



Predicting marital adjustment based on psychological well-being and couples' happiness

Hayat Ghaderdost¹, Bahman Kord²

1 School of Psychology, Urmia Branch, Islamic Azad University, Urmia, Iran

2 Department of Psychology, Mahabad Branch, Islamic Azad University, Mahabad, Iran

Original Article

Abstract

BACKGROUND: Marital adjustment is very important in family's mental health, and identification of effective factors is of great importance. Therefore, the purpose of this study was to predict marital adjustment based on the psychological well-being and happiness of couples.

METHODS: This was a correlational study. The statistical population of the study consisted of all second-grade married teachers in the city of Bukan, Iran, whose total number was 200. In this study, based on Krejcie and Morgan's table, the total sample size was 114. They were selected using available sampling method. For collecting data, Dyadic Adjustment Scale (DAS), General Health Questionnaire (GHQ), and Oxford Happiness Questionnaire (OHQ) were used. For data analysis, Pearson correlation coefficient and regression analysis were used and data were analyzed using SPSS software.

RESULTS: There was a positive and significant relationship between the components of psychological well-being and marital adjustment of couples; the results of regression analysis indicated that the variables of psychological health and couple's happiness had a significant role in explaining marital adjustment of couples. Beta coefficients of components of life satisfaction and marital adjustment ($P < 0.001$, $\beta = 0.27$) and well-being ($P < 0.001$, $\beta = 0.21$) were significant. Moreover, there was a significant negative relationship between happiness components with marital adjustment and the highest beta coefficients related to anxiety ($P < 0.001$, $\beta = -0.28$) and depression ($P < 0.001$, $\beta = -0.19$).

CONCLUSION: The mental health and happiness of couples have a significant role in explaining marital adjustment, which is effective in creating couples' satisfaction and consistency.

KEYWORDS: Family Conflict, Psychology Health, Happiness

Date of submission: 14 Sep. 2017, *Date of acceptance:* 20 Dec. 2017

Citation: Ghaderdost H, Kord B. Predicting marital adjustment based on psychological well-being and couples' happiness. Chron Dis J 2018; 6(4): 192-8.

Introduction

The family as the most basic community of the society is an institution that has many social roles, and as defined by the World Health Organization (WHO) as a primary social factor plays an important role in increasing the health and well-being of family members.¹ One of the areas of couple's adaptation in the family is successful and satisfactory marriage,

which increases the level of stability and compatibility of couples. Undesirable relationships and conflicts among couples compromise the mental and physical health of couples.² If the couples have a favorable mental and social health, family members will enjoy better personal and social performance.³ Zarei et al. showed that marital adjustment was very important in family's mental health, and satisfactory relationships among couples could be assessed through mutual interest, care, and emotional participation.⁴ Several factors have an effect on marital adjustment,

Corresponding Author:

Bahman Kord

Email: kord_b@yahoo.com

including factors such as socio-cultural, terrestrial, and individual characteristics. Research findings suggest that personality factors are an empirical predictor of marital adjustment.⁵ In fact, marital satisfaction is a measure of the level of satisfaction of couples from each other and adaptation in common life, which has a beneficial effect on marital functions.

According to WHO, mental health is a form of well-being and recovery in which a person can fulfill his potential, live up to the stress of life, and have a constructive role in the community.⁶ The main goal of psychological health is prevention of the disease and mental disorders. Anyone who can cope with his issues, himself, and others does not compromise himself, and does not cripple himself by inevitable conflicts. It can be said that he has the necessary psychological health. Hence, psychological health is considered to be the proper adaptation of the individual to himself and to the social environment that enables the individual to live without unnecessary pressure and conflicts and adapt to his social environment. Studies showed that marital satisfaction was predictable by mental health level; also, depression and anxiety had a significant negative correlation with marital satisfaction.^{7,8} In this regard, Maltby et al. research findings showed that marital dissatisfaction was correlated with poor health status, depression symptoms, personality problems, inappropriate behaviors, and poor social status.⁹ Therefore, lack of psychological health leads to social incompatibility, stress, and disability. These factors, in turn, contribute to the development of physical and psychological disorders, and also contribute to the induction of anxiety and reduction of the quality of life.

People who have high happiness, are calm, feel more secure, make decisions more comfortably, and have more participation and healthy, energetic and ultimately satisfying lives. Such people have a positive and more

adaptive way of dealing with their life problems and have a lower level of stress and a stronger immune system.¹⁰ The results of studies have shown the effect of happiness on improving sexual satisfaction,¹¹ marital satisfactions, and reduction of addiction tendency.¹² Happiness is a kind of positive and optimistic assessment of living conditions.¹³ Research on happiness shows that people's thoughts and behaviors are often related to life satisfaction, as well as positive and negative affections.^{14,15} People who are happy, adaptive, and helpful have a clear-cut view of things, pray, work directly to solve their problems, and seek help from others in the right time.¹⁶ On the other hand, unscrupulous people think pessimistically, fall in imagination, blame others, and avoid work to solve problems.¹⁷ In this regard, researches showed that happiness increased directly with health promotion, appetite, sleep, memory, family relationships, friendship, family status, optimism, and also with forgiving and increasing the quality of married couple relationships,^{18,19} and they predicted happiness and satisfaction with marital life positively and significantly.²⁰ Findings of Korner et al. have shown that positive emotions and positive perceptions play a role in life satisfaction.²¹ Happiness, therefore, as a self-discipline and appropriate mental perception of common life, greatly improves couples' adjustment and emotional management.²² It also results in a sense of satisfaction and merit in them, as well as consequences such as psychological well-being. On the other hand, using the results of this study, it is possible to plan and execute various activities in the family, thereby increasing the efficiency of couple's life. The present study is aimed at investigating family policy makers in order to improve marital satisfaction and adaptation. Therefore, considering the important role of psychological health and happiness in promoting the health of people in society,

especially couples, this article aims to identify and determine the prediction of marital adjustment based on psychological well-being and happiness in order to answer the following hypotheses:

1- There is a meaningful relationship between the components of mental health and marital adjustment of couples.

2- There is a significant relationship between the components of happiness and marital adjustment of couples.

3- The share of prediction of components of psychological health and happiness in marital adjustment of couples is significant.

Materials and Methods

This was a correlational study. The statistical population of the study consisted of married teachers of secondary schools of Bukan County, Iran, whose total number was 200. Based on Morgan's table, the total sample size was 114, which were selected using the available sampling method of estimated volume. The couples attended the research with satisfaction. The response time for the set of questionnaires was 30 minutes. Regarding the variables, psychological health and happiness were pre-defined variables and marital adjustment was the criterion variable. The following tools were used to collect data:

Dyadic Adjustment Scale (DAS): DAS was established by Spanier in 1976 to measure the compatibility between couples living together. Factor analysis shows that this scale measures four dimensions: marital satisfaction, marital solidarity, marital consent, and affection. Spanier estimated the validity of this scale to be in a total of 96.0, indicating a significant internal consistency.²³ In order to determine the reliability of the questionnaire, a re-test method was performed with a one-week interval on a sample of 15 couples. The correlation coefficient between two scores during two runs was 0.81. In this research, the amount of alpha coefficient of adjustment

questionnaire was 0.89, which indicated that this questionnaire was appropriate.

General Health Questionnaire (GHQ): GHQ is used to assess mental health. The questionnaire has 28 items which is developed by Goldberg and Hillier and consists of four subsets: sexual syndrome, anxiety, impaired functioning and social function, and depression.²⁴ The GHQ is based on the self-report method, in which the responses provided to each test item are in a 4-point Likert scale indicating the degree of discomfort from (no) to (very). The score assigned to each of the materials varies from 0 to 3; so, the total score in this questionnaire changes from 0 to 84. The coefficient of validity of this questionnaire was obtained as 0.70, 0.93, and 0.90, using three methods of test/retest, split half, and Cronbach's alpha tone, respectively. In order to evaluate the validity of this questionnaire, two methods of concurrent validity and correlation of subsequently with total score were used, which concurrent validity was obtained 0.55, and in the subclass correlation method a total score of 0.72 to 0.87 was calculated.²⁵ In this research, the alpha coefficient of the questionnaire was calculated to be 0.86, which indicated that the reliability of this questionnaire was appropriate.

Oxford Happiness Inventory (OHI): OHI was created by Argyle et al.²⁶ The method of constructing it was that the researchers reversed the Beck Depression Inventory (BDI) statements by consulting with Aaron T. Beck, and obtained 21 statements. Subsequently, 11 statements were added to these 21 ones and finally, the OHI with 29 items was finalized. In the following years, the questionnaire was modified and released as Oxford Happiness Questionnaire (OHQ). The results of factor analysis revealed five factors of life satisfaction, self-esteem, subject well-being, satisfaction, and positive mood.

Scoring: In this questionnaire, each item contains 4 terms: the first term has the score of

zero, the second has the score 1, the third has the score 2, and the fourth has the score of 3. The score a person earns is a score between 0 and 87. The higher the score, the higher the happiness, and vice versa.

Validity and reliability of OHQ: To verify the validity and reliability of OHQ, a sample of 142 Iranian men and 227 women aged 18 to 53 years with an average age of 25 years completed OHI, Eysenck Personality Inventory (EPI), and BDI. An examination of the inner consistency of the OHI showed that all of the 29 propositions of this list had a high correlation with the overall score. Cronbach's alpha for the whole index was 0.91. Pearson correlation between the OHI with the BDI and the sub-scales of extroversion and neuroticism were -0.48, -0.45, and -0.36, respectively, confirming the convergent and divergent validity of the OHI. The validity of this scale has been confirmed in various studies, including Alipoor and Noorbala study with an alpha coefficient of 0.90.²⁷ In this research, the alpha coefficient of the questionnaire was calculated to be 0.88, indicating the suitability of the questionnaire.

Results

Of 114 participants, 58 were men and 56 were women, and all were teaching at secondary school. The mean age of the subjects was 38.6 [standard deviation (SD) = 0.22]. In order to study the hypothesis of coherence in the correlation matrix of pre-defined variables, there was no simple and multiple linear relationship among predictive variables.²⁸ In other words, the correlation was not higher than 0.75.

Therefore, none of the variables were deleted from the final analysis. Data were analyzed using Pearson correlation coefficient and multiple regression analysis by SPSS software (version 16, SPSS Inc., Chicago, IL, USA).

As shown in the correlation matrix above (Table 1), the data below the diameter of the matrix shows the correlation between the dimensions of predictive variables with the criterion variable of the research. The common dispersion values (correlations) between variables are all meaningful. The highest correlation coefficient was found between the life satisfaction and marital adjustment (0.73) as well as the relationship between depression and marital adjustment (-0.46) in mental health.

Table 1. Descriptive indexes and correlation matrix of psychological health, happiness, and variance of marital adjustment (n = 114)

Variables	Components	1	2	3	4	5	6	7	8	9	10	Mean ± SD
Happiness	Life satisfaction	1										2.86 ± 3.31
	Self-esteem	0.42*	1									11.88 ± 3.41
	Well-being	0.51*	0.43*	1								12.32 ± 3.47
	Satisfaction	0.60*	0.44*	0.51*	1							11.05 ± 2.64
Psychological health	Positive mood	0.43*	0.38*	0.42*	0.47*	1						11.80 ± 3.70
	Physical symptoms	0.36*	0.25*	0.31*	0.33*	0.21*	1					13.11 ± 6.05
	Anxiety	-0.35*	-0.25*	-0.45*	-0.48*	-0.49*	0.25*	1				15.85 ± 2.41
	Disorder in social functions	0.32*	0.25*	0.35*	0.41*	0.22*	0.31*	0.24*	1			13.25 ± 5.43
Marital adjustment	Depressive symptoms	-0.41*	-0.46*	-0.38*	-0.27*	-0.44*	-0.21*	-0.45*	0.31*	1		14.04 ± 3.46
		0.48*	0.41*	0.34*	0.39*	0.36*	0.34*	-0.28*	0.39*	-0.45*	1	106.27 ± 14.20

* P < 0.01

SD: Standard deviation

Table 2. Multiple regression analysis based on mental health components

Components	b	SE	Beta	T	P
Constant	109.48	7.66	-	14.28	< 0.001
Physical symptoms	0.86	0.19	0.15	2.14	0.050
Anxiety	-0.91	0.47	-0.28	-3.48	< 0.001
Disorder in social functions	0.88	0.21	0.30	3.66	< 0.001
Depressive symptoms	-0.77	0.32	-0.19	-2.62	0.020

SE: Standard Error

In addition, the table above shows that all dimensions of the predictor and criterion variables are mutually correlated and have a significant correlation. Of course, there was a meaningful and negative relationship between anxiety and marital adjustment. Regression analysis was used to investigate the impact and share of each of the components.

The study of the predictive part of mental health components in marital adjustment was used for analyzing regression analysis.

The results of table 2 showed that all beta coefficients of mental health components, including disorders in social functions, anxiety, depressive symptoms, and physical symptoms, were 0.30, -0.28, -0.19, and 0.15, respectively, which were significant ($P \leq 0.010$). Therefore, all components of mental health played a role in predicting marital adjustment of couples ($P \leq 0.010$). It is worth noting that the relationship of anxiety and depression with marital adjustment was negative and significant.

Similarly, table 3 shows that beta coefficients of life satisfaction and well-being are 0.27 and 0.21, respectively, which are significant ($P \leq 0.010$). Therefore, among the five components of inner happiness, only the components of life satisfaction and social welfare have a significant role in couple's adaptation.

Discussion

The purpose of this study was to predict marital adjustment based on the psychological well-being and happiness of couples. The results show that there is a positive and meaningful relationship between the dimensions of psychological health and marital adjustment of couples. The results of this hypothesis are consistent with the findings of Manwell et al.,³ Zarei et al.,⁴ and Myers.²⁹ In explaining the findings of this hypothesis, it should be acknowledged that the psychological health of couples is predictive of marital adjustment; the more they get mental health, the more marital adjustment increases. As much as healthy physical symptoms and desirable social function are higher in individuals, it can be said that couples have more marital adjustment; and in the case that marital depression is lower, marital adjustment is more. In this regard, Shahi et al. have shown that marital satisfaction is predicted by the level of mental health of the individual, and depression and anxiety are inversely and significantly related to marital satisfaction.⁷ Beirami showed that marital dissatisfaction was correlated with poor health status, depression symptoms, personality problems, inappropriate behaviors, and poor social status,³⁰ which is consistent with Heiman et al.¹¹ study.

Table 3. Multiple regression analysis based on happiness components

Components	b	SE	Beta	T	P
Constant	60.50	0.37	-	9.45	< 0.001
Life satisfaction	1.15	0.37	0.27	3.19	0.002
Self-esteem	0.36	0.63	0.10	1.07	0.440
Well-being	1.02	0.35	0.21	3.07	0.002
Satisfaction	0.79	0.50	0.15	1.58	0.015
Positive mood	0.55	0.34	0.14	1.61	0.080

In explaining the findings of this hypothesis, it must be said that the happiness of couples is an important factor in their marital adjustment. That is, the more couples enjoy happiness, the higher their satisfaction and compatibility with marriage will be. On the other hand, the existence of satisfaction with life, well-being, satisfaction, and positive mood in couple's life can be effective on their compatibility in life, and consequently their quality of life increases. Thus, people with positive emotions, such as happiness in their lives, are painted. A person, who is happier, feels more relaxed and secure, makes decisions more comfortably, works more, has more favorable participation, and consequently has a healthy, energetic, and more satisfying life. Research findings suggest that positive perceptions and rejoicing have a positive impact on self-esteem, sense of competence, and psychological well-being and adaptation.^{21,22} Another study by Bridges et al. revealed that unsuspecting people usually had pessimistic thoughts, fell into imagination, experienced more rumination, blamed themselves and others, and avoided working to solve problems.¹⁷

The findings of this study are descriptive. Therefore, it cannot be said that the variables of this study are the only variables that are involved in the prediction of marital adjustment of couples, and other factors that can influence its explanation should be considered. Moreover, the research is correlational; therefore, the inference of causal results should be taken with caution.

Accordingly, it is suggested that in future studies, this study should be studied in the form of experimental and interventional research and their findings should be compared with the results of this study. Since the sample group of the study is married couples working in a teacher's profession, caution should be taken in generalizing their results to non-employed couples or those

working in other organizations; the other limitation of this study is related to the spatial scope of research (Bukan city). Therefore, generalization to couples working in other cities with different cultural characteristics should be carried out with caution; hence, research with a larger sample size and a wider geographical range is recommended.

Conclusion

In general, according to the findings of this study, the psychological health and happiness of couples have a significant contribution in explaining marital adjustment and are effective in creating couples' satisfaction and adjustment. Consequently, it is recommended that family managers and planners provide mechanisms that enable couples to train and improve their abilities and capacities in terms of satisfaction with life, well-being, and positive relationships and attitudes.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

We would like to thank all the students who helped us complete this research. This article has been derived from a dissertation.

References

1. Campbell TL. The effectiveness of family interventions for physical disorders. *J Marital Fam Ther* 2003; 29(2): 263-81.
2. Rios CM. The relationship between premarital advice, expectations and marital satisfaction [MSc Thesis]. Logan, UT: Utah State University; 2010.
3. Manwell LA, Barbic SP, Roberts K, Durisko Z, Lee C, Ware E, et al. What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open* 2015; 5(6): e007079.
4. Zarei S, arahbakhsh K, smaeili M. The Determination of the share of self-differentiation, trust, shame, and guilt in the prediction of marital adjustment. *Knowledge & Research in Applied Psychology* 2017; 12(45): 51-63.

5. Dole C, Schroeder RG. The impact of various factors on the personality, job satisfaction and turnover intentions of professional accountants. *Managerial Auditing Journal* 2001; 16(4): 234-45.
6. World Health Organization. Mental health atlas 2011 [Online]. [cited 2011]; Available from: URL: http://www.who.int/mental_health/publications/mental_health_atlas_2011/en
7. Shahi A, Ghaffari I, Ghasemi K. Relationship between mental health and marital satisfaction. *Behbood* 2011; 15(2): 119. [In Persian].
8. Rahbari P, Kord B. The prediction of subjective well-being based on meaning of life and mindfulness among cardiovascular patients. *Journal of Psychiatric Nursing* 2018; 5(6): 15-22. [In Persian].
9. Maltby J, Day L, Barber L. Forgiveness and mental health variables: Interpreting the relationship using an adaptational-continuum model of personality and coping. *Pers Individ Dif* 2004; 37(8): 1629-41.
10. Fisher WA, Donahue KL, Long JS, Heiman JR, Rosen RC, Sand MS. Individual and partner correlates of sexual satisfaction and relationship happiness in midlife couples: Dyadic analysis of the international survey of relationships. *Arch Sex Behav* 2015; 44(6): 1609-20.
11. Heiman JR, Long JS, Smith SN, Fisher WA, Sand MS, Rosen RC. Sexual satisfaction and relationship happiness in midlife and older couples in five countries. *Arch Sex Behav* 2011; 40(4): 741-53.
12. Zare Shah Abadi A, Mobaraki M, Ferdosi Zadeh Naeeni E. Analysis of the relationship between social vitality and tendency to addiction (18-30 year-old youth in the city of Yazd). *Journal of contemporary Sociological Research* 2015; 4(6): 145-74. [In Persian].
13. Buss DM. The evolution of happiness. *Am Psychol* 2000; 55(1): 15-23.
14. Johnson MD, Galambos NL, Finn C, Neyer FJ, Horne RM. Pathways between self-esteem and depression in couples. *Dev Psychol* 2017; 53(4): 787-99.
15. Lucas RE, Diener E, Suh E. Discriminant validity of well-being measures. *J Pers Soc Psychol* 1996; 71(3): 616-28.
16. Adler A, Seligman ME. Using wellbeing for public policy: theory, measurement, and recommendations. *International Journal of Wellbeing* 2016; 6(1): 1-35.
17. Bridges LJ, Margie NG, Zaff JF. Background for community level work on emotional wellbeing in adolescence: Reviewing the literature on contributing factors. New York, NY: Child Trends; 2008.
18. Kawamoto R, Doi T, Yamada A, Okayama M, Tsuruoka K, Satho M, et al. Happiness and background factors in community-dwelling older persons. *Nihon Ronen Igakkai Zasshi* 1999; 36(12): 861-7.
19. Walter O, Shenaar-Golan V. Effect of the parent-adolescent relationship on adolescent boys' body image and subjective well-being. *Am J Mens Health* 2017; 11(4): 920-9.
20. Humbad MN, Donnellan MB, Iacono WG, McGue M, Burt SA. Is spousal similarity for personality a matter of convergence or selection? *Pers Individ Dif* 2010; 49(7): 827-30.
21. Korner A, Coroiu A, Copeland L, Gomez-Garibello C, Albani C, Zenger M, et al. The role of self-compassion in buffering symptoms of depression in the general population. *PLoS One* 2015; 10(10): e0136598.
22. Braun TD, Park CL, Gorin A. Self-compassion, body image, and disordered eating: A review of the literature. *Body Image* 2016; 17: 117-31.
23. Spanier GB. Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *J Marriage Fam* 1976; 38(1): 15-28.
24. Goldberg DP, Hillier VF. A scaled version of the general health questionnaire. *Psychol Med* 1979; 9(1): 139-45.
25. Taghavi SM. Validity and reliability of the general health questionnaire (GHQ-28) in college students of Shiraz University. *Journal of Psychology* 2002; 5(4): 381-98. [In Persian].
26. Argyle M, Martin MR, Crossland J. Happiness as a function of personality and social encounters. In: Forgas JP, Innes JM, Editors. *Recent advances in social psychology: An international perspective*. Amsterdam, Netherlands: North-Holland; 1989.
27. Alipoor A, Noorbala AA. A preliminary evaluation of the validity and reliability of the oxford happiness questionnaire in students in the Universities of Tehran. *Iran J Psychiatry Clin Psychol* 1999; 5(1-2): 55-66. [In Persian].
28. Naghavi N, Akbari M, Moradi A. Predictive role of emotional dysregulation, repetitive negative thinking, intolerance of uncertainty and experiential avoidance in positive and negative perfectionism. *Shenakht Journal of Psychology and Psychiatry* 2018; 4(4): 9-23. [In Persian].
29. Myers DG. Who is happy?. *Psychological Science* 2014; 6(1): 79-114.
30. Beirami M. Predicting marital satisfaction on the basis of attachment styles and differentiation components. *J Fundam Ment Health* 2012; 14(53): 66-77. [In Persian].