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The effectiveness of resilience training on psychological capital in quitting addicted women

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Abstract

This study aimed to determine the effectiveness of resilience training on psychological capital in quitting female drug addicts. The research method was quasi-experimental with a pre-test and post-test design with a control group. The sample was selected from women addicts in the process of withdrawal who had benefited from the services of the Towhid Rehabilitation Center in Isfahan in the spring and summer of 2019. Out of 32 addicted women, 24 people were selected as samples and randomly replaced in two experimental and control groups. The data collection tool was Luthans' (2007) psychological capital scale. The data were analyzed using univariate analysis of the covariance test. The results showed that the resilience intervention improved self-efficacy, hope, optimism, and resilience from the components of psychological capital in addicted women leaving the experimental group compared to the control group. Based on the results of the research, the effectiveness of resilience training in improving psychological capital in addicted women was confirmed. Therefore, it can be concluded that resilience training is an effective method to improve self-efficacy, hope, optimism, and resilience in these women.

Keywords: Self-hope, resilience, self-efficacy, optimism, psychological capital, addiction.

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Introduction

Addiction to substances is considered one of the most important problems in human life (Lundelham, 2013) and is referred to as the second most common mental disorder (Sadock and Sadock, 2016). Abuse and addiction to mood and behavior altering substances is one of the most obvious psychological and social damages that can easily weaken the foundation of individual, family, social and cultural life of a country. One of the serious stressors that addicts' families face is psychological capital (Mohammadkhani, 2009). In terms of content, psychological capital consists of a positive self-understanding, having a goal to achieve success, optimism about oneself, the present and the future, and persistence in the face of problems; In the latest has been shown research, it psychological capital can be considered a protective factor for health and well-being against stress, conflict and overflow (Isa Morad & Khalili Sadrabad. 2017). Psychological capital consists of four psychological variables, which are: hope, self-efficacy, optimism and resilience. Optimism is a way of thinking and a kind of attitude towards the universe and society, based on which people interpret events well and positively. This style of thinking is the opposite of pessimism and is not innately instilled in humans, but acquired and learned. Pessimism leads to depression, low success and occurrence of physical and mental diseases. On the other hand, optimism leads to happiness, high success and physical and mental health. Optimism neutralizes stressful factors. Optimistic people look at unfortunate stressful events as temporary and limiting factors and hope that difficult and disastrous conditions will pass quickly and life's successes will take their place. Optimistic people are able to remove pessimistic thoughts from themselves (Rezaei et al., 2018). As a result, the lack of psychological capital in addicted women can manifest in the form of aggression, depression, severe conflicts, arguments and verbal and physical

violence. These problems cause reduced adaptation strategies, stress threshold and resilience which is one of the most important components of psychological capital (Mohammadifar et al., 2010).

In the case of resilience, a woman, despite being exposed to severe pressures and critical factors resulting from addiction, can improve her social ability along with cooperation to help her quit and overcome the problems ahead and achieve success (Mahdi & Haghaegh, 2017).

Teaching resilience skills refers to a cognitive-behavioral process that provides a variety of alternative and potential with problematic responses to deal situations and increases the possibility of choosing the best and most effective alternative responses (Goldstein et al., 2013); Therefore, people can be trained to increase their resilience by learning some skills. Resilience is a person's ability to biological-psychological establish spiritual balance in the face of risky conditions and a form of self-repair that is with positive associated emotional, emotional and cognitive consequences (Scott, 2013). This research is to answer the question whether group resilience training is effective on the amount of psychological capital of women who are addicted to quitting in Isfahan city.

Method

This research is a quasi-experimental and practical design that was conducted as a pretest and post-test with a control group and using random selection of group membership. The sample was selected from the female quitting addicts who had benefited from Towhid addiction treatment services in the city of Isfahan in the spring and summer of 2019. In this research, available sampling method has been used and 24 people were randomly assigned to two experimental (12 women) and control (12 women) groups. For the experimental group, 8 group sessions were held and one Mirsafisadat et al.

session was held for two months in the form of 90-minute sessions per week.

Materials

1. Psychological capital questionnaire.

This questionnaire was compiled and used by Luthans and Avolio in (2007) in the form of 24 items to evaluate psychological capital, and it was translated and standardized in Iran by researchers in 2009. This questionnaire includes 4 subscales of self-efficacy, hope, resilience and optimism. Its answers are scored based on a 5-point Likert scale from 0 to 5

Findings

The findings indicate an improvement in the score in psychological capital, that is, in the components of self-efficacy, hope, resilience and optimism in the experimental group compared to the control group in the post-test stage.

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Due to the insignificance of the tests of Levin, Kolmogrov-Smirnov and M. Box, the assumption of homogeneity of variances, natural distribution of data and the assumption of equality of variance-covariance have been followed.

The significance level of covariance analysis shows that resilience intervention in the experimental group in the post-test phase is significant in the scores of self-efficacy, hope and optimism components at the level (P=0.01) and resilience at the level (P=0.05). Therefore, it can be said that there is a significant difference between the average scores of the components of self-efficacy, hope, resilience and optimism in the post-test and follow-up.

Discussion

The present study aimed to investigate the effectiveness of resilience training on psychological capital in women who are addicted to quitting in Isfahan city.

Resilience training increases the psychological capital of addicted women through changes in cognition, self-efficacy, optimism, elimination of false beliefs and promotion of resilience. Resilience training using communication skills, self-awareness, problem-solving, behavior control, anger management, helpfulness, optimism, elimination of false beliefs, empathy, and decision-making power can increase hopeful and purposeful thinking in addicted women. Therefore, in this way, it helps to improve their mental health and improve their psychological capital (Naemi, 2015).

Resilience is not just resistance to injury or threatening conditions. It is not a state of passivity in facing dangerous conditions but active and constructive participation in one's surrounding environment and the ability of a person to establish biological-psychological balance in critical conditions. One of these critical conditions is the tendency to abuse substances of a spouse or family member (Mehdi & Haghaegh, 2016). Resilience training, which includes training on ways to get social support, enables the ability to control the environment and communicate effectively with others. This causes resilient people to receive more social support in difficult life situations. As a result, their stress load is reduced and they can more easily communicate with other family members, especially their spouses when they leave (Jalili Niko et al., 2015). Also, resilience creates coping strategies and better defense mechanisms in people; People with high resilience deal with stressful events with optimism, self-expression and self-

confidence. As a result, they see events as controllable. Optimistic attitudes make information processing more effective so that the person uses more coping strategies, and the ability to cope with difficult situations increases and reduces tension (Taghipour et al., 2019). Therefore, resilience increases a person's flexibility, increasing the adaptability and optimism of people with different conditions. Also, resilience increases people's mental health by reducing negative emotions, and the level of satisfaction with life also increases (Mehdi & Haghaegh, 2017).

Therefore, resilience training makes people succeed in facing adversity and life changes. They can manage and understand the environment to overcome the pressures of life and meet its needs. They can quickly adapt and recognize the situation, clearly understand events, communicate and act flexibly (Taghipour et al., 2019). Since the decrease in mental health in family caregivers can have adverse effects on their care duties and expose them to chronic diseases such as heart diseases, diabetes and death, non-pharmacological interventions in this field are recommended to improve the psychological capital of these people.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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