

Comparative Evaluation of General Health and Marital Satisfaction among Iranian Women Married to Veterans and non Veterans

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Abstract: The aim of the present study was to conduct a comparative evaluation of the general health and marital satisfaction among women married with veterans and non veterans in the Iraq-Iran war. Participants were selected from women in Mazandaran province, north of Iran-Babol city, whose husbands had been exposed to the war, (consist of 93 women) and did not participate in war (consists 90 women). Participants were requested to fill in the (ENRICH) questionnaire for assessing marital satisfaction, the General Health Scale (G.H.Q) to assess the rate of psychological distress, as well as a demographic form. The results indicated significant differences between the two groups on scores in the ENRICH and GHQ scales and also significant positive relationships between scores on GHQ and ENRICH among Iranian women married to veterans and non-veterans.

Key words: General Health • Marital Satisfaction • Veteran • War

INTRODUCTION

The families of military personnel are required to make many personal and familial sacrifices in order to adapt to military obligations such as relocations, long working hours, frequent family separations and dangerous mission assignments. For some families, these demands become potential stressors and could lead to marital conflict [1,2]. Greene [3] reported marital difficulties, family problems and sexual dysfunctions to be more common within these groups of women. Studies with war veterans have shown that many of the soldiers who had been exposed to heavy combat suffered long-lasting emotional and psychological problems including nightmares, flashbacks, anxiety, bad memories, depression and guilt [4]. A number of studies have shown that veterans' emotional and psychological problems can negatively influence their family relationships [5]. Previously, researchers indicated that short- and long-term contact with spouses with psychological problems such as higher levels of depression and anxiety, problems with concentration and emotional instability had a significant relationship with marital satisfaction in

both men and women [6,7]. Family members mutually influence each other through overt and covert interactions and in the degree to which interactions influence the environment or the overall family functioning. Because the behaviors of one family member impact how the family system functions and affects other family members [8], behaviors growing out of a war veteran's residual psychological reactions will affect all family members in different ways.

The military in general, is a unique subculture which can be conceptualized as part of and separate from, many mainstream cultures. Although military culture does share some of the same general norms and values of the mainstream culture, it has certain cultural elements that tend to set it apart from the majority culture [9,10,11]. Resenheck and Thomson [12] stated that veterans' preoccupation with combat experiences permeates and impairs family life. Studies have found that male veterans with posttraumatic stress disorder (PTSD) exhibit higher over all rates of violent outbursts and aggressive behavior than those without the disorder and also exhibit generally more hostility and poorer anger control [13-15].

Research on combat veterans demonstrated that a veteran is likely to be markedly more aggressive in nature and more likely to experience possible marital disruption if he or she has been involved in some kind of combat during his or her military service [16-22]. For example, Partners of Vietnam veterans with PTSD showed higher levels of sadness and dissatisfaction in their lives in comparison to partners of Vietnam veterans without PTSD [23]. Furthermore, close and long-term contact with an emotionally disturbed person may cause chronic stress, which in time leads to various emotional problems, such as higher levels of depressive symptoms, anxiety, problems in concentration, emotional exhaustion, pain syndromes and sleeping problems [6,7,24]. The wives of veterans faced almost constant tension from being brought into their husband's difficulties and struggled to maintain their own independence [24].

Figley [25] proposed that "people not directly at risk in traumatic situations nevertheless can become traumatized-that knowing and especially treating someone who is traumatized is the systemic connector that links the traumatic feelings and emotions of the primary to the secondary victims (p. xvi). Essentially, individuals who are exposed to stories of trauma may develop secondary traumatic stress, which describes the manifestation of PTSD-like symptoms in individuals not directly exposed to traumatic events [25]. Because wives of veterans often hear stories of the trauma their husbands experienced during the war, they may be susceptible to developing symptoms of secondary traumatic stress. While their husbands are experiencing symptoms of PTSD, veterans' wives may experience similar psychological distress as a result of hearing of stories of the war from their husbands. Those experiencing secondary traumatic stress experience elevated levels of depression and anxiety, loss of identity, interpersonal difficulties and difficulty controlling negative emotions [26]. According to Whisman, Uebelacker & Weinstock [27] the level of anxiety and depression is the predictable variable for marital satisfaction. Solomon, *et al.* [28] in their study of veterans' wives, found wives of veterans with a linked wartime diagnoses of PTSD exhibited significantly greater overall severity of psychiatric symptoms and a wider range of dysfunction in overall social-situations in comparison of the wives of veterans without prior diagnoses of PTSD. The work of Gottman [29] and Markman [30] shows that women compared to men have more dissatisfaction and affective problems. Figley [31] recommended that research be expanded to include asserting a more thorough understanding, beyond individual dynamics, of veterans' wives.

The first aim of the present study was to verify the relationships between the general health and marital satisfaction in women whose husbands had been exposed to war during the Iran-Iraq war and had been handicapped to a degree of 25-40% and those whose husbands had participated in war and did not have any physical or mental problems. The second aim of the study was to find any possible significant differences in marital satisfaction and general health between the groups.

MATERIALS AND METHODS

The study was approved by the Payame Noor University-sari-Iran, as part of research on veterans' wives. In keeping with the preferences of the Ethical Committee that approved the study, all participants were initially informed of the aim of the study and were invited to take part in the research. In all cases, a female assistant conducted the interviews. The interviewer was able to ask the participants questions and help them fill out the forms when necessary.

Participants: Participants were selected from 2 groups of women in Mazandaran province north of Iran-Babol city. The first group consisted of women, whose husbands had suffered from a psychological problem or had been exposed to chemical warfare during Iran-Iraq war, (consist of 93 women) and the second group consisted of women whose husbands had no physical or psychological problems and did not participated in the war (consists 90 women). To be eligible for inclusion in the study, only those women whose husbands were veterans handicapped to a degree of 25-40% according to the Medical Committee were selected into the first group. In the second group, wives were excluded if their husbands had psychotic disorders confirmed by psychiatrists.

INSTRUMENTS

Demographic data questionnaire was developed by project investigators to provide information on educational level, job and history of physical or mental disorders resulting in out-patient or in-patient treatment.

General Health Questionnaire (GHQ28) is an instrument designed to assess the rate of psychological distress in a population [32]. It concerns itself with two major classes of phenomena: inability to continue to carry out normal (healthy) functions and the appearance of new phenomena of a distressing nature. It examines symptoms present for few weeks prior to testing and compares

Table 1: The mean, SD and group comparison statistics on G.H.Q and ENRICH scales

Variables	Women married Veterans		Women married Non-Veterans		df	t	p
	Mean	SD	Mean	SD			
ENRICH	150.90	11.91	154.41	21.76	182	-1.36	0.001
G.H.Q	14.95	6.45	19.94	9.82	181	-4.07	0.000

current functioning with prior levels of wellness in the areas of somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. Using a Likert-type scale, from zero to three, scores are assigned for A to D choices. The validity and reliability of the present questionnaire have been verified in Iranian studies [33].

The Evaluation and Nurturing Relationship Issues, Communication and Happiness (ENRICH) questionnaire was designed by Fowers and Oslan [34] to be used by investigators and psychotherapists in the field to measure marital problems. They reported that the reliability coefficient of this test was 0.81. In Iran, many studies have confirmed the reliability and validity of this scale; for a review, see Soleymanian [35]. Cronbach's coefficients of 0.62 to 0.94 were reported in various studies with Iranian women and test-retest reliability with a one week interval of 0.94 for men and 0.94 for women were demonstrated by Soleymanian [35]. A score of 41-60 is considered the medium marital satisfaction and scores below and above this range indicate low and high marital satisfaction levels.

RESULTS

The mean age of the both groups was 40 years (SD=4.78). There was no significant difference in age between the groups. The mean educational level was 7 years for both the groups. Table 1 shows the mean scores and SD on G.H.Q and ENRICH scales for both groups. The cut off score of the G.H.Q is 22.5. Analyses by t-test showed significant differences between the groups on G.H.Q and ENRICH scores.

DISCUSSION

The results of this study suggest that wives of Iranian veterans in comparison with other women have higher levels of general health and marital satisfaction. The study also suggests significant differences between the two groups. In other words, wives of non-veterans suffer from somatic disorders, anxiety, insomnia, social dysfunction and depression more than wives of Iranian veterans. The results of this study are not consistent with majority of the findings of similar studies in this field.

Jordan, *et al.*[23] demonstrated that wives of veterans were depressed, anxious and have poor familial relationships. Westerink & Giarratanol [36] concluded that wives of Australian veterans showed higher levels of somatic disorders, depression, anxiety and insomnia comparing to other women. According to the new theories of the positive psychology, the view people have about the events can effect how they construct meaning regarding the event. Authors' found that women married to veterans, who took participated in this study, were aware of the husbands' disabilities before their marriage. Kashdan, *et al.* [37] found approaches of positive psychology, mental welfare and personal abilities, helped in reducing the impact of PTSD. According to Seligman [38] a positive psychology approach can lead to higher human actualization. Obviously, one of the factors that influences mental health is the environment in which a person will find the ability of self acceptance, other acceptance and acceptance by other. It seems veterans' wives in Iran have accepted, with full faith, the veterans' situation and have tried to adopt themselves with it.

Other factors which may be very important are that according to Iranian law, veterans devote their life to the country and the government has to provide all economic facility for them. The majority of veterans have jobs, higher salaries than others and they get early retirement. Also in the Iranian society, there is high respect for veterans and their families. All these factors and attitudes can be considered as providing mental and emotional support which raises their mental health.

According to this study, husbands' participation in war does not necessarily predict decreased health and marital satisfaction in war veterans' wives as indicated by previous studies. This study suggests there are certain protective factors that may decrease the negative impact of war participation and injury on veterans' wives. Positive psychology and wellness research indicate certain individuals may be protected from the negative impact of traumatic events [38]. Also, Figley [25] proposed some individuals are protected from secondary traumatic stress as a result of increased social support and personal wellness practices. When working with veterans and their families, practitioners need to consider

and help promote these protective factors in order to increase general health and marital satisfaction in these individuals. Practitioners should help veterans and their wives access community resources, seek social support and accept of the impact of war on the marital relationship. By promoting these protective factors, practitioners can decrease the negative impact of war participation and injury on war veterans' wives. Future studies should examine the influence of each of these protective factors on the general health and marital satisfaction of war veterans' wives. These studies should scientifically examine which of these factors motivated these women to select and continue relationships with handicapped veterans, knowing the hardships they needed to face in their marriage as a result of war participation and injury. The limitation of this study is that some of participants' education was an elementary level, so they could not complete the questionnaires by themselves and investigators helped them fill out the questionnaires. So, there may be some bias from the investigators. Wives' of veterans who were handicapped to a degree of more than 40% were not willing to participate in this study; therefore, we cannot say if the women who refused to participate in the study had less or more problems than those who agreed to participate.

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