

Predicting the quality of life of women seeking divorce with psychosomatic symptoms based on forgiveness, intimacy, hope and hardiness

Abstract

Divorce and separation lead to extreme stress in the couples and can lead to various diseases such as psychosomatic diseases. In addition, according to the importance of the components of forgiveness, intimacy, hope, and hardiness in improving the quality of life of women seeking a divorce, this study aimed to determine the contribution of forgiveness, intimacy, hope, and hardiness of women seeking divorce with psychosomatic symptoms in Tehran in predicting their quality of life. For this purpose, 160 women who had been referred to family courts throughout Tehran for divorce and had psychosomatic symptoms were selected using the purposive convenience sampling method (they were included in the study after obtaining the desired score from the psychosomatic symptoms questionnaire). The Forgiveness, Intimacy, Hope, Hardiness, and Quality of Life questionnaires were provided to them and the results of the analysis showed that forgiveness, intimacy, hope, and hardiness can be a good predictor of the quality of life of women seeking a divorce. The finding of this study provides reference information for the development of management policy in improving the quality of life of women seeking a divorce. Finding ways to improve the quality of life in these people is very important to reduce the negative consequences of divorce in their lives.

Keywords: *Quality of life, Psychosomatic disorder, Forgiveness, Hope, Intimacy, Hardiness*

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Introduction

Marriage is a socially stable relationship between man and woman that develops in the family context. Simultaneously with marriage, men and women undergo profound changes in all dimensions. In addition to meeting the sexual and emotional needs of the individual, marriage also regulates economic needs and social and cultural relationships (Sassler & Lichter, 2020). Various studies have shown that high-quality social relationships in the family context can lead to increased life satisfaction, and well-being, improve mental well-being, and quality of life as well as reduce a wide range of diseases (Sbarra, 2015). Therefore, separation, loss of a spouse, and divorce also put people at risk of undermining health and incidence of various diseases. There is extensive literature linking divorce and separation to complications, various illnesses, as well as mortality. The increased risk of death for any reason following marital mourning has been well documented in various studies (Sbarra et al., 2011). Similarly, divorced or separated adults are at greater risk of dying from various diseases than married adults (Shor et al., 2012). Because divorce and the breakdown of life lead to a disturbance in the mental and emotional balance of family members and is considered very severe stress, having mental disorders and reduced quality of life, especially in women whose emotional delicacy is the main characteristic of their personality, is very likely (Borhani et al., 2021). Studies have also shown that divorce greatly affects a couple's quality of life. Divorce statistics are also the most reliable indicator of marital confusion and indicate the fact that marital satisfaction in life is not easily achieved for couples (Rosen-Grandon et al., 2004). Most couples, who separate or divorce, first endure a

period of the relationship confusion and then think of separation; therefore, divorce is a process that begins with the couple experiencing an emotional crisis and ends with trying to resolve the conflict by entering a new situation with a new role and lifestyle. The period of separation and divorce, due to many problems, is likely to cause significant stress in both men and women (Sbarra & Whisman, 2022). Given that divorce, as a stressful event has harmful effects on the family and its members, and affects different aspects of the male and female psyche, it is often accompanied by great confusion (Symoens et al., 2014). Studies have shown that in such people, there are many changes in the nervous system and cognitive activity. Severe arousal, anxiety, loss of peace and comfort in sleep, insomnia, dizziness, and wooziness are especially severe in women (Sharma, 2011). Given that the incidence of stress in people on the threshold of divorce is very high, the mechanism by which psychosomatic or psychosomatic illnesses cause are stress, as well as the fact that divorce is one of the most stressful events in people's lives (Cavapozzi et al., 2020), can be concluded that people in the threshold of divorce are more likely to develop psychosomatic illnesses. Psychosomatic disorders are often accompanied by symptoms such as palpitations, nausea, flutter, sweating, xerostomia, chest pain, headache, stomach problems, and tachypnea (Asayesh et al., 2017). Also, the stressors of divorce cannot be considered separate from personality traits such as self-confidence, self-esteem, forgiveness, intimacy, hope, and hardiness, as well as living conditions such as economic well-being, social acceptance, and life quality. Marital conflicts and divorce are important factors that endanger mental health, quality of life, as well as marital compatibility. Marital compatibility is an

important issue in married life and includes the objective feelings of intimacy, satisfaction, forgiveness, and pleasure experienced by the spouse by considering the aspects of marital life (Tavakolizadeh et al., 2014). By reducing marital compatibility, hope and intimacy are decreased, and the likelihood of divorce is increased. Hardiness is also one of the important personal characteristics that modulate the way of coping with stressors in people and helps people in the successful analysis of stressful situations (Nameni et al., 2019). Studies have shown that there is a relationship between marital stability and intimacy, positive behaviors, good communication, and hope (Burchard et al., 2003). Also consider the role of forgiveness and devotion in reducing conflicts and the negative consequences of divorce (Goddard et al., 2012), as well as the importance of the components of forgiveness, intimacy, hope, and hardiness in improving the quality of life of women seeking divorce and given that the psychological damage caused by divorce in women is chronic, this highlights the need to examine these variables among women seeking a divorce. These components can also be effective in repairing psychological and physical injuries, including psychosomatic disorders. Therefore the present study aimed to determine the contribution of forgiveness, intimacy, hope, and hardiness of women seeking divorce with psychosomatic symptoms in Tehran in predicting their quality of life.

Materials and methods

The present study is a descriptive and correlation study. The statistical population of the present study consisted of women seeking a divorce in Tehran with symptoms of one of the psychosomatic disorders (gastrointestinal disorders, chronic colitis, hypertension, respiratory diseases, bone, and joint pain, spinal pain, and psychosomatic back pain, diseases of the endocrine glands). Individuals in the age group of 25 to 40 years were selected as participants in the study. All participants were informed about the nature of the study and their consent was obtained to complete the questionnaires. Due to the limited community and the high number of people in the community, the sample size was estimated based on the levels of predictor variables of 160 individuals. For each level of predictor, 40 subjects were selected. According to the number of predictor variables (forgiveness, hardiness, hope, and intimacy) the number of subjects ($n = 40 * 4$), 160 people were estimated. However, due to the prediction of the subject's decline, 200 questionnaires were distributed. This number of questionnaires was distributed among women seeking divorce by convenience sampling method in family courts. It is worth mentioning that before completing the scales by the subjects, explanations were provided about the purpose of the research and the method of completing the scales used by the researchers for the subjects.

First, a questionnaire that asked about the symptoms of psychosomatic illnesses was given to the subject, and after the diagnosis of psychosomatic disorders; other questionnaires were given to him/her. However, due to the low prevalence of psychosomatic disorders in women seeking a divorce, the collection of research data took 6 months. Finally, 40 questionnaires were excluded due to incompleteness or careless response and the results were analyzed on the remaining 160 questionnaires.

The following tests were used to collect information:

Psychosomatic Analysis Questionnaire: This questionnaire was developed in 1996 by Nijnehuis et al, to assess the severity of psychosomatic symptoms. This scale is designed in 20 items to assess the severity of psychosomatic symptoms commonly seen in dissociative disorders. These symptoms include **insensibility** (lack of visual perception, hearing, taste, and smell) **forgetfulness** (lack of information retrieval capacity), and **aboulia** (lack of willpower, authority, and limited range of expression and experience of emotions). The internal stability of the 20-item version of the Psychosomatic Analysis Questionnaire is excellent and its alpha coefficient is reported to be 0.95. Also, the internal stability of the 5-item version of the Psychosomatic Analysis Questionnaire is 0.80, which is good for a scale with this small volume.

Quality of Life Questionnaire (WHOQOL): This questionnaire was prepared in 1991 and has 26 items that are taken from the 100-item version of this questionnaire. Research on Psychometrics Characteristic of Short Form of Quality of Life Questionnaire indicates Differential Validity, Content Validity, Internal Reliability (Cronbach's Alpha 0.80), and Good Reliability (Skevington et al., 2004)

Forgiveness Questionnaire: To assess the amount of forgiveness, the Enright and the Human Development Studies Group Forgiveness Questionnaire (1997) has been used. The initial form of this questionnaire has 158 questions which consisted of three dimensions: cognitive, behavioral, and emotional. Due to its length, the questionnaire was summarized by Enright et al. and its questions were reduced to 66 questions. The number of questions in this questionnaire, after being translated and adapted to Iranian culture by researchers, was reduced to 60 questions due to the duplication and low correlation of some questions with the whole questionnaire. Enright et al. (1991) expressed a correlation between the cognitive, emotional, and behavioral dimensions of the overall scale between 80% and 87%. The statistical features of this test show that it has high validity. Its validity for the whole test, which is satisfied with Cronbach's alpha, is 98%, and for its three domains, Cronbach's alpha is calculated at 97%

Kobasa Hardiness Questionnaire: This scale consists of 50 items that the subject must determine the degree of correctness

or incorrectness of sentences on a four-point scale. The number zero indicates that the sentence is not true at all and the number three indicates that the sentence is completely correct from the subject's point of view. This test consists of three components: challenge, commitment, and control. The reliability of the test was reported by Russell as 0/89 in the retest method. Also in 1998, Russell Piplova and Fergusson reported the reliability of this test in the retest of 0.78.

Questionnaire of Hope: The Miller Hope Scale (MHS) was developed in 1988 by Miller & Powers. The initial questionnaire had 40 questions, which was increased to 48 questions in later versions. This questionnaire is translated from an English language tool that has not been implemented in Iran and needs to validate (a measure of validity and reliability), but Miller reports the optimal validity of this questionnaire and its reliability according to Cronbach's alpha above 80.

Intimacy Questionnaire: This questionnaire was developed by Walker and Thompson (1983). This tool has 17 questions. This tool was first measured on 166 female undergraduate students and had a high validity. The subject score on the

Table 1: Mean and standard deviation of forgiveness, intimacy, hope, hardiness, and quality of life of women seeking divorce with psychiatric symptoms

	Mean	Standard deviation
Forgiveness	181.43	46.46
Hope	112.17	40.66
Intimacy	3.41	0.886
Hardiness	67.13	15.71
quality of life	11.17	2.54

According to the findings of Table 1, the mean and standard deviation of the variables of forgiveness, hope, intimacy, hardiness, and quality of life is equal to 181.43 (46.46,) 112/17 (40.66,) 3.41 (0.886), 67.13 (15.71), and 11.17 (2.54).

Table2. Matrix of correlation coefficients of research variables

	1	2	3	4	5
Quality of Life	-				
Forgiveness	0.626**	-			
Intimacy	0.458**	0.402**	-		
Hope	0.659**	0.513**	0.361*	-	
Hardiness	0.712**	0.524**	0.460**	0.800**	-

Correlation is significant at the 0.01 level (2-tailed).**

Correlation is significant at the 0.05 level (2-tailed).*

According to the findings in Table 2, the highest correlation coefficient was related to the variables of hardiness and quality of life, and also the lowest correlation coefficient was related to the variables of hope and intimacy.

Table3. Simultaneous multiple regression test results

intimacy scale is obtained by adding the scores of the questions and dividing it by 17. The range of scores is between 1 and 7. The higher score shows the greater intimacy. The validity of this tool has an excellent internal consistency with a Cronbach's alpha of 0.91 to 0.97.

Findings

Participants were matched for some of the demographic variables that might have interfered with the study, such as age and duration of the marriage. The mean and standard deviation of the age of participants were 30.8 and 1.83, respectively. The mean and standard deviation of the participants' marriage duration were 3.83 and 0.11, respectively.

In this section, the findings of the present study are presented in two titles: descriptive findings and findings related to research hypotheses.

Descriptive Findings: In this section, descriptive indicators related to research variables, i.e. mean and standard deviation are presented.

Table 1 presents descriptive findings on forgiveness, hardiness, hope, intimacy, and quality of married life in women seeking divorce with psychosomatic symptoms.

Table 2 shows the correlation coefficients between the studied variables.

Table 3 shows the results of simultaneous multiple regression tests.

	Not standardized	standardized	T	F	R	R2	PR2	
	B	SE	Beta					
Constant	1.941	0.674		2.879	61.198	0.782	0.612	0.005
Forgiveness	0.017	0.003	0.302	4.935				0.001
Intimacy	0.303	0.166	0.106	1.831				0.069
Hope	0.011	0.005	0.173	2.042				0.043
Hardiness	0.059	0.014	0.366	4.134				0.001

The table above showed that the variables of forgiveness, hope, and hardiness are good predictors of the quality of life of divorced women. But intimacy cannot predict the quality of life well. The sum of independent variables can explain the changes in quality of life scores.

Discussion

This study aimed to determine the contribution of forgiveness, intimacy, hardiness, and hope in predicting the quality of life of women seeking a divorce who have psychosomatic symptoms. The results of the study indicate a 61% variance prediction by the present model. The results of multiple regressions showed that forgiveness, intimacy, hope, and hardiness are the factors that increase the quality of life of women seeking divorce with psychosomatic symptoms by up to 61%. In this way, with the increase in intimacy, forgiveness, hope, and hardiness, the quality of life of these people also increases significantly. This shows the importance of forgiveness, intimacy, hope, and hardiness in the quality of life of women on the threshold of divorce. Various studies have shown that it is very important to study and apply strategies to increase the quality of life in women on the threshold of divorce or divorce women because the quality of life is a comprehensive concept that encompasses all aspects of life, including health, it is more than physical health and includes feelings of health, satisfaction, and self-worth, as well as personal satisfaction and self-esteem. Studies by Han et al. (2014) have also shown that there is a significant relationship between marital status and quality of life.

Given that divorce and separation are very important events that threaten a wide range of mental, physical, and social health consequences for individuals (Sbarra et al., 2014) and various studies show the effect of divorce on psychological stress (Sbarra et al., 2014), physical health and increased risk of various diseases and even mortality (Sbarra, 2015), so the quality of life of people seeking divorce is very important. On the other hand, according to the fact that the consequences after divorce are not evenly distributed among men and women, and women face more problems after a divorce than men (Han et al., 2014), it is doubly important to examine the predictors of quality of life in this group.

According to the wide effects of divorce on various aspects of people's health (Sbarra, 2015), this event can be considered a

stressor in people's lives that can lead to psychosomatic problems in people. Asayesh et al. (2017) also showed that spouse disloyalty in marital life can lead to psychosomatic symptoms in women. These symptoms were examined in 12 areas, some of which were sleep disorders, eating disorders, brain function, physical symptoms of anxiety and stress, high blood pressure, hormonal disorders, etc. Because people with psychosomatic symptoms under strong stressors suffer a lot of injuries and the severity of their physical illness relapses significantly and given that divorce is one of the most severe stressors in various categories, it is expected that the quality of life of these people will be greatly reduced by these factors.

In line with other results obtained in this study, the study of Asad-Pur et al. (2016) also showed that hope has a direct and significant relationship with the meaning of life and leads to improved quality of life in divorced women quality. The study of Jurkane-Hobin (2015) also shows that one of the major problems for couples in maintaining a close relationship is the degree of intimacy; intimacy is an essential component of marital relationships that is diminished today due to social barriers or norms in married life. Khodadust et al. (2021) also emphasized the importance of the role of compassion, forgiveness, and intimacy between couples in preventing divorce. Studies have shown that hardiness is one of the personality traits that consider a way to promote the mental health of divorced or the threshold of divorce women (Ramezani et al., 2012). Hardiness modulates how to deal with stressors in individuals and helps individuals to successfully analyze stressful situations. The study of Nameni et al. (2019) also showed group counseling with a schema therapy approach has a significant effect on the hardiness of women seeking a divorce.

The present study confirms the findings of previous studies by determining the contribution of forgiveness, intimacy, hardiness, and hope in predicting the quality of life of women with psychosomatic symptoms in a sample of women seeking a divorce in Tehran. Also, considering that divorce is a stressful event, especially for women in society, and is associated with many negative consequences, the findings of this study showed that the studied variables have a significant impact on the quality of life of these people. Therefore, paying attention to these variables and using methods such as

intervention and appropriate education can reduce the negative effects and consequences of divorce by affecting the quality of life of these people.

Conclusion

The results of this study provide reference information for the development of management policy of improving life quality for women seeking a divorce. Finding ways to improve the quality of life in these people is very important to reduce the negative consequences of divorce in their lives.

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Conflicts of interest

The authors wish to confirm that there are no known conflicts of interest associated with this publication.

Ethics statement

We declare that neither the article nor its main contents or tables have been or will be published or submitted for publication elsewhere. The manuscript is an original work of the author. All data, tables, figures, etc. used in the manuscript were prepared by the authors in the original, otherwise the sources are cited and reprint permission is included. The manuscript was read and approved by all authors. Authorship is granted only to those who significantly contributed to the research and preparation of this manuscript.

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