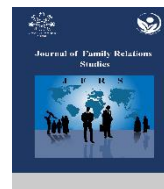




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Research Paper

Effectiveness of Family-Centered Education Based on Islamic-Iranian Model on Adjustment of Excitement and Adaptability of Family in Wives of Addicted People



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ABSTRACT

Objective: One of the psychosocial damages that can shake the social, cultural, and family foundations of any society and threaten human abilities is the phenomenon of addiction. Drug use by family members has a significant impact on their lives and those around them, and the most critical effect of addiction is on the addicted spouse. This study aimed to determine the effectiveness of family-based education based on the Islamic-Iranian model on emotion regulation and adaptability of addicts' Wives.

Methods: The present study is quasi-experimental and is a pre-test-post-test design with a control group. The statistical population includes all women with addicted Wives referred to the Imam Khomeini Relief Committee in Ardakan. A sample of 30 people was selected by the available sampling method and was divided into two experimental and control groups so that each group, there were 15 people. The samples were selected based on the criteria of interest to participate in the research, minimum primary education, age range between 22-50, family monogamy, and spouse addiction to drugs (not psychotropic substances). Each group underwent a pre-test, and then the experimental group received nine individual sessions (one and a half hours per week) of family-based training based on the Islamic-Iranian model. At the same time, the control group was not given any intervention. This study used emotion regulation questionnaires and Family adaptability and cohesion evaluation scale.

Results: Analysis of covariance showed that family-centered education significantly affected the family adjustment of addicted Wives, while no significant effect was observed on emotion regulation.

Conclusion: Family-oriented education based on the Islamic-Iranian model helps women to have less reactive behavior by modulating emotions and to be more adaptable to critical situations such as husband's addiction.

1. Introduction

The family is one of the main pillars of society. Achieving a healthy society depends on the family's health, and the realization of a healthy family is conditional on people benefiting from mental health and having good relationships with each other. As a

chronic and reversible disorder, in addition to the social, psychological, physical, and economic effects on the individual, addiction imposes a lot of psychological pressure on family members, especially the addicted spouse.

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According to the World Health Organization, addiction can be defined as repeated use of a substance or psychotropic substance. The consumer (addicted person) is periodically or chronically affected by these substances and feels compelled to re-use. This behavior is problematic for him (Arlappa & et al., 2019). The examining the mental, personality, and mental health needs of women with addicted wives is necessary to increase family performance, and consequently, special attention to this group seems essential. In recent years, many studies have been conducted on the psychological problems of women with addicted wives (Mohammad Khani & et al., 2010). Among the issues that play a role in women's mental health with addicted wives is emotion regulation. Emotions play an essential role in various aspects of life, such as adapting to life changes and stressful events. Emotion regulation refers to strategies used to reduce, increase, or maintain emotional experiences. Any emotion regulation can make a person vulnerable to anxiety and depression (Gross, 2015). There are nine cognitive emotion regulation strategies. Five are adaptive strategies: Acceptance, positive refocusing, refocus on planning, positive reassessment, coping with perspective, and four methods, inconsistently include self-blame, rumination, catastrophizing, and blaming others (Bagherinia et al., 2015), (Holley & et al., 2018), (Ehring & et al., 2010), (Coutinho & et al., 2010). Stated that difficulty in emotional regulation is seen in mental disorders, especially depression. People who have difficulty regulating their emotions, resorting to smoking cessation, drug and alcohol abuse, shouting and aggression, overeating or anorexia, isolationism, obsessive-compulsive disorder, and exercise to reduce stress and regulate their emotions. They commit suicide (Tortella-Feliu & et al., 2010), so it can be said that emotion regulation in addicted wives is a critical factor in the psychological well-being and overall quality of life of families with addicted members.

Apart from the direct impact of drug use on the addicted person, this dependence is associated with neglect of family duties, lack of material, spiritual, psychological needs, and lack of responsibility towards spouse and children (Soccol & et al., 2013). Families of addicts suffer from stigma, labeling, and social discrimination and, as a result, suffer from psychological distress and pessimism about each other, which disrupts family functioning (Miller & et al., 2005), (Kahrzadeh & et al., 2018). They suggest that the families of drug addicts are weaker in family functioning and have more behavioral disorders than other families. Research (Zeng & et al., 2021) shows that addiction makes family structure dysfunctional and negatively affects

the mental health of family members. One of the essential effects of dependence on the family is the reduction of intimacy and poor communication between members. Also, studies show the high prevalence of violence and harassment in the family of addicts. In a family where one member is addicted, there is a constant feeling of unpredictability and uncertainty (Arlappa & et al., 2019). Substance abuse can ultimately weaken the bond between individuals and destroy relationships between couples by reducing trust. If the children are part of the relationship, the conflict over parental responsibilities, neglect, or abuse may result from the consumption of alcohol or drugs by one or both parties. Olson (1985) has developed two central dimensions for family functioning: solidarity and adaptability. Solidarity is defined as the emotional bonds between family members and adaptability, the family's ability to change the structure, roles, and the relationship of parts in response to their needs. Therefore, correlation and adaptability are two essential aspects of marital and family behavior that are the basis for understanding and recognizing family and marital processes (Place & et al., 2005). Their study (Kliewer, 2006) introduced family cohesion as a predictor of exposure to violence and drug use. Finding (Payá & et al., 2016) Also showed that addiction increases in families with weak emotional attachments and low cohesion. The study (vandeleur & et al., 2009) also showed that high family cohesion plays a vital role in the mental well-being of family members. Family solidarity and adaptation have a protective effect on drug problems, help people cope positively with addiction problems, and increase their ability to heal psychologically (Wu & Zheng., 2020). Moriarty & et al. (2011) also examined the degree of resilience in addicted families in New Zealand and concluded that addicted family members have a low level of stability and positive adjustment. The results of research's Cea & Barnes (2015) showed that the factor of family care, parental attention, and supervision, family cohesion, family adaptation play an important role in predicting addiction (Senormanci & et al., 2019) by examining the psychological characteristics of addicted people, they concluded that the family members of the addicted person have less endurance, family cohesion and quality of relationships. Education communication skills increase marital satisfaction and overall adjustment of addicted wives Becomes (Shamhamdi et al., 2008). The psychological program of family-centered education based on the Islamic-Iranian model includes a set of behaviors and action patterns focused on the normative and semantic dimension of life, taken from the teachings of Islam,

history, and geography of Iran (Madanipour, 2013). A lifestyle based on religion It is one of the most important and influential styles in people's lives (Mikaeili, Esrafil, & Basharpour, 2019). This educational program, along with religious and spiritual teachings, modifies behavior by correcting the recognition of negative and dysfunctional emotions and helps to rationally evaluate thinking (Agah and Jan Bozorgi, 2014).

As a result, women with addicted husbands are better able to recognize their emotions and then examine any emotion without dealing with it, which aims to moderate emotions without reactive and destructive behavior. On the other hand, emotion regulation training Cognitive emotion, loneliness, and social intimacy of women with addicted Wives help relate to the individual and offer new solutions and adjust the distressing effects to the individual, to better cope with specific situations and related emotions. Given that few direct studies have been conducted in this field and due to the importance of the role of the addicted spouse as an influential member of the family, the present article seeks to answer the question of whether family-based education based on the Islamic-Iranian model of emotion regulation on the wives of addicts has a significant impact? Does family-based education based on the Islamic-Iranian model significantly affect the family adaptation of addicted wives?

2. Materials and Methods

The present study is a quasi-experimental research method and a pre-test-post-test design with a control group. In this study, the statistical population includes all women with addicted Wives referred to the Imam Khomeini Relief Committee in Ardakan. After preparing the questionnaires, according to the target group, i.e., women with addicted Wives, Imam Khomeini (RA) Ardakan relief committee was referred. To select the members of the experimental and control group, the files of the clients were accepted and made available, and after reviewing the files that had the characteristics of the research (interest in participating in the study, minimum primary education, age range between 22 -50, family monogamy, spouse addiction to drugs) were contacted by telephone with the Wives of addicts and were randomly divided into experimental and control groups, so that each group consisted of 15 people. The sessions were conducted in a one-and-a-half-hour

session each week to implement the training program. The time and day of the meetings were coordinated with the participants, and it was agreed on a specific time and day that would be the last barrier to attendance. A total of 9 one-and-a-half-hour sessions were performed for women. A pre-test was conducted on each group, and then the experimental group received nine training sessions, while the control group was not given any intervention. This study used emotion regulation questionnaires (Gross and John, 2003) and a Family adaptability and cohesion evaluation scale (Olson and Portner, 1985).

Gross and John Emotion Regulation Questionnaire (2003):

This questionnaire consists of 10 questions and has been developed to measure emotion regulation strategies by Gross and John. This questionnaire has two dimensions of re-evaluation and suppression. A score between 10 to 27 shows the level of emotion regulation, weak, a score between 27 to 40, the level of emotion regulation, moderate and a score above 40, the level of emotion regulation, strong in Gross and John's research found an internal correlation of 0.79 for reassessment and 0.73 for repression. In Asghari and Atadokht (2019) research, Cronbach's alpha coefficient was 1.42 for the cognitive reassessment scale and 1.40 for emotional inhibition.

Family Adaptability and Solidarity Assessment Scale:

The Family Adaptability and Solidarity Scale is a 20-item tool designed to measure two crucial family functioning dimensions: solidarity and adaptability. This scale was developed by Olson (1985) to measure family performance. This questionnaire consists of 20 five-item items (almost never= 1 and almost always= 5). (Olson & et al., 1987) The reliability coefficient of this scale was obtained by Cronbach's alpha method for continuity, adaptability and the whole scale were 0.98, 0.78, and 0.90, respectively.

Family-oriented education based on the Islamic-Iranian model:

The educational intervention is based on the cognitive-behavioral approach and based on the Islamic-Iranian model, which is taken from the booklet, family-centered psychological education based on the Islamic-Iranian model (Ravaei & et al., 2016), (Kokhaei & et al., 2016), which has been performed in 9 sessions on women with addicted wives and is as follows:

Table 1. Content of family-based education program based on the Iranian Islamic model

Session	Topic	content
1	General acquaintance with family-based education program based on the Iranian Islamic model	Familiarity of group members with each other, Familiarity with the goals of the program, number, time of meetings and ethical principles, including keeping secrets, clarifying the importance of doing homework
2	Assertiveness skills (assertiveness)	Familiarity with aggressive, assertive, and passive communication methods and verbal and non-verbal components of communication methods
3	Self-awareness skills	Assignment: Dear participant, practice the method of decisive rejection.
4	Effective communication skills	Familiarity with the importance of self-awareness and its role in couples' relationships, a look at the strengths and weaknesses of themselves and their Wives by looking at the role model of the Prophet of Islam and Familiarity with the skill of gratitude and appreciation
5	Problem-solving skills	Assignment: Complete a worksheet of strengths and weaknesses from the perspective of yourself and your spouse
6	Anger control skills	Objectives of the session: Familiarity with the definition of effective communication, empathy skills, active listening skills, and Familiarity with the life of the Prophet of Islam
7	Marital communication skills	Assignment: Complete the practical communication skills worksheet
8	Parenting skills	Objectives of the meeting: Familiarity with emotion-oriented and problem-solving coping methods, Familiarity with problem-solving methods based on the life of the Prophet of Islam
9	Conclusion	Assignment: Complete the problem-solving worksheet to solve the interpersonal problem of the couple

3. Results

In this study, the age range of participants in the experimental group was 13.3% from 21 to 30 years, 33.4% from 31 to 40 years, and 53.3% from 41 to 50 years, and in the control group, 6.7% from 21 to 30 years, 53.3% were 31 to 40 years old, and 0.40% were 41 to 50 years old. In the experimental group, in terms of education, 46.7% of the fifth elementary school, 33.3% of the cycle, 6.7% of the diploma, and 13.3% of the bachelor's degree, and in the control group, 0.40% of the fifth elementary school, 33.3% of the cycle, 26.7% Table 2 shows the descriptive indicators of emotion regulation, adaptability and family solidarity of participants in both experimental and control groups.

From Kolmogorov-Smirnov test to check the normality of research data, from linear assumptions of

relationship between variables, all linearity, homogeneity of variances and regression homogeneity to use analysis of covariance test to check the significance of research hypotheses, case Used. Based on the results, significant levels in the variables of pre-test and post-test of assertiveness, family correlation is more than 0.05. As a result, it can be assumed that the distribution of variables is expected so that parametric tests can be used. One of the assumptions of analysis of covariance is to examine the linearity of the relationship between dependent and auxiliary variables (covariates) through distribution diagrams. The regression line between the additional variable (pre-test of assertiveness and family correlation) and the dependent variable (post-test of assertiveness and family correlation) was linear and positive.

Table 2. Descriptive indicators of emotion regulation, correlation, and family adaptability

Variable name	Type of test	Groups	Average	Middle	View	minimum	maximum	Variance	Standard deviation
Adaptability	pre-exam	examination Group	25/13	25	21	16	35	27/695	5/263
		Control group	26/40	25	25	18	43	34/400	5/865
	post-test	examination Group	19/67	20	21	15	23	4/238	2/059
		Control group	25/67	25	25	18	43	38/095	6/172
Excitement regulation	pre-exam	examination Group	43/27	46	46	27	58	66/352	8/146
		Control group	38/80	42	21	15	61	219/457	14/814
	post-test	examination Group	43/00	42	42	38	49	11/429	3/381
		Control group	38/93	43	43	17	61	205/495	14/335
Correlation	pre-exam	examination Group	34/67	31	29	17	50	102/810	10/140
		Control group	27/73	21	17	17	46	113/781	10/667
	post-test	examination Group	41/60	43	36	27	50	46/114	6/790
		Control group	28/53	28	18	17	46	103/981	10/197

Table 3. Emotion regulation analysis of covariance analysis statistics

Resources of change	total of type 3 squares	degree of freedom	mean of squares	F	value of P	eta squares	test power
Corrected model	2556/511	2	1278/255	57/097	0/000	0/809	1/000
Crossing	177/311	1	177/311	7/920	0/009	0/227	0/774
Excitement pre-test	2432/477	1	2432/477	108/655	0/000	0/801	1/000
Groups	2/466	1	2/466	0/110	0/743	0/004	0/062
Error	604/456	27	22/387				
Total	53509/000	30					
Corrected total	3160/967	29					

According to Table 3, the results of analysis of covariance of the experimental group (family-based education based on the Islamic-Iranian model) and the control group (have not received any training) in terms of emotion regulation and controlling the effect of the

pre-test show that p The value of the test is 0.743, which is more than 0.05, so family-based education based on the Islamic-Iranian model has no significant effect on regulating the emotions of addicted wives.

Table 4. Covariance Analysis Test Compatibility Statistics

Resources of change	total of type 3 squares	degree of freedom	mean of squares	F	value of P	eta squares	test power
Corrected model	476/473	2	238/236	16/656	0/000	0/552	0/999
Crossing	128/223	1	128/223	8/964	0/006	0/249	0/823
Family Adaptation Pre-Test	206/473	1	206/473	14/435	0/001	0/348	0/956
Groups	214/334	1	214/334	14/985	0/001	0/357	0/962
Error	386/194	27	14/303				
Total	16276/000	30					
Corrected total	862/667	29					

According to Table 4, the results of analysis of covariance of the experimental group (family-based education based on the Islamic-Iranian model) and the control group (have not received any education) in terms of family adaptability and controlling the effect of the pre-test show that p - The value of the test is equal to 0.001 which is less than 0.05, so in response to the research question, it can be said that family-based education based on the Islamic-Iranian model has a negative and significant effect on the family adaptation of addicted wives. 35.7% of the differences in adjusted family adaptability scores have been explained by family-centered education based on the Islamic-Iranian model, which is a desirable percentage. The family adaptability pre-test is 34.8% of the adjusted family adaptation changes.

4. Discussion and Conclusion

The results of present study showed that family-based education based on the Islamic-Iranian model has no significant effect on regulating the emotions of addicted wives. This research finding is inconsistent with a study of Sadri & et al. (2016) that showed the cognitive emotion regulation training improves attitudes and creates a positive outlook in women's relationships with addicted wives; it is inconsistent. Cognitive emotion regulation is the internal and external processes involved in initiating, continuing,

and regulating events, tensions, and the expression of emotions. Study of emotion regulation to the internal processes involved in emotion regulation; it is related to cognitive processes of feeling, managing psychological reactions, and external influences such as parents and other people involved in modeling emotions. The wives of addicts, in the role of spouse, face serious harm in the safest social institution, the family, and live in fear and insecurity when the home environment is safe, secure, and comfortable. Among addicted wives, there was a low level of emotion regulation due to the inability to cope and manage emotions effectively. They believed that they could not control the behavior of those around them with their wives and children, and they were afraid of the child imitating the addicted person in the family, and it could not be controlled for them.

On the other hand, according to research (Fosco, 2013), family performance is effective in emotional order, and emotional support and love and family cohesion regulate emotion; In this study, the performance of these families should be stable to show the effect of emotion regulation, so without the stability of family performance, family-based education based on the Islamic-Iranian model alone has no significant impact on emotion regulation of addicted wives. On the other hand, the present study's findings showed that family-based education based on

the Islamic-Iranian model has a negative and significant effect on the family adaptability of addicted wives. This research finding is consistent with studies (Moriarty, 2011) and (MohammadiFar, 2011). Adaptability means the family's ability to change the response to events. The more resilient family members are, the more minor problems they have in family interactions and adapting to living with an addicted person with a mental health problem. Family interactions in healthy families encourage the free expression of ideas and feelings. Family-based education based on the Islamic-Iranian model on the family adaptability of the wives of addicted people is such that the wives of these people can adapt themselves and the current living conditions and accept. Family solidarity and adaptation have a protective effect on drug problems, help people cope positively with addiction problems, and increase their ability to heal psychologically (Wu & et al., 2020). From the Islamic point of view, the family has an ideal arising from the depths of human need and nature; achieving peace, enjoyment of love, security, livelihood, etc., is one of the ideal and essential elements that the family pursues. As a result of Family-Centered Education, the wives of addicted people adapt to the environment, supplies, and environmental needs. As a result, the amount of turmoil in the family is reduced, which improves the adaptability of the wives. Considering that the present study is limited to the wives of addicted people in Ardakan, it is suggested that studies with the same components be conducted with all members of the addicted family in other cities. On the other hand, due to the availability of research samples, Pay attention to giving the results to other communities and holding classes on the Islamic-Iranian model on the adaptability of wives to be aware of these methods and patterns and conducting research such as this research in a wider demographic dimension to provide the basis of family-based programs for addicted wives. It is recommended to prevent further harm to these women.

5. Ethical Considerations

Compliance with ethical guidelines

In designing and compiling this research, ethical principles have been considered. The purpose of the research was explained to the participants and the information was received confidentially and used only for research purposes.

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Authors' contributions

All authors of this article participated in all stages of writing and conducting research.

Conflicts of interest

The authors of the article had no conflict of interest.

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