



The effectiveness of anger management training on marital satisfaction

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Abstract

The present study aimed to determine the effectiveness of anger management training on marital satisfaction of spouse of addicted patients in addiction treatment centers in Bojnourd. The present experiment is a pretest and posttest with control group kind. For selecting the needed samples, available sampling method was used. 30 spouses of addicted people who were ready to cooperate and participate in educational sessions were chosen and randomly assigned in experimental and control groups. Anger management skills were taught to experimental group during 10 sessions of 90 minutes. Using questionnaire of marital satisfaction (Olson, Fournier & Druckman, 1987) data was collected at pretest and posttest and covariance analysis were used to test the research hypothesis. Results indicated that training of anger management skills can significantly impact on increase marital satisfaction ($P < 0.01$). The results of the study provide some evidence to suggest that training anger management skills is an appropriate method for increasing marital satisfaction. Anger management skills training help women probably by reinforcement of the behavior skills of regulation change and create desirable emotions and control their violence.

1. Introduction

Substance abuse is one of the most pervasive social problems in the world. It is a behavior that most societies views as being detrimental to physical, social, psychological and spiritual health due to its many deleterious effects. Substance abuse has been defined as an excessive use of addictive substances, especially when such consumption or misuse of a substance is not for the therapeutic purposes but rather for the purpose of altering the normal functioning of the mind and body (Hewitt & Enoch, 2009). Substance abuse among various populations and in virtually every country of the world is assuming an increasingly alarming dimension, a tendency which if, left unchecked, could spell disasters of an unimaginable proportion (WHO, 2010).

At the individual level, substance abuse has been implicated in many forms human morbidity and mortality, and is a leading cause of preventable deaths in many countries of the world (Agrawal, Puliyel, Chansoria, Mukerejee, Kaul, 2007; Yoon, Higgins, Heil, Sugarbaker, Thomas & Badger, 2007). Substance abuse is a major cause of physical conditions such as liver, cardio vascular, and cranial problems. Other problems include some degree of tolerance and withdrawal syndrome, characterized by nervousness, irritability, drowsiness, energy loss, difficulty concentrating, impaired physical performance, headaches, fatigues, irregular bowels, insomnia, dizziness, cramps, palpitation, tremors, seating and cravings (Seeman & Seeman, 1983; Santi, Best, Brown & Cargo, 1991; Hawkins, Catalano & Miller, 1992).

Additionally, substance abuse has been implicated in majority of the cases of vehicular fatalities worldwide, with attendant effects of physical deformity, loss of property, loss of jobs, loss of esteem and even loss of lives. In addition, substance misuse is known have a causal relationship with many psychological disorders including mental and behavioral disorders. Substance abuse is a leading cause of violence among individuals is a major cause of premature deaths (Patton, 1998; Ogden, 2003).

Differences in the experience, expression, and control of anger were evaluated for young-adult

drug addicts and a control group (matched in age, residence, and education) of nondrug users from Southern Italy. Drug abusers had significantly higher scores on the Spielberger's State- Trait Anger Expression Inventory (STAXI) State and Trait scales, the Trait-Angry Temperament and Reaction subscales, and the Anger-Out and Total Anger Expression scales, and significantly lower scores on Anger-Control. These findings indicate that the drug abusers experienced anger more often than the nonusers, were more likely to express anger toward other persons or objects in the environment, and had less control of their angry feelings (De Mojá & Spielberger, 1997).

The causal connections between substance use and relationship discord are complex and reciprocal. Couples in which one partner abuses drugs or alcohol usually also have extensive relationship problems, often with high levels of relationship dissatisfaction, instability (for example, situations where one or both partners are taking significant steps toward separation or divorce), and verbal and physical aggression (Fals-Stewart, Birchler & O'Farrell, 1999). Relationship dysfunction in turn is associated with increased problematic substance use and post treatment relapse among alcoholics and drug abusers (Maisto, O'Farrell, Connors, McKay & Pelcovits, 1988). Thus, substance use and marital problems generate a destructive cycle in which each induces the other.

Anger management problems can affect every aspect of a person's life – especially when it leads to the chronic experiencing of anger, hostility and subsequently violence¹. Many persons with a high tendency to become angry also seem too often abuse substances (Howells, Day, 2003; Stith & Hamby, 2002). In a study conducted by Tafrate, Kassonove and Dundin (2002) participants with a high tendency to anger used three times more substances than persons with a low tendency to anger. It seems that rehabilitated substance dependants revert back easier to their substance abuse habits when they experience anger management problems (Reilly & Shopshire, 2000). Clients abusing substances often need psychological interventions for associated medical, physical or psychosocial problems and in

these cases the anger management helps at improving the clients' ability to manage a balanced lifestyle and to effectively cope with stress.

2. Method

Pre-test and post-test controlled group experimental model is employed in the research. Independent variable of the research was anger management training method and dependent variable was marital satisfaction. In the beginning of the experimental work and after the treatment, to determine difference in marital satisfaction between experimental and control groups, Enrich questionnaire was administered to both groups.

2.1. Subjects

The sample consisted of 30 spouses of addicted patients in addiction treatment centers in Bojnourd. Sample members were selected by available sampling. 30 spouses of addicted people who were ready to cooperate and participate in educational sessions were chosen and randomly assigned in experimental and control groups. Sample members were randomly assigned to experimental and control groups. The age range of the women was 24-45 with a mean 33.58 (SD=4.56).

2.2. Measurement

2.2.1. Enrich Marital Satisfaction Questionnaire

The Enrich questionnaire includes 115 questions and is used to assess potential problem areas or to identify methods of enriching marital relationships. This questionnaire was developed by Olson, Fournier and Druckman (1987). It is also used for couples who need advice to improve their relationship. In addition, this questionnaire has been used as a valid instrument in numerous studies to examine marital satisfaction, and it consists of 12 subscales. The first scale contains 5 questions and each of the other scales contains 10 questions. The subscales of this questionnaire are as follows: idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends,

equalitarian roles and religious orientation. In the form of 115 questions implemented in Iran, 5 choices are intended for each of the questions in this questionnaire. Alpha coefficients of the Enrich Questionnaire interpretation for the subscales of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles and religious orientation are 0.90, 0.81, 0.73, 0.68, 0.75, 0.74, 0.76, 0.48, 0.77, 0.72 and 0.71, respectively. The alpha coefficient of Enrich subscales in several different studies was from 0.68 (for equalitarian roles) to 0.86 (for marital satisfaction) with the mean score of 0.79 (Soleimani, 1994). In Iran, Soleimani (1994) assessed the validity and reliability of this test using internal correlation of the questions, by selecting 47 questions having the greatest correlation with the overall score and presented it as the short form questionnaire of marital satisfaction. The reliability coefficient of this test in his study was obtained as 0.93 (Bar-On, 1997). However, the validity of this questionnaire was calculated as 0.96 by alpha coefficient method in our study

2.3. Data Analysis

In order to test the hypotheses, we used covariance analysis. In these analyses, the dependent variable was marital satisfaction. The study employed a pretest and post-test design and the patients in the study received a three-month, ten-session anger management training.

3. Results

Hypothesis: anger management training is effective on marital satisfaction of spouse of addicted patients. Descriptive statistics indices (mean, standard deviation) have been shown in table 1.

Table1. Descriptive statistics indices of marital satisfaction in pretest and posttest

variable	group	Pre-test			Post-test		
		Mean	Std. Deviation	N	Mean	Std. Deviation	N
Marital satisfaction	experiment	152	28.47	15	164,4	21.87	15
	control	153,8	33.94	15	152,4	30.06	15

Table2. The result of covariance analysis the effect of anger management training on marital satisfaction

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Marital satisfaction	15668.728	1	15668.728	195.564	0.000	0.883
Error	2083.143	26	80.121			

According to the result of table 2; because accounting meaningful surface is lower than 0.01 alpha, therefore, F is meaningful ($F= 195.564$, $P\leq 0.01$) so the anger management training method was effective on marital satisfaction. The amount of effect is equal to 0.883; it means more than %88 difference is related to the effect of anger management training. Therefore, the hypothesis based on anger management training is effective on increasing marital satisfaction for spouse of addicted patients confirmed.

4. Discussion

Extreme levels of anger are a potential mediator in many psychiatric conditions, including affective disorders, substance use disorders and post-traumatic stress disorder (Olatunji & Lohr, 2005; Gardner & Moore, 2008; Wilkowski & Robinson, 2008).

Results showed a significant difference between experiment and control groups marital satisfaction. This means that anger management skills training, reducing conflicts between couples. The result of this hypothesis is consistent with the results of Golestani (2008); Hussein (2009); Lindsey, Caldera & Tankersley (2009); Mitrani (2010) and Karimi (2013).

Anger is an emotional state that can be provoked by exposure to environmental applications and is characterized by physiological arousal and antithetical cognitions. Exposure to environmental applications may cause physiological arousal and effect on the cognitive structures that are responsible for the perception and interpretation of events. Angry reactions could be part of a learned ways to

cope with the demands of life, as pressures of work or family problems. Anger management treatment methods are treatments based on coping skills.

These findings can be explained by the following: Anger management training can effect on self-efficacy. Anger management training can Strength the feeling of uniqueness in person so that People who participate in this course training will be able to have a sense of commitment and responsibility towards their lives. As a result, people who participate in these courses will be able to participate in some positive activities such as family dialogues and cooperation in small groups.

The results of Johnson et al., (2005) on 172 couples in New Zealand showed that problem-solving skills and control negative emotions play an important role in reducing conflicts and the size of it. Taromian (1999) in a study showed Life skills training enhance physical and mental health, self-esteem in the face of stress and reduce anxiety and depression, which is also predicted to improve marital satisfaction. The results of Rezazade and Pournaghash Tehrani (2007) on unhappy couples showed that anger management program can significantly reduce the conflicts between the couples. The negative effects of conflict (anger, disgust, sadness, fear) in the couple's interactions are associated with the violence and marital disputes. The malicious communication between couples leads to a decrease in marital satisfaction and increased likelihood of divorce (Amato & Hohmann-Marriott, 2007).

In explaining the results obtained of thesis can be said that Because of the communication skills training in anger management sessions, subjects

obtained constructive cognitive-behavioral patterns such as the ability to create effective communication, impulse control and the ability to change aggressive impulses. Also, because reduce aggressive behavior helps to builds favorable communication patterns, conditions will be provided to create a good relationship between spouses in which feelings are expressed.

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