

Abstract

Objective: This study was an attempt to determine the impact of life skills training on the enhancement of self-esteem and marital satisfaction among addicts in treatment period. **Method:** The research design was quasi-experimental pretest-posttest with control group. For each group 12 male addicts in treatment period in Qazvin city were selected by convenience sampling. Rosenberg self-esteem and Enrich marital satisfaction questionnaires were administered among selected samples. Ten sessions of training in the form of question-and-answer workshops and role play were conducted by experienced instructors. The control group also awaited training. Upon completion of training, both groups underwent posttest. **Results:** Results showed life skills training improved self-esteem and marital satisfaction of addicts in treatment period. **Conclusion:** Life skill training has a positive impact on self-esteem and marital satisfaction of individuals especially on addicts in treatment period. Life skill training empowers persons to actualize their knowledge, attitudes and values, and enables them to have motivation for healthy behavior which will exert significant impact on their relationship with their wives.

Keywords

Self-Esteem, Marital Satisfaction, Life Skills

The Effectiveness of Life Skills Training on the Enhancement of Self-Esteem and Marital Satisfaction among Addicts in Treatment Period

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Introduction

Addiction, change of thoughts, emotions, and behavior are among the most significant socio-psychological trauma that can easily destroy one's personal life, family, and community. Therefore, the best way to deal with this problem is to provide a therapeutic environment that helps individuals increase their skills and competencies (Turner, Macdonald & Somerset, 2008). Experts believe that several factors contribute to the development of addiction. In this regard, one of the most important factors is related to the individuals themselves, particularly a lack of life skills. Many individuals, especially those suffering drug-abuse problems do not have sufficient skills, particularly life skills when encountering daily life problems. It is noteworthy that promotion of life skills plays an important role in addiction treatment (Botvin & Kantor, 2007). Numerous studies have shown that lack of life skills is associated with drug-abuse. Accordingly, World Health Organization has provided life skills training program to promote mental health and prevent social pathologies such as addiction. Life skills are a group of mental skills that provide positive adaptation and enable people to take their social responsibility without hurting themselves and others, and deal effectively with the demands, expectations and problems of daily life (Taremyan et al., cited in Oliya, Fatehizadeh and Bahrami, 2006). In fact, life skills are skills that individuals learn to use them for successful, useful, and rewarding individual and group life (Botvin & Kantor, 2007). Boyd (1991) found that those who were taught life skills outperformed in self-recognition, group work, communication, and decision-making. Social decision skills are some part of life skills training which contribute to the promotion of the mental health of individuals suffering from drug-abuse (Elias and Kress, 2004; quoted by Oliya et al., 2006). Also, studies carried out by Edelen et al (2007) showed that social treatment can increase awareness, commitment to self-control, problem solving ability, and an increase of drug-abusers' avoidance. It is assumed that low life skills have led to poor mental health and drug abuse and have had a role in continuation of drug abuse. Similarly, it seems that low life skills put a person at the risk of return. Training life skills have been extensively used in programs of addiction prevention and treatment.

On the other hand, some individuals' addiction is due to their inability to cope with difficulties of life. Unfamiliarity with the proper coping methods causes brittleness; consequently, sufferers resort to drugs. Disorders such as anxiety and depression, high negative self-concept along with low self-esteem are considered as the cause or the effect of drug addiction and play an important role in ex-addicts' return to addiction. Self-esteem is defined as a set of attitudes and beliefs that individuals express in relation to the outside world. In simpler terms, self-esteem is the value that individuals attach to themselves (Verdi, 2004). It seems that self-esteem is the main factor in individuals' socio-emotional adjustment. High self-esteem with positive coping strategies and positive emotional states

are correlated. Self-esteem raises flexibility against changes and develops a sense of positive attitudes in order to enhance the development of self-sufficiency (Modanloo, 2001; cited in Verdi, 2004). High self-esteem increases effort, perseverance, and motivation and is considered as one of the most influential reasons of individuals' performance, particularly in drug-dependent patients' control of and non-return to addiction. Drug-dependent individuals have a functional cycle of damage which is due to their inability to acquire the necessary skills for life. These damages have a negative impact on their health and individual and marital functioning. Therefore, attention to family as a basic social element is necessary. Marital satisfaction is a general evaluation of individuals' current marital or romance status. Marital satisfaction may be a reflection of the joy of individuals resulting from a marital relationship or a combination of happiness due to many factors related to a unique marital relationship. Marital satisfaction can be regarded as a psychological situation which is very inconsistent in the early years and such relationships are most at risk (Ahmad, Nabipour, Kimiayi and Afzali, 2010).

Given the importance of family and prevention from family collapse, it is essential to have an awareness of factors associated with marital satisfaction, which is the basis of the strength of family life. Therefore, when considering the factors influencing marital satisfaction, it is expected that increasing levels of marital satisfaction diminish most of mental, health, emotional, and social problems in families and the society. Furthermore, with the development of levels of marital and life satisfaction, individuals will experience social services and economic growth with more comfort and excellence and families will benefit from these improvements (Sanayi, 2000). Oliya, et al (2006) reported marital life skills training caused improvements in sexual relationships, conflict resolution, communication, religious agreement, social activities, entertainment, and sexual satisfaction in general. According to the above-mentioned points, the main research question in this study is: Do training life skills enhance self-esteem and marital satisfaction among addicts in treatment program?

Method

A quasi-experimental design along with pretest-posttest process and control group were used to evaluate the impact of life skills training on the promotion of self-esteem and marital satisfaction among male addicts in treatment program in Qazvin city in 2012. All the addicts in treatment program of Parvaz rehabilitation center in Qazvin city constituted the study. Convenience sampling method was used to select 24 patients as the study sample. They were randomly assigned to two experimental and control groups, each containing 12 male addicts in treatment program. Study inclusion criteria were: male gender, marital status, education at junior, ranging age from 19 to 45 years and the exclusion criteria were: illiteracy and specific physical and psychological problems.

Instrument

1. Marital satisfaction questionnaire (Short Form): this questionnaire has been designed to detect areas of strength and enrich couples' relationship (Olson, 2006; quoted by Sadeghi, 2009). This questionnaire consists of 36 items categorized in 4 sub-scales, namely marital satisfaction, communication skills, and the ideological ways to solve conflicts, and ideological distortions. A five-value Likert scale method from strongly disagree to strongly agree has been employed for participants to answer the items. The following items are reversely scored: 3-5-6-7-10-13-14-18-19-21-22-23-26-27-28-29-32-33-34. In other words, 1 point was assigned to the response "strongly agree" and 5 points were awarded to the response "strongly disagree". The questionnaire consists of 4 separate scores which are comprised of sub-scale of marital satisfaction including questions numbered 1-5-9-13-17-21-24-27-30-35, sub-scale of communications including questions numbered 2-6-10-14-18-22-25-28-31-34, sub-scale of conflict resolution including questions numbered 3-7-11-15-19-23-26-29-32-33, and sub-scale of ideological distortion including questions numbered 4-8-12-16-20. The validity of this test was evaluated in relation to scales of family and life satisfaction, both of which were reported to enjoy significant correlation ((Olson, 2006, quoted by Sadeghi, 2009). This test has been translated and back-retranslated by Iranian specialists in psychology and linguistics and, then, has been administrated on Iranian samples. The reliability of this scale was reported to lie in the range of 0.70 to 0.86 for each subscale and 0.79 for the entire test through internal consistency using Cronbach's alpha.

2. Rosenberg Self-Esteem Scale: In this study, Rosenberg Self-Esteem Scale English version (Rosenberg, 1965) was used. This scale consists of 10 self-report articles that positively express the overall feeling of their value or acceptance. Also, every proposition of this scale includes a multiple scale (from strongly agree to strongly disagree). Its reliability has been obtained 0.79 in the form of Cronbach's alpha (Fallah, 2003). The results of studies conducted by Greenberger, Chen, Dmitrieva, and Farruggia have reported the value of 0.84 for the internal consistency of this scale. Pullman and Allik reported internal consistency coefficient of Rosenberg Self-esteem Scale to be 0.91 (Rajabi and Bohluli, 2006). Also, conducting a study on Shiraz University students, Sajadinejad reported Cronbach's alpha coefficient and split-half reliability measure of Rosenberg Self-esteem Scale-half to be 0.69 and 0.68, respectively and obtained test-retest coefficients of the above scale as 0.77, 0.73, and 0.78 (Mohammadi & Sajjadnejad, 2006).

Procedure

Each skill was taught by experienced instructors in a workshop, during 8 sessions once a week from 4 to 6 pm. The content of the sessions was as follows: Session I: Providing an introduction and acquaintance, general description of the

training sessions and purposes of the sessions, and administering pretest. Session II: Making some remarks about the beginning and end of a relationship, forming a table of benefit and loss to deal with negative thoughts that hinder communication, and assigning homework. Session III: Reviewing homework and giving feedback from previous session, expressing 10 attitudes that prevent listening, providing methods of dealing with angry people, expressing positive listening attitudes, and assigning homework. Session IV: Reviewing homework and giving feedback from previous sessions, defining self-esteem, expressing the importance and effects of high self-esteem, characteristics and features of people with high and low self-esteem and their behavioral differences, listing self-confidence and its difference with self-esteem and pride, and carrying out profit and loss analysis of self-confidence. Session V: Reviewing and giving feedback from previous session, providing familiarity with the types and description of stress and negative mood, expressing practical techniques to manage stress (coping and coping-based skills), listing relaxing skills (relaxation) and proper breathing, training for anger management, anxiety and depression, and providing task. Session VI: Reviewing the task and giving feedback from previous session, providing familiarity with the importance of decision-making and problem solving skills, and training five stages of problem-solving skills in group. Session VII: Reviewing the previous session, providing familiarity of groups with the concept and components of creative thinking (fluid, initiative, imagination, and flexibility), practicing creative thinking in group, providing task. Session VIII: Reviewing the task and giving feedback from previous session, providing familiarity with the concept of critical thinking, critical thinking properties and ways of coping with the impact of stress on the body and life-skills training, coping with stress, giving a summary and review of the whole process, and administering post-test.

Results

Multivariate analysis of covariance was used to evaluate the effectiveness of life skills training on self-esteem and marital satisfaction. One of the assumptions of this test is distribution normality of the data. To examine the preconditions, Willkie Shapiro test was used as follows:

Table 1: The results of Willkie Shapiro's test

<i>Variables</i>	<i>Groups</i>	<i>F</i>	<i>df</i>	<i>P</i>
Self-esteem	Experimental	0.897	12	0.145
	Control	0.963	12	0.824
Marital satisfaction	Experimental	0.902	12	0.169
	Control	0.975	12	0.955
Communication skills	Experimental	0.823	12	0.398
	Control	0.924	12	0.829
Conflict resolution	Experimental	0.820	12	0.752

<i>Variables</i>	<i>Groups</i>	<i>F</i>	<i>df</i>	<i>P</i>
Ideological distortion	Control	0.901	12	0.492
	Experimental	0.968	12	0.886
	Control	0.911	12	0.220

As seen in the above table, significance level in all variables both in experimental and control groups is greater than 0.05 which shows that the condition of normality of distribution has been met ($p > 0.05$).

For the analysis of pre-condition of equality of error variances, Leven's test was used as it follows:

Table 2: Results of Leven's test in checking homogeneity of error variance

<i>Variables</i>	<i>F</i>	<i>df</i>	<i>P</i>
Self-esteem	0.901	22	0.353
Marital satisfaction	1.159	22	0.293
Conflict resolution	2.267	22	0.271
Communication skills	1.220	22	0.319
Ideological distortion	2.120	22	0.159

As seen in the above table, the condition of equality of error variance has been met in all variables.

For the analysis of the equality of covariance matrices, Box test was also used. The results of this test indicated the equality of the covariance matrix (Box's $M = 0.253$, $F = 1.975$, $p > 0.05$).

Given the establishment of all pre-conditions, Multivariate Analysis of covariance was used. The analysis of results indicated the existence of a significant difference between the two groups (Wilk's $\Lambda = 0.180$, $F = 16.434$, $p > 0.001$). To examine the differences of patterns, univariate analysis of covariance was used as follows.

Table 3: Results of Univariate covariance for finding of different patterns

<i>Variables</i>	<i>Mean square</i>	<i>F</i>	<i>P</i>	<i>Eta Squared</i>
Self-esteem	912.67	81.400	0.0005	0.787
Marital Satisfaction	1335.04	88.650	0.0005	0.796
Communication skills	1249.46	85.270	0.0005	0.795
Conflict resolution	1453.27	82.623	0.0005	0.716
Ideological distortion	121.50	27.557	0.0005	0.556

As seen in the above table, there is a significant difference between the two experimental and control groups in all sub-scales. In other words, life skills training program managed to promote all of these variables.

Discussion and Conclusion

The purpose of the present study was to examine the life skills training on the enhancement of self-esteem and marital satisfaction of married addicts in treatment program. Based on the findings of the present study, it can be concluded that the utilization of life skills is effective in the promotion of self-esteem and marital satisfaction of married addicts. In explaining these findings, it can be stated that mastery over the life skills causes the individuals to know themselves better and understand their wives and try to build effective relations with her. Also, they can detect daily negative excitements and stresses, take control of them. effectively solve their problems, and, as a result, make appropriate decisions. Additionally, life skills make stereotypical persons not accept information without thinking (Schechtman, 2010). Training assertiveness skills and rise in self-esteem prevent the incidence of addiction in those who experience such training. Assertiveness skills can be described as one of the main indices of life skills, based on which individuals can find effective ways to overcome conflicts and personal and social problems. Training life skills enables individuals to actualize their knowledge, attitudes, and values. It also enables them to have healthy motivation and behavior. People who use drugs have problems in their intrapersonal and interpersonal functioning. Intrapersonal deficits include lack of critical thinking, problem solving, and decision-making. On the other hand, interpersonal deficits include lack of social skills. Therefore, the purpose of life skills training in this field is to train and increase intrapersonal and interpersonal functioning for the management and constructive solution of problems in life.

In addition to the prevention of smoking and other drugs, life skills training program can increase personal skills including self-esteem and assertiveness skills (Verdi, 2004). It can be concluded from the present study that life skills training program can have remarkable effects on the improvement of interpersonal communications and conflict resolution and, consequently, it leads to marital satisfaction. This result is in line with that in Arieta's study (2008). Life skills training program causes individuals to gain mastery over interpersonal skills and increase marital satisfaction and also improve the communication skills of individuals who were not satisfied with their pro-longed interpersonal communication (Arieta, 2008). Life skill training program is a necessity at national and international levels and it needs to receive special attention at national and global level. Therefore, due to the importance of life skills in all dimensions of humans' life, it is essential for all people, especially the addicts in treatment program to obtain the knowledge of it in every situation and condition, and apply the basic principles in order to create a healthy and helpful lifestyle towards growth and advancement. Given that life skills are learnable and acquirable, it is hoped that the results and findings of this study can optimally contribute to the provision of a situation wherein addicts can be directed toward

a healthy and developed life. This is possible through the identification of effective factors in teaching life skills, marital satisfaction, and self-esteem as well as their barriers. It can be a good guide for all psychiatrists, psychologists, consultants and all addicts and addiction clinics. Indeed, low self-esteem and social maladjustment are the causes of various damages, including addiction and, hence, life skills training program should be strengthened as a factor to control the damage to society, especially in rehabilitation clinics.

Given the above points and the results of this study and other studies, scientific and research efforts in this area assume importance since life skills training program as a primary preventive approach can have positive effects on increasing the level of development, reducing the burden, promoting and improving marital satisfaction of addicts in treatment program. In the present study, time management, socioeconomic changes, and environmental interactions are from among confounding factors that indicate the need for further researches. Another limitation of the study was lack of access to females which is recommended to be included in the subsequent studies.

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