of training on enrichment of marital relationships and mindfulness-based cognitive therapy on depression, anxiety and emotional divorce of women with addicted spouses.

Method: The research method was quasi-experimental pre-test-post-test with a control group. The statistical population consisted of all women with addicted spouses who referred to addiction treatment clinics and treatment camps for addiction treatment and relevant non-governmental organizations in Isfahan in 1398. Based on the inclusion and exclusion criteria, the sample was sampled in Available selection And answered questionnaires on anxiety, depression, and emotional divorce. Thus, 30 women with addicted spouses were randomly selected and randomly assigned to the experimental and control groups (15 in each group). The subjects in the experimental group underwent a combined training of enrichment of marital relationships and mindfulness-based cognitive therapy for 8 sessions of 90 minutes, but the control group did not receive any intervention. Data were analyzed at two levels of descriptive (mean and standard deviation) and inferential level (multivariate analysis of covariance).

Results: The results showed a significant decrease in the mean of depression ($p = 0.320$), ($F = 1.024$), anxiety ($p = 0.638$), ($F = 0.226$) and emotional divorce ($p = 0.540$). ($F = 6.789$), women with addicted spouses were in the experimental group compared to the control group ($p \leq 0.01$).

¹ - PhD in General Psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran, ORCID: 0000-0002-8788-3103

² - Corresponding Author, Associate Professor, Department of Psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran, mojtabaie@riau.ac.ir, ORCID:0000-0002-4131-0676

³ - Associate Professor, Department of Psychology, Roudehen Branch, Islamic Azad University, Roudehen, Iran, ORCID: 0000-0002-9714-1816

Conclusion: According to the research findings, combined education of enrichment of marital relations and cognitive therapy based on mindfulness is a method based on common sense and emotional conflict that can be used to reduce the damage caused by depression, anxiety and emotional divorce in women. Used by an addicted spouse.

Keywords: Anxiety" Cognitive Therapy" Depression" Emotional Divorce" Integrated Education" Enrichment" Marital Relationships

Citation: Tehrani Azad L.¹, Mojtabaie M.¹, Abolmaali Hoseini KH.. The effectiveness of a combination of marital relationship enrichment training and mindfulness-based cognitive therapy on depression, anxiety and emotional divorce of women with addicted spouses, *Family and health*, 2021; 11(2):

Introduction:

The family is the smallest part of society. A society that consists of healthy families is certainly a healthy society, and the condition for a healthy family is that its members are healthy (1). One of the most important and significant issues in all societies, both socially and in terms of family, is the behavior of couples and in order to have a healthy society, families must be healthy, balanced and prosperous (2). The family is the most important unit of society, and marriage has been described as the most important and fundamental human relationship because it provides the basic structure for establishing a family relationship and nurturing the next generation, and evidence shows that more than 90% of the world's population They will get married at least once (3). On the other hand, achieving a secure society requires a healthy family, and a healthy family can be achieved if its members are mentally healthy and have a good relationship with each other. Therefore, if family members and their relationships are healthy and stable, it will have positive effects on society (4). Soho (5), believes that marital conflicts usually arise from two sources: first, the imbalance of the family structure, and second, the lack of adherence of each couple to the norms and values of the family and violation of them, Addiction, on the other hand, can shake family values. Addiction also affects the addicted person's family in different ways, and the addicted person is struggling with a type of illness that will not leave him or her alone for the rest of his or her life and will endanger his or her life, Undoubtedly, this disease will destroy the reputation, property and personal relations of the addicted person, and the family members of the addicted person, from the child to the spouse, siblings, parents or relatives and friends, are also severely addicted to the disease. One family member will suffer (6). The problem of drug addiction is a global problem and is one of the health, medical and social problems of different societies. In fact, fewer phenomena can be found that threaten human societies like addiction. Despite the dangers and complications of addiction, the number of victims of this deadly trap is increasing every day, and watching its horrific scenes could not be considered a serious warning to avoid others in the community. Surveys show that about 37 percent of the US population 12 years and older has experienced drugs at least once in their lifetime. In Iran, the number of drug users is estimated at 3.3 to 1.8 million. About 70% of cases of drug addiction are associated with other

psychiatric disorders such as depression and psychosis, etc. (7). Women with addicted spouses have more social and psychological problems than women with healthy spouses (8). Most of these women's problems are related to financial issues, crime and violence caused by their husbands' addiction and harassment of their husbands and children. Psychological, personality and communication problems with others, lack of anger management, communication disorder, revealing anger and violence are the most important social issues for women with addicted spouses. And among the major social problems faced by women with addicted spouses are endangering the security of the home and travel with addicted people or drug dealers, reprehensible and humiliating treatment of society, family and lack of social support and lack of legal protection. They are Husbands of heroin-addicted spouses deal with a wide range of psychological problems in a variety of dimensions, and in the face of psychological problems, they need psychological support to use the advice of psychologists (9). Unfortunately, anxiety and depression are known to be two important disorders that endanger a person's mental health, so that almost 6% of people suffer from it at least once in their lifetime, and therefore an important factor in the occurrence of some social, cultural and other problems. It is considered family (10). According to the World Health Organization, the prevalence of mental disorders in developing countries is increasing and the organization estimates anxiety at the top of mental disorders with the figure of 400 million disabled people in the world population (11), Thus, among mental disorders, anxiety disorders are probably the most common. Depression is a pervasive disorder that affects many people at some point in their lives (12). Depressed mood, along with a lack of interest and enjoyment, are considered key symptoms of depression, and the patient may feel sad, hopeless, empty, and worthless (13). Anxiety is also a very unpleasant feeling that is often accompanied by symptoms of autonomic system (such as diarrhea, dizziness and lightheadedness, excessive sweating, intensified reflexes, increased blood pressure, lethargy, restlessness of the stomach, constipation, restlessness). Urination) is accompanied (14). Studies have shown that women are more likely than men to become anxious (13). Although anxiety is a normal and transient reaction for most people and protects them from potential injuries, morbid anxiety is associated with worry, fear, anxiety, disturbing thoughts, physical symptoms, and feelings of stress and weakens the individual. (11). Women with addicted husbands may not be aware of their negative and positive emotions and may not be able to use their emotions well in stressful life situations. And their problems cause them to evaluate themselves negatively in social situations and to engage less in social situations (15), On the other hand, husband's addiction is associated with many other social harms in women. In fact, these women are more and more tolerant of psychological pressures inside and outside the home, and these pressures and their special physical physiology make them more prone to disorders such as anxiety and Depression (7). Another major family and social injury are due to divorce addiction. Experts believe that the divorce process often goes in a certain direction; This path includes minor differences, repetition of minor differences and its seriousness, separation or reluctance of one spouse to the other, prolonged and repeated violence, fatigue of couples from violence and conflict, emotional divorce and legal divorce (16). The official divorce statistics do not fully show the extent of the spouses' failure in marital life, as it can also be referred to as a larger statistic called

emotional divorces, ie silent lives and empty families That a man and a woman live together coldly but do not legally file for divorce (17). In emotional divorce, in the absence of trust, respect and love for each other, couples seek to harass, fail and degrade each other's self-esteem, and each seeks to find a reason to prove the other's fault and rejection (18) In fact, in an emotional divorce, the couple lives under one roof while the communication between them is completely cut off or without desire and consent (17). The consequences of an emotional divorce can also jeopardize a couple's quality of life. If the quality of life of spouses suffering from emotional divorce in dimensions such as personal feelings, family relationships, social relationships, physical health, living conditions and economic disorders. In an emotional divorce, the couple may continue to be together as a social group, but their attraction and trust in each other has changed (16). So far, many psychological therapies have been performed on couples, but the treatment performed in this study is a combination training program for enriching marital relationships and mindfulness-based cognitive therapy. In this treatment, psychoanalytic, behavioral, communication and family systems perspectives are integrated and the importance of recognizing people's beliefs about the cause of problems is emphasized. and to Clients are helped to learn skills that enable them to solve their own problems and maintain couples' quality of life throughout their lives (19). A review of the research showed that the rich educational program for couples to increase marital adjustment (20), to improve marital relations (21) And reduction of irrational beliefs and emotional divorce of married women referring to counseling centers in Tehran (22) has been implemented However, due to the existence of many problems between couples and considering the lack of comprehensive psychological therapies in this field and also due to the problems and costs incurred in their married life if the problems are not treated, the use of a comprehensive treatment and Effective, it seems necessary for these problems Therefore, this study seeks to investigate the following hypothesis:

Combined training in enriching marital relationships and mindfulness-based cognitive therapy is effective on depression, anxiety and emotional divorce of women with addicted spouses.

Method:

The design of the present study, considering the nature of the subject and the intended objectives, is a quasi-experimental pre-test post-test with a control group. The statistical population includes all women with addicted spouses in Isfahan who have referred to addiction treatment clinics and treatment camps and relevant non-governmental organizations in Isfahan during the past year. Sampling method is available in this research based on sampling. For this purpose, among the women referring to addiction treatment clinics and addiction treatment camps and relevant non-governmental organizations in 1398, 30 people were selected by available sampling method and were randomly replaced in the experimental group and the control group (each Group of 15 people). Subjects answered the research tools before and after the intervention, including the Depression and Anxiety and Emotional Divorce Questionnaires. The subjects in the experimental group underwent a combined training of enrichment of marital relationships and cognitive therapy based on mindfulness for 8 sessions of 90 minutes, but the control group did not intervene. The following questionnaires were used to collect data:

- A) Depression, anxiety, stress questionnaire:** This questionnaire includes three subscales of anxiety, depression and stress. Each of the questionnaire scales includes 7 questions, the final score of each of which is obtained through the sum of the scores of the related questions. Each question is scored from 0 (does not apply to me at all) to 3 (absolutely applies to me) (23). Anthony et al. (24) analyzed this scale as a factor that the results of their research indicated the existence of three factors of depression, anxiety and stress. The results of this study showed that 68% of the total variance of the scale is measured by these three factors. The eigenvalues of stress, depression and anxiety in the study were 7.09, 2.89 and 1.23, respectively, and the alpha coefficient was 0.97, 0.92 and 0.95, respectively. Also, the validity and validity of this questionnaire in Iran have been examined by Samani and Jokar (25) who have validated the retest for the Depression, Anxiety and Stress Scale of 0.80, 0.76 and 0.77, respectively. And reported Cronbach's alpha for the Depression, Anxiety, and Stress scales of 0.81, 0.74, and 0.78, respectively. In examining the validity of this scale, the statistical method of factor analysis of confirmatory type and principal components method was used.
- B) The Guttman Emotional Divorce Scale:** This scale is given by John Guttman (26) in the book Success or Failure in Marriage entitled Loneliness. Explaining this scale, Guttman (27) states that when couples are still officially married but feel so isolated that there is not much difference between being married and living alone, . This questionnaire includes items that measure emotional divorce as well as the emotional state of loneliness. This questionnaire is set in 20 items by Guttman (26), in the form of two options of yes (1) or no (0). After adding up the positive answers, if the number is equal to eight (8) and above, it means that the person's married life is subject to separation and there are signs of emotional divorce in her. The total reliability of this test in Mousavi and Rahiminejad (28) research using Cronbach's alpha was 0.89 and in Ahmadlou and Zinali's research the accuracy of this tool was confirmed and its reliability was obtained using Cronbach's alpha 0.87.

An integrated training package for enriching marital relationships and cognitive therapy based on mindfulness of women with addicted spouses also combines two effective therapies for couples enrichment skills by Granny (19) and a cognitive therapy package based on mindfulness (29, 14). Composed.

Table 1 - Summary of combined training sessions on marital relationship enrichment and mindfulness therapy based on mindfulness of women with addicted spouses

The purpose of treatment sessions

Meetings	
First session	Introduction and acquaintance with each other, introduction of the program, expression of the principle of secrecy, familiarity with the principles and rules and the purpose of the sessions is to get acquainted with the concept of self-guidance by giving examples related to marital problems. Performing body meditation practice and performing pre-test
second session	Teaching speaking and debate skills as the first basic skill, modeling skills for members, eating raisins with mindfulness, providing a cognitive ABC model (related to addiction and problems Couples), giving homework (identifying a common topic with the spouse and talking about Anne with his wife).
third session	Review of the previous session, self-expression skills training (second skill) and empathy skills (third skill), Modeling skills for members, sitting meditation focusing on breathing and body senses, discovering pleasant experiences using a pleasant event recording form, Presenting a task (dialogue task: in such a way that first one spouse expresses his / her emotions and feelings about an issue and the other spouse only listens to these emotions and feelings and pays full attention to the speaker, and then the speaker and Listeners change their place).
fourth Session	Review the tasks of the previous session, teach conflict resolution skills as the fourth basic skill, model skills for members, practice body meditation, explain the relationship between mind and body, discover unpleasant daily experiences using the form of recording unpleasant events (Related to addiction and problems of couples), presenting the task of the next session (identifying a problem in which the couple is in conflict and using the problem-solving method to solve Resolve that conflict by first stating all the solutions and then one by one Analyze it and choose one of the solutions that they both think is more appropriate).
fifth meeting	Reviewing the assignments of the previous session, preparing the training skills and facilitating the modeling of skills for the members, 5 minutes of short practice of seeing and hearing with the mind, practicing body examination, presenting the next session (Group members to identify themselves by identifying and writing down behaviors and reactions They talk about the type of conversation, the skill of empathy and problem solving to be aware of these Complete) (According to the previous task in which the members engaged in self-knowledge, in that task the members must go to Examine their behaviors and do whatever is not appropriate, in line with the skills they have They are now trained to change)
Sixth Session	Review of previous session assignments, self-change skills training, spouse change skills training, modeling Skills, sitting meditation practice with regard to breathing, teaching thoughts are not of real origin, giving homework next session
Seventh session	Reviewing the assignments of the previous session, reviewing the skills learned (7 skills), teaching transfer skills and Generalization, sitting meditation practice and



awareness (to anything that enters the consciousness moment by moment) Discuss About the best way to take care of yourself, get feedback from people, present the next session (members need to make changes Used in all aspects of their personal lives.

Session 8 Exercise, review of previous session assignments, maintenance and continuity training, post-test, Announcing the end of treatment.

Results:

The analysis of the research findings was analyzed by the social sciences statistical package version 22, at two levels of descriptive (frequency, frequency percentage, mean and standard deviation) and inferential (multivariate analysis of covariance). Findings at the descriptive level showed that the mean age in the experimental group was 32.45 years and in the experimental group was 36.27 years, while the mean age of the spouse in the experimental group was 35.82 years and in the control, group was 39 years. The average duration of addiction in the experimental group is 6.7 years and in the control group is 8.7 years. The education of the sample is 11.19 years in the experimental group and 13 years in the control group. The average duration of marriage in the experimental group is 10.76 years and in the control group is 11.82 years. The average education of the spouses in the experimental group was 11.36 years and in the control group was 11.29 years. According to the findings, none of the demographic variables showed a significant relationship with the research variables and all levels of meaning were more than 0.05. For this purpose, in examining the research hypotheses, there is no need to control these cognitive population variables. Descriptive findings are presented in Table 2.

Table 2. Mean and standard deviation of scores of depressions, anxiety and emotional divorce in research stages

Post-test		pre-exam			group	Variable
standard deviation	Average	standard deviation	Average	Number		

3/21	13/68	2/96	20/00	16	experiment	Depression
2/98	18/68	3/12	18/93	16	Control	
3/55	13/12	2/87	19/50	16	experiment	Anxiety
3/44	17/81	4/52	17/78	16	Control	
3/38	12/43	4/31	15/87	16	experiment	Divorce Emotional
5/94	15/13	6/18	13/01	16	Control	

As shown in Table 2, the mean scores of depressions in the post-test phase in the experimental group with the developed treatment package decreased more than the control group. According to the scoring of these questionnaires, it shows an improvement in these variables. Also, according to the findings in the table above, the mean scores of anxieties in the post-test phase in the experimental group or the developed treatment package has a greater decrease than the control group. According to the scoring of these questionnaires, there is an improvement in this variable. Also, the mean scores of emotional divorces in the post-test stage in the experimental group with the developed treatment package decreased more than the control group. According to the scoring of these questionnaires, there is an improvement in this variable. Table 2 shows the mean and standard deviation of the variables of depression, anxiety and emotional divorce in the experimental group and the control group in the pre-test and post-test stages. The results of Shapirovilk test showed that the distribution of scores in the variables of depression (test = 0.055, control = 0.058), anxiety (test = 0.95, control = 0.24) and emotional divorce (test = 31 (0, control = 0.34), is identical to the community and the distortion is the result of chance ($p < 0.05$). Levin test was used to evaluate the assumption of equality of variance and the level of significance for the variables of depression ($p = 0.320$), ($F = 1.024$), anxiety ($p = 0.638$), ($0.226 = F$) and emotional divorce ($p = 0.540$), ($F = 6.789$), was obtained. Which shows that Levin's assumption that equality of variances in groups is equal in the pre-test stage in society has not been rejected and has remained. Therefore, this assumption is confirmed.

Table 3. Investigation of homogeneity of regression slopes

Significance	F	Mean squares	degree of freedom	Total squares	sources	variable
--------------	---	-----------------	-------------------------	------------------	---------	----------

0/01	7/54	55/72	1	55/72	group	
0/00	7/97	58/89	1	58/89	Pre-test depression	Depression
0/65	3/67	27/17	1	27/17	Group interaction and pre-test depression	
0/16	6/56	73/89	1	73/89	group	
0/84	3/20	36/09	1	36/09	Pre-test anxiety	Anxiety
0/73	3/49	39/37	1	39//37	Group interaction and pre-test anxiety	
0/44	0/59	4/40	1	4/40	group	
0/00	42/33	312/26	1	312/26	Pre-test emotional divorce	Emotional Divorce
0/52	5/91	43/61	1	43/61	Group interaction and emotional divorce	

As can be seen in Table 3, the significance level of the pre-test interaction of all three variables with the group is more than 0.05, which indicates that the regression homogeneity slope assumption has been observed.

Table 4. Results of univariate analysis of depression, anxiety and emotional divorce

Statistical power	Eta squared	Significance level	F	Mean squares	df	Total squares	sources	variable
0/99	0/19	0/01	6/79	54/84	1	54/84	pre-exam	
0/99	0/49	0/01	28/74	231/95	1	231/95	group	Depression
				8/07	29	234/02	Error	
0/99	0/03	0/30	1/11	13/59	1	13/59	pre-exam	
0/99	0/34	0/00	15/44	188/83	1	188/83	group	Anxiety

				12/22	29	354/588	Error	
0/99	0/64	0/00	52/34	451/52	1	451/52	pre-exam	
0/99	0/40	0/00	19/65	169/27	1	169/27	group	Emotional
				8/62	29	250/16	Error	Divorce

Based on the results obtained in Table 4, the mean scores of depressions in the experimental and control groups in the post-test stage ($p = 0.001$, $F = 6.79$) are significant. In other words, it can be said that the combined education of enriching marital relationships and mindfulness-based cognitive therapy has reduced the scores of depressions in the experimental group in the post-test phase. Also, the mean anxiety scores of the experimental and control groups in the post-test stage ($p = 0.001$, $F = 1.11$) were significant. In other words, it can be said that the combined education of enriching marital relationships and mindfulness-based cognitive therapy has reduced the anxiety scores in the experimental group in the post-test phase. The mean scores of emotional divorces between the experimental and control groups in the post-test stage ($p = 0.001$, $F = 52.34$) were significant. In other words, it can be said that the combined education of enriching marital relations and mindfulness-based cognitive therapy has reduced the scores of emotional divorces in the experimental group in the post-test phase.

Conclusion:

The aim of this study was to determine the effectiveness of combined education on enrichment of marital relationships and mindfulness-based cognitive therapy on depression, anxiety and emotional divorce of women with addicted spouses. The results showed that the combined education package of enrichment of marital relations and cognitive therapy based on mindfulness is effective on depression in women with addicted spouses. Statistical results showed that the mean scores of depressions in the experimental and control groups in general were significantly different ($p < 0.001$). These results are based on Namani and Khodadadi (30) studies on the effectiveness of Miller family relationship enrichment training on psychological well-being and marital violence from the perspective of abused women and Motamedi and Bakhshipour (31), on the effectiveness of marital relationship enrichment training on Reducing the feeling of loneliness and marital boredom of married women is in line with the tendency to betray. In a possible explanation of this finding, it can be stated that the couple relationships enrichment program is an educational model for learning skills to increase the satisfaction and stability of the couple relationship. In this model, couples learn how to be receptive and kind to each other without prejudice. Also, considering that the relationship enrichment program has been able to increase marital adjustment and satisfaction, It is not surprising that this issue increases the solidarity and cohesion of marriage and makes couples closer and more united (32). Also, in the treatment of couple's enrichment skills, psychoanalytic, behavioral,

communication and family systems perspectives are integrated and the importance of recognizing people's beliefs about the cause of problems is emphasized. Couples are helped to learn skills that enable them to solve their own problems and maintain couples' quality of life throughout their lives (19). On the other hand, mindfulness helps a person not to see negative thoughts as reality. But only in the form of thoughts. When people learn to change their relationship with thoughts in this way, they no longer report them regularly but become aware of them. This tutorial includes your own exercises, such as practicing writing thoughts on paper and practicing seeing your thoughts like a passing train. In addition, mindfulness-based cognitive therapy is an affordable way to treat depression, even for people taking antidepressants (14). Regarding the effectiveness of this method on dysfunctional attitude, researchers in their study have shown that mindfulness meditation exercises are mainly effective in reducing rumination. And this reduction, in turn, reduces maladaptive cognitive content and emotional symptoms, especially anxiety symptoms, depression, and dysfunctional attitudes; In addition, because high levels of anxiety disorders coexist with depression, the cognitive processes of these disorders are very similar, and this may justify the fact that mindfulness-based cognitive therapy does not have the exclusive therapeutic effects on depression alone, but rather It can also include anxiety disorders (33). This study with the findings of Ghamari et al. (34), Beyrami et al. (35), on reducing anxiety and depression in high school students Hanasab, Zadeh et al. (36), based on the effectiveness of mindfulness-based cognitive therapy on reducing depression in depressed patients with suicidal ideation and Segal et al. (37), on the effectiveness of mindfulness-based cognitive therapy in reducing depression in depressed people has it.

On the other hand, mindfulness means paying attention to certain ways, that is, attention and concentration in which three elements are involved: 1- being present, 2- being purposeful, and 3- lack of judgment. This kind of attention by couples can increase awareness, reduce distraction, clarity and clarity, and accept the present reality. In fact, couples, upon careful observation of their inner reality, realize that happiness is not a quality that depends on external elements and changes in the outside world, and occurs when a person becomes dependent on preconceived thoughts, positions, and mental plans. As a result, she abandons the automatic behaviors she performs in order to achieve pleasurable situations or escape from painful situations, and achieves a kind of liberation (38). And the main purpose of this program is to educate couples to become more aware of their thoughts and feelings and to consider them only as mental events and not aspects of "self", thus ultimately how they relate to Their thoughts change (39).

The results also showed that the combined education package of enrichment of marital relations and cognitive therapy based on mindfulness is effective on anxiety of women with addicted spouses. Statistical results showed that the mean scores of anxieties in the experimental and control groups in general were significantly different ($p < 0.001$). These results are consistent with the findings of Masoumi, Khani, Kazemi, Kalhori, Ebrahimi and

Roshnai (40), Dargahi, Ahvanavi, Ghasemi and Khorasani (41) and Jaj, Bargim and Williams (42).

In the above explanation, it can be acknowledged that the activities used in the Tujin enrichment program pursue the goal of achieving cognitive and behavioral reconstruction through changes in thoughts and behavior. They believe that acquiring new behaviors, correcting mistakes, as well as changing irrational beliefs and replacing them with rational beliefs can increase the level of intimacy and reduce violence between couples. Theoretically, it can be said that the skills of enriching couples' relationships are skills that are used to help satisfy the strongest desires of families and in almost all cultures (43).

These tendencies include love, compassion, belonging, trust, loyalty, security, and pleasure, which are more important than anything else. Also in this study, each participant tried to satisfy these desires for his wife; As a result of healthy couple relationships in meetings, the ability to solve the problem in a two-pronged and fair manner, the ability to maintain a caring atmosphere during discussion and problem solving, the ability to adopt another person's point of view, the ability to interact with other participants, the ability to see oneself clearly and another without bias, The ability to prevent or reduce cycles of negative-negative interaction and anger, The ability to change one's expected behavioral patterns, to help one achieve the desired changes one expects, and to help one's partner make the changes he or she wants to make (30).

These are the changes that came about by mastering the skills of the relationship enrichment program in the meetings for the couple and were able to increase their level of mental health and reduce anxiety. In addition it can be added, Although many factors are involved in the development of anxiety in women with addicted spouses, but lack of skills in solving interpersonal problems as one of the important factors can play a role in their anxiety. In this regard, the researcher in the present study, by teaching problem solving and negotiation skills, taught couples to use their effective cognitive skills to cope with anxious interpersonal situations.

The results also showed that the combined education package of enrichment of marital relations and cognitive therapy based on mindfulness is effective on emotional divorce of women with addicted spouses. Statistical results have shown that the mean scores of emotional divorces in the two experimental and control groups are generally significantly different ($p < 0.001$).

These results are based on the research of Blanchard et al. (20), on the effect of relationship enrichment program on marital adjustment of couples, Hartman's research (21), on the effectiveness of couples enrichment program on improving marital relations and Asadalli, Azad Yekta and Mirzamani Bafghi (44), based on the study of the effectiveness of enriching couples relationships based on emotion-oriented approach on the quality of marital relationships in women referred to the counseling center. The findings of these researchers showed a significant difference between the two groups in marital adjustment, marital

satisfaction, two-person correlation and two-person agreement, but there was no significant difference between the two groups in the expression of love.

In the above explanation, it can be stated that relationship enrichment treatment caused couples who have a weak ability to negotiate and an inability to discuss problems and a weak ability in verbal communication, especially in conflict situations, to be able to Discuss problems with their spouses And solve existing problems through dialogue. In general, not talking about the problem in the family, not only will not solve it, but will keep the problem strong, and as a result, negative emotions will arise between the couple. Educating couples who can not or do not want to solve the problem through dialogue and discussion will be effective in helping them to resolve their conflict with the help of reasoning and thus reduce the negative emotions resulting from their repressed or unresolved conflicts. In other words, since part of the enrichment process is devoted to teaching conversation and conflict resolution skills, it can be said that teaching these skills and transferring them to an environment outside of training sessions helps couples achieve harmony and co-existence. Intellectual has helped (30).

Discussion skills are taught to couples to maintain a positive emotional atmosphere (self-sacrifice) so that when difficult issues are discussed, violence is avoided and self-sacrifice is forgiven instead. In this regard, it can be added that training relationship enrichment skills causes couples to pay more attention to their relationships and work on problems in a constructive and effective way, so that both spouses come up with solutions that It arrives, They feel satisfied and satisfied, which provides the ground for increasing the psychological well-being of the couple; In other words, the enrichment of relationships between couples means that when they are in an unknown life situation and face an important problem, their mental and emotional balance is not disturbed and they know the situation through patience and consultation with each other. To deal with ambiguity and work with cooperation and empathy to find the most appropriate solution to the problem (45).

On the other hand, enriching marital relations is a movement towards the growth of marital relations, which leads to strengthening the relationship by creating goals and ways to improve the couple's relationship, and another important point is in general, these trainings are mainly teaching communication skills, creating communication satisfaction, active listening, conflict management skills, problem solving skills, learning assertive behavior, controlling emotions and feelings, increasing couples' awareness and knowledge of Includes self, otherness, and cohabitation and the strengthening of emotional relationships between them. In many relationship enrichment training programs, the importance of communication exercises, clarifying non-agreement environments, increasing satisfaction among couples, the concept of couples' expectations from life and the impact of these expectations on their relationships are emphasized. The mentioned cases are increasing the quality of married life of couples (46).

Limitation:

This study was associated with limitations, including the following: This study was conducted only on women with addicted spouses in Isfahan, so to generalize the results to other communities, caution should be observed. In addition, the follow-up period was not performed due to time constraints and the effectiveness of the combined training package for enriching marital relationships and mindfulness-based cognitive therapy was not compared with any other treatment simultaneously. Also, only a questionnaire was used to measure research variables. This seems to be a limitation of self-reporting.

Finally, it is suggested that in future research, considering the advantage of the package of combined training of enrichment of marital relationships and mindfulness-based cognitive therapy compared to previous psychotherapies, prevention of relapse of symptoms is a long-term period (at least two to six months). To stabilize the effect of treatment, the results should be used, other psychological therapies in addition to the above treatment should be used on women with addicted spouses and this research should be done in other communities.

In order to observe ethical considerations in the research process, the researcher presented a written agreement from the Faculty of Educational Sciences to the officials of addiction treatment clinics and treatment camps and relevant NGOs in Isfahan to sample. The informed consent form was provided to the participants. Participants made sure that their names would not be revealed. Information will be kept confidential and will not be used individually and they may refuse to participate at any time.

Thanks, and appreciation

In the end, the help of all the factors, especially the esteemed officials of the university, the officials of the addiction clinics and treatment camps and the relevant non-governmental organizations of Isfahan who helped in this research and all the women who did not hesitate in the process of this research. They helped, sincerely thank you.

References:

1. Gonczarowski YA., Nisan N., OstrovskyR Rosenbaum W.. A stable marriage requires communication. *Games and Economic Behavior*. 2019; 118(2): 626-647.
2. Aftab R., Karbalaee Mohammad Meigouni A., Taghiloo S.. The mediating role of emotion regulation strategies in relationship between borderline personality and conjugal violence. *Quarterly of Applied Psychology*. 2015; 8(32): 7-27.
3. Özgüç S., Tanrıverdi D.. Relations between depression level and conflict resolution styles, marital adjustments of patients with major depression and their spouses. *Archives of Psychiatric Nursing*, 2018; 32(3): 337-342.

4. Fathi E, Esmaeili M. Farahbakhsh K. Daneshpour M.. Areas of conflict and strategies of resolving conflicts in satisfied couples. *Counseling Culture and Psychotherapy*.2016; 6(24): 29-54.
5. Mousavi S F., Dehshiri G.. The role of discrepancy between expectations and reality of marital relationship in marital satisfaction of married people in Tehran. *Women's Studies Sociological and Psychological*.2015; 13(2): 93-110.
6. Yaghoobi A., Mohammadzadeh S.. Construction and validation of the educational protocol of social perspective-taking and analyzes of its efficacy on couple's conflict resolutions styles. *Counseling Culture and Psychotherapy*.2017; 28(2): 103-131.
7. Lee WS., McKinnish T.. Locus of control and marital satisfaction: Couple perspectives using Australian data. *Journal of Economic Psychology*.2019; 74(2): 102-205.
8. Azadian O., Fathi, S.. The study of homogamy among couples in Tehran and its impact on marital satisfaction. *Sociology of Women. Journal of Woman and Society*.2017; 7(2): 85-104.
9. Newman A., Nielsen I., Smyth R., Hirst G.. Mediating Role of Psychological Capital in the Relationship between Social Support and Wellbeing of Refugees. *International Migration*.2018; 56(2): 117-132.
10. Howard M C.. The empirical distinction of core self-evaluations and psychological capital and the identification of negative core self-evaluations and negative psychological capital. *Personality and Individual Differences*.2017; 114(4): 108-118.
11. Luthans F., Avey J B., Patera J L.. Experimental analysis of a web-based training intervention to develop positive psychological capital. *Academy of Management Learning & Education*.2008; 7(2): 209-221.
12. Hobfoll S. E.. Social and Psychological Resources and Adaptation. *Review of General Psychology*.2002; 6(4): 307-324.
13. Youssef CM., Luthans F.. Positive Organizational Behavior in the Workplace: The Impact of Hope, Optimism, and Resilience. *Journal of Management*.2007; 33(5): 774-800.
14. Nabovi S A., Shahriyari M.. The effect of stress and social support in the family motivation work-family conflict. *Iranian Journal of Sociology*.2012; 13(1-2): 31-57.
15. Cohen S., Wills T A.. Stress, social support, and the buffering hypothesis, *Psychological Bulletin*.1985; 98(2):310-357.
16. Hosseini A., Zahra Kar K., Davarnia R., Shakarami M.. Prediction of Vulnerability to Stress Based on Social Support, Resiliency, Coping Strategies and Personality Traits among University Students. *Research in Cognitive and Behavioral Sciences*, 2016; 6(2): 27-42.
17. Cohen S.. Social relationships and health. *American Psychologist*.2004; 59(3): 676-684.

- 18.Kakabararee K., Ezati N.. The Pattern of Structural Relations between Social Problem Solving, Perception of the Quality of Social Relationships, and Emotional Well-being. Thoughts and Behavior in Clinical Psychology. 2017; 12(43): 7-16.
- 19.Tong E. M. W.. Hope and Hopelessness. In J. D. Wright (Ed.), International Encyclopedia of the Social & Behavioral Sciences (Second Edition). Elsevier, 2015.pp. 197-201.
- 20.Omidian M., Abdullahi Tezerjan Z., Rahimi M.. The relationship between perceived social support and cognitive engagement with mediation of self-efficacy. Journal of Educational Psychology Studies. 2017;14(28): 1-20.
- 21.Poursardar N., Poursardar F., Panahandeh A., Sangari A., Abdi Zarrin S.. Effect of Optimism on Mental Health and Life Satisfaction: A Psychological Model of Well-being. Hakim Health Systems Research Journal.2013; 16(1):42-49.
- 22.Sahraee Darian E., Karbalaee Mohammad Meigouni A.. Prediction of pain self-efficacy in patients with liver transplant base on childhood trauma and resilience. Quarterly of Family and Health.2017; 7(1):26-44.
- 23.Golparvar M., Ghasemi M., Mosahebi M R.. The role model of the components of psychological capital in life satisfaction and marital satisfaction in the wives of the martyrs of Shahrekord. Women's Studies Sociological and Psychological.2014; 12(1): 119-140.
- 24.Zamani N., Babapour J., Sabori H.. Structural relationship between conflict resolution strategies dimensions and social well-being of Students by considering the moderating effects of psychological capital. Journal of Educational Psychology Studies. 2018;15(30): 135-166.
- 25.Zimet GD., Dahlen NW., Zimet SG.. The Multidimensional scale of perceived social support. Journal of personality assessment.1988; 52(3): 30-41.
- 26.Nasiri F., Abdolmaleki S.E.. Explaining the Relationship between Perceived Social Support and Quality of Life, Perceived Stress Mediator Role in Female-Headed Households in Sanandaj. Journal of Applied Sociology.2017; 27(4): 99-116.
- 27.Mohebbi M., Ghasemzadeh S., Farzad V.. Review on practicality reliability, validity and normalization of couple's satisfaction scale among married women teachers in Tehran city. Journal of Applied Psychology Research.2017; 7(4): 163-179.
- 28.Luthans F., Avolio B J., Avey J.B., Norman S.M.. Positive psychological capital: measurement and relationship with performance and satisfaction. Personnel Psychology.2007; 60(3): 541-572.
- 29.Sarami Foroushani, Akhoondi GH., Alipour N., Arab Sheibani H.. Validation and study of the factor structure of the psychological capital questionnaire in the experts of Iran Khodro Diesel Company. Psychological Studies.2014; 10 (3): 109-95.

30. Henning M.. Evaluation of the Conflict Resolution Questionnaire. A thesis submitted in partial fulfilment of the degree of Master of Business;2003
31. Akrami Z., Ahmadvand M.A. Explain the mediating role of conflict resolution styles in the relationship between attachment styles and marital satisfaction. 5th National Conference and First International Conference on Social Sciences and Psychology of Iran; 2018
32. Gholizadeh A., Esmaeelian Ardestani, Z.. The Effect of Social Capital Components on Marital Satisfaction of Married Students. Knowledge & Research in Applied Psychology.2017; 15(56): 37-46.
33. Bryant F. B., Harrison P. R. Chapter 3 - Measures of Hope and Optimism: Assessing Positive Expectations of the Future. In G. J. Boyle, D. H. Saklofske, & G. Matthews (Eds.), Measures of Personality and Social Psychological Constructs. Academic Press;2015. pp. 47-73.
34. Prince-Embury S. Saklofske D H.. Resilience in Children, Adolescents, and Adults: Translating Research into Practice. New York: Springer Science, Business Media;2013.
35. Sagone E, De Caroli M.. A Correlational Study on Dispositional Resilience, Psychological Wellbeing, and Coping Strategies in University Students. American Journal of Educational Research.2014; 2(7): 463-471.
36. Lau S, Kubiak T., Burchert S., Goering M., Hiemisch A.. Disentangling the effects of optimism and attributions on feelings of success. Personality and Individual Differences.2014;56(3): 78-82.
37. Masten, A.S.. Ordinary magic. Resilience processes in development. American Psychology.2014; 56(1): 227-238.
38. Manyena B., Machingura F., O'Keefe P.. Disaster Resilience Integrated Framework for Transformation (DRIFT): A new approach to theorizing and operationalizing resilience. World Development.2019; 123(4): 104587.
39. Renshaw, K.D., Blais, R.K., Smith T.W.. Components of negative affectivity and marital satisfaction: The importance of actor and partner anger. Research in Personality.2010; 44(3): 328-334.
40. Sheikh Zeineddin H., Farrokhi N. A., Abbaspoor Azar Z.. Mediating role of psychological capital in the relationship between personality features with marital adjustment in students. Quarterly of Applied Psychology.2018; 12(47):445-468.