

Original Article

The Effectiveness of Self-Compassion Treatment on the Quality of Life and Self-Esteem of Addicts' Wives

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Abstract

The aim of this study was to evaluate the effectiveness of self-compassion treatment on the quality of life and self-esteem. The method of this study was experimental with pretest-posttest design. The population of this study included addicts' wives who referred to addiction treatment centers in Ardabil in 2022, from whom 40 eligible women were selected by availability sampling method and randomly placed into experimental and control groups (20 people in each group). The experimental group received 8 sessions of self-compassion-based treatment, while the control group did not receive any interventions. In two stages of pretest-posttest, quality of life and self-esteem questionnaires were used to collect data. The data was analyzed using analysis of covariance. The results of the analysis showed that self-compassion treatment is effective in increasing the quality of life (3.45) and self-esteem (9.24) in addicts' wives ($p < 0.05$). The results of the present study can be the basis for applying this intervention in addicts' wives and due to its greater effectiveness can be considered and have more practical implications for educators, clinicians, psychologists and psychiatrists.

Keywords

Self-compassion treatment
Quality of life
Self-esteem
Addicts' wives

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Introduction

Drug abuse and addiction-related problems are one of the most fundamental problems of the present age that has spread worldwide, has gone beyond the health-treatment boundaries and has become a biological, psychological, family and social problem (Namdarian & Janipoor, 2020). According to the World Health Organization (WHO), addiction is a set of physical, psychological and behavioral symptoms that a person, despite having significant problems due to its use, not only continued to use it, but also to eliminate the need to perform high-risk behaviors. It causes disorders in his personal and social life (Hojjat et al, 2016). Undoubtedly, the first blows of addiction hit the family institution and its consequences for the family are nothing but lack of anger control, distress, poor disciplinary skills (Mottaghi Ghamsari & Rostami, 2019), appearance of chaos (Aslami et al, 2020) and in some cases unrestrained. In fact, addiction itself becomes an opportunity and background for corruption. Numerous studies have shown that families in which the husband is addicted to drugs are significantly different from normal families; in such a way that addiction

disrupts various functions at the community level, including interpersonal and educational relationships, social relationships, and in the family, such as economic issues and emotional relationships (Taheri et al, 2020). One of the variables that affects the lives of addicts' wives is quality of life. The World Health Organization (WHO) describes quality of life as a person's perception of his or her position in life, in terms of values and culture, in line with his or her standards, goals, interests and expectations, and adds that quality of life is a broad concept complexly influenced by psychological state, physical health, a person's relationship with important people, social relationships and the level of independence in his or her life (Douaihy & Singh, 2001). Recently, due to the significant increase in health care costs, as well as people's concerns about the effectiveness of medical interventions, a branch of quality of life called health-related quality of life; health-related quality of life is described by the patient's perception and evaluation of disease, defects and their treatment have affected his or her social opportunities and daily functioning (Alighanavati et al, 2018). Another variable that can be used to reduce psychological damage after learning about

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addiction is self-esteem. Self-esteem refers to a person's self-valuation that he or she achieves through attention to herself and is a sign of an attitude of approval or disapproval and the extent to which a person believes in his or her success, ability and value (Kamkar et al, 2020). Perhaps one of the most effective treatments for addicts' wives is third-wave therapy, based on self-compassion. Most women, when confronted with their husbands' addiction, attribute its cause to themselves, which causes psychological distress in them. Self-compassion therapy prevents a person from severely criticizing or blaming himself or herself for failures or failure to meet standards. This intervention states that external calming images, thoughts, and behaviors must be internalized, in which case that the human mind calms down when confronted with the inside, just as it reacts to external factors. Neff (2003) describes self-compassion as Self-kindness versus self-judgment, human participations versus isolation, and mindfulness to over-identification. He has compassion for himself and believed that the combination of these related components is the characteristic of any self-compassionate person. In training self-compassion, self-understanding is instead of self-judgment and a kind of support for one's inadequacies and shortcomings (Neff, 2003). Research results shows that compassion-based interventions is effective on married couples' marital satisfaction and increasing flexibility (Keshavarz & khalatbari, 2018), reducing couples' self-breaking, irrationality and dissatisfaction beliefs (Denis & Beker, 2015, Daneshvar, et al, 2020) and also on emotional regulation of married women (Danson, 2015). Drug use, recreational use, and addiction have a long history; but its use has not been as popular in ancient times as it is now and has not led to the destruction of human society. Probably at one time this problem was specific to young people or men; But today, the unification of the roles of men and women in social phenomena due to the growth of urbanization and industry, traditional way of life, employment of women outside the home, the growth of women's social movements and as a result more mixing of men and women has caused women to be like men and be influenced by social phenomena, including addiction (Sotoudeh, 2015). According to the United Nations Office on Drugs and Crime, the proportion of women in the drug-using population is estimated at 10 percent in Asian countries and 40 percent in European countries, so 16 to 38 million drug users worldwide are women and the number of women drug users is noticeable (Rahimi Movaghar et al, 2011). Statistical reports show the increasing prevalence of drug addiction in Iran. Various figures and numbers are mentioned about the statistics of addicts in Iran, according to the latest announcement of the Anti-Narcotics Headquarters in 2012, 1.2 million people in Iran are permanent addicts and about 800,000 people use drugs on a recreational basis, which is more than permanent addicts. New studies in this field have achieved two significant results: First, the age of addiction is declining in most countries. The results of this studies show that the average age of onset of smoking is between 11 and 12 years (Korhonen et al,

2008) and the consumption of most enriched substances begins in adolescence (Maxwell, 2008; Tu et al, 2008). The highest number of opium addicts and its derivatives is in Asia with 9.3 million people, and most of the Asian users are in countries that are in transit route of drugs produced in Afghanistan. 2.3 million Addicts are in the Middle East, the Near East and Southwest Asia. In this region, Iran with 1.2 million people and a prevalence rate of 2.8 percent, Afghanistan with 920,000 addicts and a prevalence rate of 1.4 percent and Pakistan with 630,000 addicts and a prevalence rate of 0.7 percent has the highest number of addicts in the region. It should be noted that the prevalence of drug use in our country in the age group of 15 to 64 years is equal to 2.4 percent, although some articles have reported a higher prevalence and estimated it at about 2 to 4 million people. Due to the content expressed and the lack of research on the addicts' wives, especially the use of self-compassion therapy on the problems caused by addiction and the lack of research that has examined the effect of this type of treatment on the addicts' wives, this study aims to answer the question of whether self-compassion treatment affects quality of life and self-esteem or not?

Method

Participants

The present study is applied in terms of purpose and in nature is an experimental research of multi-group pretest-posttest type. The independent variable is the treatment of self-compassion and the dependent variable is quality of life and self-esteem. The population of this study was addicts' wives, 25 to 55 years old, who referred to addiction centers in Ardabil in 2022. According to Delavar (2020), for the experimental research, the sample size should be at least 15 in each group under control conditions. For this reason, the sample of this study included 40 addicts' wives who referred to addiction treatment centers in Ardabil in 2022, who were selected by convenience sampling method according to the inclusion and exclusion criteria. Participants were then randomly assigned to the experimental group ($n = 20$) and the control group ($n = 20$).

Instrument

Quality of Life and Self-Esteem Questionnaire:

Research data was collected using the 12-item Quality of Life Questionnaire by Ware et al. (1996), the Eising Self-Esteem Questionnaire, and the Gilbert (2009) Self-Compassion Treatment Protocol (Iskender and Akin, 2010; Ware et al. (1996).

Procedure

After collecting information, the data was analyzed in two modes: descriptive statistics and inferential statistics. In describing the data, the frequency of age, gender, level of education and central indicators such as frequency, percentage, mean and standard deviation

were used and in the inferential statistics section, analysis of covariance was used. All these data were analyzed by SPSS-18 statistical software.

Results

According to the results, the mean age of the compassion-based treatment group was 31.84 and the control group was 31.84. Also, 45% of women in the compassion-based treatment group and 45% in the control group had a postgraduate degree. Also, 55% of women in the compassion-based treatment group and 55% in the control group had a

diploma or higher as 32.17. Also, 60% of women in the compassion-based treatment group and 60% in the control group were unemployed. Further, 40% of women in the compassion-based treatment group and 40% in the control group had home jobs. The results of the study of the marriage duration of women with addicted spouses in Table 5 show that all women who participated in this study, both in the compassion-based treatment group and in the control group, 5 years had passed since their marriage and had allocated 100% to themselves. In what follows, mean and standard deviation are presented in Table 1.

Table 1. Descriptive statistics of quality of life and self-esteem variables in pre-test and post-test of experimental and control groups

Variables	pre-test			post-test			tvalue	pvalue
	Mean	SD	Mean error	Mean	SD	Mean error		
Quality of Life	1.24	42.8	88.1	3.45	23.3	.74	-83.10	0.001
Self-esteem	3.9	64.4	03.1	9.24	68.2	.600	-62.15	0.001

As can be seen in Table 1, the mean of scores of quality of life is (1.24) in the pre-test stage and (3.45) in the

post-test stage; the mean of scores of self-esteem is (3.9) in the pre-test stage and (9.24) in the post-test stage.

Table 2. Descriptive statistics of quality of life components in pre-test and post-test of experimental and control groups

Variables	pre-test		post-test	
	Mean	SD	Mean	SD
An overall perception of self health	3.2	03.1	5.4	.51
Physical function	1.3	.91	2.5	.76
Physical health	5.2	.60	6.3	.58
Physical pain	4.1	.50	6.4	.59
Social Performance	6.1	.82	4.5	.75
Vitality and vital energy	6.1	.75	4.5	.68
mental health	5.2	.60	6.3	.58
Physical problems	4.2	.50	6.3	.48

As can be seen in Table 2, the mean and standard deviation of overall perception of health of the experimental group in the pre-test stage respectively is

(3.2) and (03.1) and the control group in the post-test stage is (5.4) and (.51).

Table 3. Descriptive statistics of triable subjects in pre-test and post-test of experimental and control groups

Variables	Educational status	Pre-test				T	P	Post-test				T	P
		N	Mean	SD	Mean error			N	Mean	SD	Mean error		
quality of life	less than diploma	9	22.77	7.88	2.62	-.624	.54	9	43.44	4.15	1.38	-56.2	.19
	diploma and higher	11	25.18	9.07	2.73			11	46.81	1.25	.37		
self-esteem	less than diploma	9	9.00	4.47	1.49	-.25	.80	9	24.11	2.02	.67	1.28	.21
	diploma and higher	11	9.54	4.98	1.50			11	25.63	3.04	.91		

As can be seen in Table 3, the mean and standard deviation of quality of life of individuals with less than diploma education is (22.77 and 7.88) diploma and higher (25.18 and 9.07) and in pre-test and post-test stage respectively is (43.44 and 4.15) and (46.81 and 1.25); and also the mean and standard deviation of self-esteem of individuals with Less than diploma education is (9.00 and 4.47), diploma and higher (9.54 and 4.98)

and in pre-test and post-test stage respectively is (24.11 and 2.02) and (25.63 and 3.04).

In this study, the effect rate of self-compassion training on quality of life and self-esteem of addicts' wives was investigated. For this purpose. The Kolmogorov-Smirnov test showed that all data were abnormal, so we used the nonparametric Wilcoxon test to compare before and after.

Table 4. Wilcoxon test results

Variables	pre-test and post-test	
	Z	Sig
An overall perception of self health	-785.3	.000
Physical function	-880.3	.000
Physical health	-529.3	.000
Physical pain	-992.3	.000
Social Performance	-995.3	.000
Vitality and vital energy	-995.3	.000
mental health	-946.3	.000
Physical problems	987.3	.000

Wilcoxon test showed that pre-test and post-test are different from each other and due to the fact that the score and ranking of the pre-test were lower than the post-test, so applying self-compassion therapy has caused the components of overall perception of self-health, physical function, physical health, physical pain, social functioning, vitality and vital energy, mental health and physical problems significantly increase.

Discussion

The aim of this study was to investigate the effectiveness of self-compassion treatment on the quality of life and self-esteem of addicts' wives. The results of the present study indicate that self-compassion training has a significant effect on quality of life and its components (overall perception of self-health, physical function, physical health, physical pain, social functioning, vitality and vital energy, mental health and physical problems). This research is based on the results of research by [Jabalameli et al. \(2010\)](#), [İskender and Akin \(2010\)](#) and [Saeedi et al. \(2013\)](#) is consistent. Explaining this finding, it can be stated that low quality of life and self-esteem deprive people of formal and informal participation in society and reduce social exchange and attachment, weaken or sever relationships with others, deprives suitable opportunities for living together and experiencing and being together, makes long, deep and lasting relationships impossible, reduces the motivation to continue daily activities as well as to continue living and thus, by reducing the support resources resulting from social interactions, increases stress and mental disorders. As the amount of social relations of individuals decreases and the degree of isolation and disconnection in the network of their relations increases, the amount of social support they receive will decrease; Thus, by training self-compassion, which is one of the techniques of the third wave of behavior, people are taught to increase their understanding in times of failure and pain instead of destroying and criticizing themselves, as well as they understand their own experiences as part of broader human experiences instead of seeing them as lonely and separate. Compassion-based therapy focuses on creating and developing emotions related to accepting oneself and others, and is specifically designed for people with high levels of self-criticism and shame; Because people with these problems often experience high levels of external threats including criticism, fear and rejection,

and internal threats including failure, self-criticism and hatred ([Gale et al., 2014](#)). In general, with self-compassion therapy training, the ability of the study group in the components of this training, which include (self-compassion against self-blame, common human experience against isolation, mindfulness against extreme assimilation with avoidance) has increased that this important issue has improved their quality of life and self-esteem. Overall, the results of the present study showed the effectiveness of self-compassion training on quality of life and self-esteem of addicts' wives. Because addicts' wives have lower quality of life and self-esteem and poorer social relationships, self-compassion training can help them feel better, perform more effectively, and therefore have greater self-confidence by creating more optimism and a more positive and friendly outlook and reducing negative emotions in order to participate in society activities as well as in daily activities, so that the person feels good and accepted by others, which ultimately leads to a decrease in sense of quality of life and self-esteem, and by reducing his sense of quality of life, components such as (overall perception of self-health, physical function, physical health, physical pain, social functioning, vitality and vital energy, mental health and physical problems) increase which can be a source of emotion for individuals; Because people learn how to have compassion for themselves, and as a result of self-compassion, people's beliefs and experiences are corrected, and their attitudes toward themselves and their abilities change, and as a result, their well-being is enhanced. In the present study, reducing the sense of quality of life and self-esteem and increasing desirable social behaviors may be due to the fact that in group meetings, practical and verbal participation of individuals to find a solution is highly considered and desirable behaviors and responses of wives (addicts') are encouraged. Continuing to explain this finding, it can be said that self-compassion is one of the methods that creates a positive attitude and emotions towards oneself and the surrounding issues ([Neff et al., 2007](#)).

Conclusion

The results of this study showed that self-compassion treatment has a significant effect on the quality of life and self-esteem of addicted spouses and has improved the life and self-esteem of these spouses.

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Disclosure Statement

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