



The effect of mindfulness training on reducing couple burnout of addict's wife

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Abstract

Addiction can cause many problems for the addict and family, so that the addict's family suffers from more problems. Addicts' wife suffer more psychological and marital problems. The aim of this study was to investigate the effect of mindfulness training on reducing couple burnout of addict's wife. The study was quasi-experimental that used the pretest-posttest whit control group. The population of this study was consisted the addicts' wife referring to the addiction treatment centers of Rasht city, Iran. 20 persons were assigned into experimental and control groups by using random sampling method (n=10). The experimental group participated in 8 sessions of mindfulness training and control group received no intervention. The data collected through Pines' Couple Burnout Measure (CBM). The results showed that there was significant differences between the pretest and posttest scores of the experimental group so mindfulness training could significantly reduce the couple burnout out of addict's wife. Thus, interventions based on this approach lead to decrease the marital problems of these women.

Keywords: Addiction, Burnout, Mindfulness, Women

Introduction

Drug addiction is a complex problem. Addiction creates many problems for the addict and owns family. Therefore, the families of addicts suffer from psychological problems [1]. Dissatisfaction with the spouse is one of the results of drug dependence [2]. The results of many studies also showed that women with addicted husbands suffer more from psychological problems [3-5].

When people feel that what they do is important and their actions and behaviors are effective, they do not feel burnout even if they are experiencing tough conditions [6]. Burnout defined as a sign of physical, emotional, and psychological exhaustion [7] and Burnout

in couples is a gradual process, in which intimacy and love gradually fade away [8].

Physical exhaustion is associated with weakness and chronic fatigue. In the mental exhaustion, the person feels unworthiness, a sense of despair, frustration, and outrage. Emotional exhaustion is associated as well with negative emotions such as depression and anxiety [6]. Because of addiction, spouses with addicted husbands encounter numerous problems. Between what is expected and what is actually happening, they see a great conflict and therefore they experience burnout [2]. Because of addiction, the addict avoids to accept own responsibilities at

home and to family [9]. Women with addicted husbands have to accept the responsibility of their husbands in addition to their duties. This responsibility is stressful for them, reduces their mental health, and discourages them from life [1]. A significant proportion of women with addicted husband suffer at least from a mental disorder such as depression and anxiety [4,10]. Moreover, due to husband's addiction, women are exposed to domestic violence, the risk of transmission of sexually transmitted diseases such as AIDS, and aggravating physical, mental, and emotional distress [9]. In addition, the marital conflict is very high in women with addicted husband [3].

Mindfulness-based training is in one of the interventions that can be effective and useful in reducing couple burnout [11,12]. Mindfulness means non-judgmental targeted attention, and to experience of the present moment [13]. Mindfulness teaches that instead of denying and rejecting unpleasant experiences, individuals accept them as they are and be aware about themselves and their reactions to unpleasant experiences [14]. Individual gains the insight that in the case of unpleasant events, instead of reactive and immediate behaviors, which usually lead to burnout they can cultivate a state of acceptance and awareness in every moment [13]. The results of many researches indicate that there is a significant relationship between mindfulness training and safe and satisfactory relationship in life [15-17]. Mindfulness makes people to act constructively in stressful situations [18]. The research results indicate that mindfulness-based therapy is effective in improving sexual function in women [19,20]. Furthermore, research findings showed that mindfulness training has been effective on couple burnout in women who have hyperactive children [11]. In another study, the results showed that mindfulness training could significantly contribute to reduce couple burnout and to increase marital happiness in married women referred to the counseling centers [12].

The results of a study showed that mindfulness training could help the infertile women to

experience less negative inner states [21]. In another study, results showed that mindfulness reduces the stress of mothers of children with autism [22]. There is a significant negative relationship between mindfulness and psychological distress like depression, anxiety, stress [23], and aggression [24]. There is a positive relationship between mindfulness and balance between work and family, sleep quality, and vitality [25]. In a review study, it found that mindfulness has positive psychological effects [26].

Status of women with addicted husbands have a particular sensitivity according to their individual issues and their duties to the husband, children and society and paying special attention to this group is necessary [27]. Also, focusing on family members of addicts and their education and treatment can have a positive impact on the addict's recovery, and also improves family functioning [28].

Therefore, due to the negative impact of addiction on families and the great impact of couple burnout on quality of life in marriage and family dysfunctions, the aim of the present study is to determine the effect of mindfulness in reducing the burnout of married women with addicted husbands.

Method

The study was quasi-experimental and the pretest-posttest whit control group was used. The population in this study was women who were married to drug addicts and referred to addiction treatment centers of social welfare organization to get medical care and counseling in Rasht, the north of Iran, 2015. In this study, 20 women with addicted husbands selected after announcement for training course to reduce marital problems. The research was voluntary and their couple burnout scale score was higher than the average. They were selected by available sampling and randomly were assigned in both experimental and control groups (n=10). Inclusion criteria consisted of being in the age range of 25-50, completing treatment consent form, lacking of psychological disorders,

not being applicant of divorce, lacking of counseling and psychological treatment parallel of meetings, and at least one year for husband's addiction. In this study, in order to apply the independent variable, the experimental group participated in eight 120-minutes sessions of mindfulness training, while the control group did not receive any intervention. Before the implementation of the independent variable (mindfulness training), pretest (couple burnout measure) was performed. After the implementation of the independent variable, Couple Burnout Measure (CBM) performed again. The results of each experimental group compared with the control group. It explained to the participants that the group trainings is planned to reduce their marital problems and is a part of a research work. The issue of informed consent raised and they all participated with the full consent. Also after the training session and carrying out posttest in both control and experimental groups, in order to uphold the principles of research ethics, the control group also received the mindfulness training. To collect data, the following tools used:

Pines 'Couple Burnout Measure (CBM): In the present study, the 21-item measure of couple burnout used to investigate couple burnout that developed by Pines in 1996. It consists of three subscales: physical, mental, and emotional exhaustion. Taken together, the total score and subscales of couple burnout can be achieved. All questions answered on a 7-point Likert scale from one to seven. The high score is 147 and the lowest score is 21. A survey conducted in Iran [29] suggested that CBM has an acceptable validity and reliability.

In the present study, the goal of researchers was to exploit mindfulness-based trainings. To reach the goal, a combinative protocol based on two main streams of mindfulness (Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy) was used. [30].

The regular program of mindfulness training sessions was as follows:

Session I: Introducing of participants, providing explanations of addiction and the

impact of addiction on the family members, discussion on couple burnout, the practice of eating raisins, talking about many people live unconsciously, body scan exercise.

Session II: Body scan exercise, inviting participants to talk about their experiences of the practice of mindfulness, obstacle investigation, a discussion of some features of mindfulness as a non-judgmental approach, thoughts and feelings exercise, practicing sitting meditation by focus on breathing.

Session III: Exercises of short seeing or hearing, sitting meditation by focusing on breathing and physical sense, three-minute breathing space, and mindful body movements.

Session IV: Sitting meditation with focusing on the breath, body, sounds and thoughts, discussion of stress and the common reactions of people in difficult situations, conscious walking.

Session V: Sitting meditation practice by focusing on the breath, body, sounds, and ideas, discussion on acknowledging and accepting the reality of the situation as it is now, practicing second series of mindful body movements.

Session VI: Three-minute breathing space, discussion about often non-factual thoughts.

Session VII: Sitting meditation practice and open awareness, discussion on the best way to care for self, assessment of daily activities related to pleasant activities vs. unpleasant activities and learn planning for pleasant activities, love and kindness meditative practice.

Session VIII: body scan exercise, discussion on what have been learned so far, usage, evaluation of training, supplement of more resources.

The collected data analyzed by using multivariate analysis of covariance (MANCOVA) with SPSS-18 software. The significance level in statistical tests was 0.01.

Results

Twenty women with mean age of 36.88 and standard deviation of 4.88 participated in

this study. Also 31.2% of the participants were under diploma, 50% had diploma, and 18.8 %

were higher than diploma. The descriptive information of the variables provided in Table 1.

Table 1 Descriptive information (mean and standard deviation)

Variable	Groups	Pretest		Posttest	
		M	SD	M	SD
Physical exhaustion	Experimental	23.30	2.54	20.30	1.41
	Control	23.00	2.90	23.90	2.55
Psychological exhaustion	Experimental	25.60	2.50	21.51	1.08
	Control	27.90	2.18	26.10	2.18
Emotional exhaustion	Experimental	30.70	2.62	28.50	2.41
	Control	29.40	2.01	30.70	2.79

As can be seen in the Table above, the mean scores in the control group showed little difference but the difference is visible in the experimental group. Levine's test used to observe the assumptions of the covariance. Error variance of physical exhaustion ($F=0.00$, $Sig=0.97$), mental exhaustion ($F=2.12$, $Sig= 0.16$) and emotional exhaustion ($F=0.4$, $Sig=0.84$) does not differ

among participants (experimental and control group) and variances are equal. Moreover, Box's M test used to study the homogeneity of the covariance. Results showed that Box's M was not significant, and therefore the assumption of difference between covariance is established ($F=2.64$, $Sig=0.15$). The results of multivariate analysis of covariance shown in Table 2 and 3.

Table 2 Multivariate tests

Test	Value	F	Hypothesis df	Error df	Sig.
Pillai's trace	0.79	17	3	13	0.001
Wilks' lambda	0.20	17	3	13	0.001
Hotelling's trace	3.92	17	3	13	0.001
Roy's largest root	3.92	17	3	13	0.001

Table2 shows that the observed F for Pillai's Trace, Wilks' Lambda, Hoteling's Trace and Roy's Largest Root is 17 at a significance level

of 0.001. This means that there is a significant difference at least in one of the comparable variables between the two groups.

Table 3 Tests of between-subjects effects

Dependent variable	Sum of squares	Df	Mean square	F	Sig.	Eta
Physical exhaustion	30.64	1	30.64	8.05	0.001	0.34
Psychological exhaustion	61.76	1	61.76	20.12	0.001	0.57
Emotional exhaustion	24.28	1	24.28	12.33	0.001	0.45

The results showed that there is a significant difference between the groups in terms of couple burnout. This means that mindfulness training reduced in physical ($F=8.05$, $p\geq 0.001$), psychological ($F=20.12$, $p\geq 0.001$), and emotional exhaustion ($F=12.33$, $p\geq 0.001$) in the experimental group compared to the control group. Given the size of the effect, it can be stated that mindfulness training had the greatest impact on psychological exhaustion.

Discussion

Results showed that mindfulness training

significantly reduced the couple burnout. These findings by consistent of other studies showed that mindfulness training could lead to decrease in couple burnout [11,12]. Several studies have shown that mindfulness-based interventions enhanced psychological well-being as well [23-26]. The interventions have also significant impact on reducing marital problems and improving the quality of marital life [15-17]. In addition, other studies have shown that mindfulness training help people especially in tough conditions, to adapt the harsh conditions in efficient and rational way and to deal with the

challenges of life [21,22].

One of the important features of mindfulness is to teach people to be aware of the events as they are rather than reacting to events immediately. In fact, people normally accustomed to react promptly to the thoughts, feelings, sensations, and emotions [13]. While the individuals are taught by doing exercises like focusing on breathing, body scan, sitting meditation, they become aware of their thought, feeling, and emotion when facing unpleasant experiences. The exercises generalized to daily life, and the individual gains the insight that in the case of unpleasant events, such as spouse's addiction, instead of reactive and immediate behaviors, which usually lead to burnout and its symptoms [31], individual should cultivate state of acceptance and awareness in every moment. This awareness has positive consequences. One of which will be mental peace and a person in a state of relaxation can make appropriate decisions, and instead of immediate responses, person can have constructive reaction. In mindfulness training, the women taught that instead of focusing on the past and the expectations they had, They should focus on present, and be aware of the current moment. In mindfulness, by doing exercises like focusing on breathing, body scan, sitting meditation, the individuals are taught to have a better relationship with own body, which helps to reduce many signs and symptoms of burnout and exhaustion.

In addition, in mindfulness training sessions, many points will offered, which help women to adapt and efficiently deal with the current situation that is unpleasant. For example, in relation to the usual stress and reactions to difficult situations, alternative attitudes and reactions and useful information provided. Information is given in relation to accepting the present reality and the best way to take care of yourself. Moreover, planning to do pleasant activities help women to activate those behaviors that reduce burnout.

In mindfulness training by practicing love and compassion, individuals learn not to judge others and foster a sense of compassion and kindness [32]. In fact, in mindfulness, individual learns to grow sense of compassion, kindness, and love not only to the family members, but also

towards all creatures. A sense of acceptance, love, and kindness could be manifested towards the spouse and it can reduce the burnout and increase solidarity between them.

In confirming these findings, it can be noted that there is direct relationship between marital burnout and negative emotions such as depression and anxiety [33,34]. The results also showed that there is significant correlation between mindfulness and emotion regulation strategies and psychological wellbeing [35, 36]. In fact, by using the techniques of mindfulness and its generalization to everyday life can make the individual to come along better with positive and negative emotions. When people live mindfully, they are better able to regulate their emotions and report less psychological problems such as depression and anxiety [35]. The study conducted on women with addicted husbands in Rasht and the generalization of the results to other populations should be done carefully. It recommended that similar studies can be carried out in other statistical societies especially populations that are somehow involved in marital or relationship problems. It is also recommended, with respect to the role of mindfulness in reducing couple burnout, this type of intervention can be conducted on other couples who are somehow involved in some conflicts and problems, for example, infertile couples. Also, in addiction treatment centers, in addition to treatment programs for addicts, spouses' problems should be considered, and educational and treatment programs can be provided to reduce their psychological and marital problems.

Conclusion

The results of this study indicated the importance of mindfulness training in reducing the burnout of married women with addicted husband. They are not in good condition in terms of psychological and marital status. By training appropriate skills, which their effects has been confirmed, these women can be helped by learning some skills and acceptance of the situation, and experience far less turbulent. As a result, they can foster the ability to make the

right and constructive decision and they are better able to deal with the situation. Mindfulness-based interventions based on set of simple practices and principles help people have better performance. The techniques can be used in clinical and nonclinical positions require learning and continuous effort and practice.

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Study design: RGH, AN, BS

Data collection and analysis: RGH

Manuscript preparation: RGH, AN, BS

Conflict of Interest

"The authors declared that they have no competing interests"

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