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The relationship between satisfying the needs (based on the choice theory), quality of life and marital satisfaction among addict individuals who undergone treatment

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Abstract

Introduction: Complications of substance abuse not only affect the quality of a person's life, but also partner's life and family relationships. The purpose of this study was to determine the relationship between the degree of satisfaction of needs (based on the choice theory) and quality of life and marital satisfaction of among addict individuals who undergone treatment.

Materials and Methods: In this descriptive-correlational study, 50 addicted patients admitted to department of substance abuse treatment of Ibn-e-Sina hospital in 2012 were selected through convenient method. They responded to questionnaires of World Health Organization quality of life, Enrich marital satisfaction and satisfaction of needs. Data were analyzed by SPSS software version 22, descriptive statistics and Pearson correlation test.

Results: The results showed that there is a significant relationship between satisfaction of needs with marital satisfaction ($P<0.000$) and quality of life ($P<0.001$).

Conclusion: According to the results, satisfying the needs based on the choice theory can increase the quality of life and marital satisfaction of addicted patients.

Keywords: Choice theory, Marital satisfaction, Needs, Quality of life

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Introduction

Substance abuse destroys the lives of a large number of people and undermines the health of individuals and society and the political, economic, and social development and security of the community. The adverse effects of addiction on the psychological and individual levels and in the social and economic aspects of macro society are harmful, and the social and economic damage to substance abuse has undermined the intolerable pressures on social infrastructure of the country (1). Despite widespread efforts to control substance abuse globally, the prevalence and abuse of it are also increasing and the age of substance abuse is decreasing, which also causes serious harm. Today, substance addiction is at the head of social threats, which is considered one of the four global crises of the third millennium. According to the United Nations (2007), about 208 million people aged 15-64 years (equivalent to 4.8%) in 170 countries have been substance abusers and psychotropic substance abusers for at least one year. To make concerning the etiology of preparedness for addiction, various factors have been suggested. Among all the influential factors, one can mention the specific characteristics of personality and the extent to which need and necessity are considered as individual and social factors that these factors play a significant role. Also, they continue to abuse substance (2,3).

Traditionally, research that studies the psychological state of addicts focuses on the symptoms of the pathology, and considers mental health synonymous with the absence of these symptoms, but today a new perspective in the affiliated sciences in general and in psychology in particular, it is developing and expanding in this aspect and in the scientific approach, focusing on health and explaining the positive aspect of the psychological nature of well-being (4). Given that substance dependence is considered a disease and is a

potential indicator in some people, it can be concluded that dependence and return to substance abuse are probably rooted in more consistent and longer-lasting structures (5).

One of these structures can meet the needs of these individuals based on the theory of choice. Understanding the theory of choice changes the personal and professional life of a person, because they will better understand the person and the people who are in contact with him. The theory of choice believes that everything that comes from us is behavior and that all our behaviors are stimulated from within and focused on the goal. The goal of each behavior is to satisfy one of the five basic needs (need for survival, need for belonging and love, need for power, need for freedom, and need entertainment and pleasure). The choice theory holds that when people fail to meet their needs, they choose to behave in a way that they can meet their needs by their means. This behavior is aimed at satisfying the desired needs, as well as this theory explains how we as a human are able to choose for what we want to choose (6).

Addict individuals face other stressors that vary in severity and severity. As mentioned above, addiction has many recurrent problems and pressures, so these people are more likely to face more problems than others in the community in adapting to the pressures of life that determine the level of mental health (7). One of the psychological variables that directly affects substance abuse problems is the quality of life of substance dependent individuals. Research has shown that there is a relationship between quality of life and physical and mental health (8).

Quality of life is a broad concept that covers all aspects of life, including health. This term, which is used in various political, social and economic fields, is often used in medical studies, and is considered by most specialists, including physical, physiological, social, physical and conceptual dimensions (9). The quality

of life literally means how to live. Nevertheless, the concept is different for anyone and with others (10). The World Health Organization has provided a comprehensive definition of quality of life. The quality of life is the perception of a person from his current position according to the culture and value system in which he lives and the relationship of these receipts to the goals, expectations, standards and priorities of the individual.

Various factors, such as economic, cultural and spiritual factors affect the quality of life of an individual. The quality of life is consistent with the lives of individuals, and is measured by the individual's opinion. Maybe a person may have a deep sense of satisfaction with his life, although he does not have a decent living environment. Self-assessment of health or well-being is a key factor in quality of life studies. In other words, one's judgment of one's own is very important (12).

Other psychological variables under the influence of substance abuse are marital satisfaction. Establishing an intimate relationship can be one of the most important sources of pleasure for the individual and at the same time one of the sources of his discomfort. Love begins with a lot of dreaming hopes, a great dream come true with a person, deep in our hearts, a dream of sense of belonging, peace and stability and a lasting connection, but these hopes face with the realities that are on the path to romance, so the needs are not satisfied, anger creates a gap between the two partners, judgments will undermine the easy acceptance of the spouse, a sense of loneliness arises, and the husband and wife go far from each other (13).

Glasser believes that the cause of the failure of most couples is the difference in the severity of their basic needs. If couples realize that they are influenced by their five basic needs and that they are trying to make choices from the beginning of their shared life to meet these needs, then they can improve their marriage significantly.

In other words, the main purpose of the choice theory is to educate couples to become aware of basic needs of themselves and their spouses, and to try to have more appropriate choices (14). Since the addiction disease causes the family system to collapse and the quality of life decreases and its treatment can change the family system, this study aims to determine the relationship between satisfying needs with quality of life and marital satisfaction among addict patients undergone treatment.

Materials and Methods

The present study is a descriptive-correlational study conducted in 2015 with the approval of the vice chancellor of Islamic Azad University, branch of Torbat-e-Jam. A total of 50 addict male admitted to department of substance abuse treatment of Ibn-e-Sina hospital were selected by convenient sampling. Before conducting the tests with the subjects, they talked about the objectives of the plan and they were assured that, considering ethical considerations, all information would remain confidential. Data were gathered using demographic questionnaires, needs assessment, World Health Organization Quality of Life Questionnaire and Enrich marital satisfaction questionnaire. For data analysis, descriptive statistics and Pearson correlation coefficient were used in SPSS software version 22.

Research instrument

A) Satisfying Needs Questionnaire: This questionnaire (based on Glasser's theory) is developed by Sahebi et al., which consists of five essential needs: 1. The need for survival, 2. Feeling love and feeling of belonging, 3. Strength and prosperity, 4. Need for freedom, and 5. Need for recreation. This questionnaire consists of 35 questions that are scored from 1 to 5. Sahebi et al., in their study of this questionnaire, among Ferdowsi University students, reported the internal consistency for the love and belonging scale as 0.71, need to freedom as 0.75, survival as 0.36, strength as 0.62, and recreation as 0.72 .

The validity of the questionnaire was reported as 0.68% (15).

B) World Health Organization Quality of Life Questionnaire (WHQOL-BREF): This questionnaire contains 26 questions that assess the four areas of life of individuals. These areas include physical health (7 questions), psychological health (6 questions), environment of life (8 questions) and social relationships (3 questions), these four areas are evaluated with 24 questions and the first two questions evaluate only general area of quality of life (16). This questionnaire can be applied individually and in group. The method of grading is that the subjects should answer based on a graded scale: 1 = very bad, 2 = bad, 3 = average, 4 = good and 5 = very good for each question. In order to obtain each subscale, we must combine the score of all the sub-quoted terms. After doing the required calculations in each area, a score of 4-20 will be obtained for each area, in which 4 is the worst and 20 is the best condition for the desired area. This score can be converted to a score of 0-100, and a higher score indicates a better quality of life. In this questionnaire, questions in physical health: 3-4-10-15-16-17-18, Psychological health: 5-6-7-11-19-26, Environmental health area: 8-9-12-13-14-23-24-25 and social relationships: 20-21-22. In this questionnaire, all questions are scored directly (1-2-3-4-5), except for the questions (3-4-26) which is indirectly evaluated (5-4-3-2-1) (17). In Iran, Nejat et al. have standardized this scale and the alpha coefficient of the questionnaire has been obtained for the healthy population in the field of physical health 70%, mental health 73%, social relations 55%, and environmental health 84%, and the

coefficient of reliability by the method of retesting from two weeks as 70% (16).

C) Enrich Marriage Satisfaction Questionnaire: This questionnaire consists of four 35-item scales that can be used as a research tool for marital satisfaction, communication, and conflict resolution. The main components of this questionnaire are marital satisfaction, marital relation, conflict resolution and ideal distortion. The questionnaire for each of the five options is considered to include completely disagreeing, disagreeing, not agreeing and not disagreeing, agreeing and completely disagreeing that they will be awarded a score of 1 to 5. Some questions are scored in reverse order and I completely agree with the score of 1, and in the opposite way, I totally disagree with the score of 5. The questionnaire has 4 distinct scores, which are calculated for the total number of subjects of each scale and the raw grades are converted into percentages. The Enrich questionnaire has strong psychometric properties (18). Its internal stability is estimated to range from 0.73 to 0.90 (19). In Iran, standardization has been done and its internal correlation is 0.95 (20).

Results

In this study, 50 addict males admitted to department of substance abuse treatment of Ibn-e-Sina hospital in Mashhad were studied. The mean age of the subjects was 27.68 ± 6.42 years, in terms of job, 30 cases had jobs, and in terms of education, 8 cases were educated as elementary school and lower, 15 were as level of intermediate school, 25 were as diploma and 2 were higher education.

Descriptive indicators related to satisfying needs, quality of life and marital satisfaction are presented in Table 1.

Table 1. Descriptive indicators related to the variables

Variables	Mean	SD
Satisfying needs	62.49	8.64
Quality of life	130.67	15.06
Marital satisfaction	37.24	5.11

Pearson correlation coefficient was used to assess the relationship between satisfaction

of needs and quality of life in addicted patients. There was a significant and direct

relation between the satisfaction of needs (Table 2). and quality of life in patients ($P=0.001$)

Table 2. Pearson correlation coefficient to assess the relationship between satisfaction of needs and quality of life

Variable	Pearson correlation	P
Satisfying needs and quality of life	0.328	0.000

There was also a significant and direct relationship between the satisfaction of needs and marital satisfaction in undergone treatment patients ($P=0.001$) (Table 3).

Table 3. Pearson correlation coefficient to assess the relationship between satisfaction of needs and marital satisfaction

Variable	Pearson correlation	P
Satisfying needs and marital satisfaction	0.126	0.001

Discussion

In the present study, there was a significant relationship between the degree of satisfaction of needs based on choice theory and quality of life and marital satisfaction of addicted patients. The results of this study are consistent with Caroline's research (21). The theory of choice leads to the individual's freedom and liberty in all aspects of life and keeps the light of hope in our hearts that we are not the result of external forces and factors, we are not the victim of our past, we are not as toy of the underlying layers of the brain and hormones. We choose our own behavior and so far, and external factors, such as the psychology of external control of stimulus-response believes, do not play an important role in our destiny and our behaviors (22). As the theory of choice trains a coherent concept of human behavior and inviting people to internal control psychology and giving up external control, based on experience, when we can convey our belief in external control and coercion as a becoming aware of the correct choice, we will well be on the path to a meaningful and long-term change. This is where we end the focus on the past and blame the actions of others (which we do not have any control at all), and we are ready to choose here and now more effective behaviors that we have enough control over. It can be said that choice theory opens a window to injured people who are substance-dependent due to many factors and teach them new education and

self-education that can help to raise the quality of life (23).

Most married people have a high level of marital satisfaction at the beginning of their life, but in addition to the gradual decline in marital satisfaction over time, there are also serious problems in the same weeks and months of marriage that if they will not solved can threat marital satisfaction and stability (24). In a research entitled "effectiveness of the concepts of choice theory and real-life therapy techniques on increasing the intimacy of incompatible couples referring to counseling centers", 8 sessions of training marital adjustment and intimacy, tests before and after training showed that the teaching of the concepts of choice theory and techniques of reality therapy reduced couples' incompatibility and increased their general intimacy in post-test and follow-up stages, which is consistent with the present study (25).

Glaser believes that all human beings are born with five genetic needs and all our behaviors are in order to meet these needs. These needs include the need for love and belonging, freedom, power, recreation and the need for survival. If married people realize that they are influenced by their five basic needs and choose the theory of choice and work from the beginning of their life to meet these needs, will improve their marriages. Understanding these needs is the key to ensuring the strong and permanent emotional relationships of the couples. In other words, the main aim of

choice theory is to teach couples to understand their basic needs and spouses' needs, to avoid using external control and to try to make better choices according to the concept of general behavior (26).

Glasser also argued that couples awareness about how their profile is, can be helpful in improving their marital relationships, and talking about their needs and their severity to maintain a relationship is insightful, since this information enables couples to negotiate and agree to exit from undesirable situations and problems arising from differences in needs (27). The results of Bokharaei's research showed that real therapy education and choice theory have been effective in reducing marital conflicts among housewives (28). Also, Farahbakhsh et al., in their research on the study of the effectiveness of Glasser's couple therapy on reducing stress and increasing the intimate relationship after

the perception of couple's betrayal, concluded that training of couple's therapy techniques based on choice theory was effective, which is consistent with the present study (29).

In this research, a questionnaire was used to survey the data, so some people may refrain from providing real responses and unrealistic responses. Many questions of the questionnaires led to the prolongation of the questionnaire, which depended on the accuracy of the response of participants. Another limitation of the research was a lack of subjects to and the condition and physical symptoms after withdrawal, can affect the completion of the questionnaires.

Conclusion

According to the results, satisfying the needs based on the choice theory can increase the quality of life and marital satisfaction among addicted patients.

References

1. Nasiri M. [Substance abuse and its relationship to urban jobs]. Tarbiat Modarres University, 2004. (Persian)
2. Bakhshipour RA, Mahmood Alilou M, Irani S. [The comparison of personality traits, personality disorders, and problem-solving strategies in self-introduced addicts and normal population]. Iranian journal of psychiatry and clinical psychology 2008; 14(3): 289-97.
3. Purmohammad V, Yaghoubi H, Yousefi R, Mohammadzadeh A, Najafi M. [The comparison of maladaptive schema and lifestyles in drug dependence and non-drug dependence people]. Journal of research on addiction 2013; 7: 107-24. (Persian)
4. Reef D, Gees J. Drug addiction endophenotypes: Impulsive versus sensation-seeking personality traits. Biol Psychiatry 2010; 8: 770-3.
5. Sahand B, Zare H, Fata L. [The comparison of early maladaptive schema domains between successful and non-successful opiate addicts and non-clinical persons]. Journal of research on addiction 2009; 3(11): 65-82. (Persian)
6. Glasser W. [Choice theory, introduction to psychology hope]. Sahebi A. (translator). Tehran: Sayeye Sokhan; 2011: 12-15. (Persian)
7. Sprenger J, Meyer C, Copello A, Kidney R, Waller G. Cognitive representations in alcohol and opiate abuse: The role of core beliefs. Br J Clin Psychol 2004; 43(3): 337-42.
8. Gyakmazy C. [International cooperation in the fight against drugs]. Islamic Azad University Publication Center; 2012. (Persian)
9. Darwish E. [Contribution rate effect on quality of life, life expectancy and happiness in teachers]. MS. Dissertation. Tehran: Islamic Azad University, 2012: 6-7. (Persian)
10. Camilleri J, Steele R. Quality of life and treatment for rectal cancer. Br J Surg 2003; 85: 1036-43.
11. Ellis A. [Albert Ellis consult]. Firoozbakht. (translator). Tehran: Rasa; 2010: 135-37. (Persian)
12. Blanchflower DG, Oswald AJ. Money, sex and happiness: an empirical study. Scand J Economics 2003; 85: 930-43.
13. Makkey M, Frone M, Russel M, Muder P. Drinking to regulate positive and negative emotions .A motivational model use. J Pers Soc Psychol 2006; 69: 990-1005.

14. Brown T, Stuart S. Identifying basic needs: the contextual need assessment. *Int J Real Ther* 2005; 24: 7-10.
15. Sahebi A, Salari H, Darwish E. [Effect of level of satisfaction before marriage on the marriage in order to provide effective strategies in reducing the divorce rate in student, Ferdowsi University]. MS. Dissertation. Mashhad: Ferdowsi University of Mashhad, 2003: 58-70. (Persian)
16. Nejat S, Montazeri A, Holakouie Naieni K, Mohammad K, Majdzadeh S. [The World Health Organization quality of Life (WHOQOL-BREF) questionnaire: Translation and validation study of the Iranian version]. *Journal of School of Public Health and Institute of Public Health Research* 2006; 4(4): 1-12. (Persian)
17. Karimlou M, Salehi M, Zayeri F, Massah O, Hatami A, Moosavy-Khattat M. [Developing the Persian version of the World Health Organization Quality of Life-100 Questionnaire]. *Rehabilitation journal* 2011; 11(4): 73-82. (Persian)
18. Arnold RW, Min D. Empowering couples program for married couples. *Marr Fam* 2004; 7: 237-53.
19. Olson DH, Olson AK. Empowering couples: PREPARE/ENRICH program. *Marr Fam* 2000; 3: 69-81.
20. Soleymanian AA. [Explanation the effectiveness of irrational beliefs based-on cognitive approach on marital dissatisfaction]. Dissertation. Tehran: Tarbiat Moallem University, 1995: 80-110. (Persian)
21. Caroline S. Strength of faith, self-efficacy, and family functioning. *Faculty Res J* 2009; 19(1): 24-32.
22. Glasser W. [Choice theory and the new psychology of personal freedom]. Firozbakht M. (translator). Rasa: Tehran; 2003. (Persian)
23. Glasser WI. [Reality therapy]. Sahebi A. (translator). Tehran: Sayeye Sokhan; 2012.
24. Glasser WI. [Choice theory]. Firozbakht M. (translator). Tehran: Rasa; 2001: 302. (Persian)
25. Darbay M. [Reviews the effectiveness of teaching concepts theory reality therapy on increasing intimacy incompatible couples counseling centers]. Dissertation. Tehran: Welfare and Rehabilitation Sciences University; 2008. (Persian)
26. Brown T, Stuart S. Identifying basic needs: the contextual need assessment. *Int J Real Ther* 2005; 24: 7-10.
27. Martin P. Taking control of your life a brief journey and guide. *Int J Real Ther* 2003; 8(1): 34-41.
28. Bokharaie S. [Effects of reality therapy group counseling approach on reducing marital conflict zone five housewives in Tehran]. Dissertation. Tehran: Al-Zahra University, 2006. (Persian)
29. Farahbakhsh K. [Comparison of the effectiveness of couples therapy techniques of Ellis, Glasser and combined the two methods in reducing marital conflict]. Dissertation. Tehran: Tabatabai University, 2005. (Persian)