

Psychological Health, Conflict Resolution and Marital Adjustment among Married Women

Sehrish Arif¹

¹Pak Vision College Lahore Pakistan
sehrisharif1990@gmail.com

Abstract: Present study examined Psychological Health, Conflict Resolution and Marital Adjustment among Married Women. Mental Health Inventory (MHI) by (Veit and ware 1983), Conflict Resolution Questionnaire (CRQ) Retrieved from (University of Arizon 2015) and Marital Adjustment Questionnaire (MAQ) by (Pramod Kumar and Kanchana Rohatgi 1985) were used for data collection. The sample of the present study was 100 married women. Purposive sampling technique was used to draw the sample. Descriptive statistics and correlation used to analysis the data. Results indicate that Psychological health have negative relationship with Conflict resolution and marital adjustment.

Key words: Psychological Health, Conflict Resolution, Marital Adjustment, Married women.

I. INTRODUCTION

The most essential relationships between men and women are marriage. It contains emotional and authorized commitment that is important in any adult life. Moreover, choosing a spouse and entering into a marital life is considered both personal success. There is no doubt that the choice of marital mate is one of the most important decisions one makes in his lifetime. People get married for many aims, like love, pleasure, friendship, and the wish to have children, physical charm, or wish to emission from an unhappy situation. The achievement of the marriage is depending relatively on finding the correct person and partially on being the correct person (Ruch, 1970).

Psychological Health

Psychological health is not only an absence of psychological complaint, it is also the ability to survive with problems in life, psychological health is important as physical health to everybody. A good psychological health is critical for primary a good life efficiently if they are distress from tense and pressures and is struggling with psychological health problems such as depression or unstable feeling due to academic, social or psychological burden; with poor psychological health one misplaces overall effectiveness. Psychological health is stability between all phases of life-social, physical and spiritual phase of a person. It instructs on how we cope our surrounds and make choices in our lives unmistakably it is an essential part of our overall health (Negi, Y., 2010).

“Psychological health is those behavior, perception and feeling that conclude a person overall level of personal value, achievement, pleasure and superiority of working as a person. It depends on the improvement and maintenance of aims that are neither to high not low to permit faithful successful

preservation of belief in one’s self as commendable, real human being (Kornhauser, 1965).

Depression is a state of low mood and distaste to action that can distress a person's considerations, behavior, feelings and sense of well-being (Salmans & Sandra 1995).

Marital Adjustment

Marriage is a commitment with love and duty for peace, pleasure and progress of strong family relationships. Marriage as "socially appropriate sexual combination initiated with a public declaration and started with some ideas of stability; it is expected with more a less obvious marriage agreement, which enchantments out the mutual rights and duties between the partners and future children (Dalack, G.W., 1990).

Marital adjustment is in which there is an overall sensation in husband and wife of pleasure and fulfillment with their marriage and with each other (Sinha & Mukherjee, 1990).

Locke & Wallace (1959) define “place of husband and wife to each other at a given time” is marital adjustment.

According to Spanier and Cole (1976) - “Marital adjustment is a procedure, the result of which is resolute by a degree of (1) upsetting marital differences (2) interpersonal strain and individual anxiety (3) marital fulfillment (4) dyadic interconnection (5) agreement on substances of importance of marital working.

According to Schneider (1960) “Marital adjustment is the capability to meet day to day demands, variations and duties of marriage with whatever degree of expressive composure and competence is essential at the time. It involves getting along with and enjoying the company of the marital partner, contributing in the concentration and actions of the family accepting extra duties as they arise and changing one’s style of life to match with changing in the family life.

Marital adjustment is ‘the ceremonial in which there is an overall feeling in husband and wife of pleasure and gratification with their marriage and with each other (Thomas, 1977).

Conflict Resolution

Conflict is usually defined as a difference with affection to interests or ideas. It is a procedure in which one party observes that its interests are being conflicting or adversely exaggerated by another party (Wall and Callister, 1995).

Deutch (1973) defined conflict as incompatible accomplishments.

According to Owens and colleagues (2005), is an action necessary to dismiss an conversation of mutual disagreement.

According to Tillet (1991), conflict establishes when the requirements and standards of the two or more persons are mismatched.

To summaries, conflict resolution can be noticed as a problem solving procedure which is considered to offer parties an chance to resolve their dissimilarities collaboratively. This process frequently involves third parties who work techniques and procedures that are aimed at simplifying messages between parties involved in conflict.

Relationship among Psychological Health, Conflict Resolution and Marital Adjustment

The aim of present study was to investigate Psychological Health, Conflict Resolution and Marital Adjustment among Married Women. Empirical and theoretical facts have been used to draw attention to the association among these psychological constructs. These psychological construct give insight into the nature of relationship as well. The most recent studies have been stated that recognized the relationship between Psychological Health, Conflict Resolution and Marital Adjustment among Married Women and its development of pattern. The studies showed relations related to these variables.

Marital joy is very strongly related to Psychological health. Kurdek(1998) investigated that high levels of depressive symptoms at marriage are connected to low primary marital superiority and that increases in depression are supplemented by decreases in marital superiority.

Dehle and Weiss(1998) examined that lower initial marital quality expected larger successive depression and also primarily higher depression scores expected greater deteriorations in marital quality three months later. Anxiety disorder has been found to be associated with poorer marital quality (McLeod, 1994).

According to Manju (2016) examined the Marital Adjustment and Depression. Total 200 women in Haryana state were assessed. Findings showed Depression had negative relationship with marital adjustment. Marital duration affects the marital adjustment. Younger women are more adjusted in comparison than the older.

Kiran Sahul, Dheerja Singhll (2014) examined the level of Mental Health and Marital Adjustment among working and non-working Married Women. And find out difference between working and non-working married women about psychological health and marital adjustment. 200 women (100 working and 100 non-working) were selected. To measure Mental health Pramod Kumar's Mental health Inventory and O.P. Mishra and S.K. Srivastava's Marital adjustment Inventory were used. Result indicated that both working and non-working women have higher level of Mental health and Marital adjustment.

Klaus A. Schneewind, Anna-Katharina Gerhard (2002) examined the Relationship Personality, Conflict Resolution, and Marital Satisfaction in the First 5 Years of Marriage. Total 83 new couples contributed at 6 points over 5 years at 1-year intervals. The results show strong effects across time. Conflict resolution styles appear to form during the 1st year of marriage and are habituated thereafter to a large magnitude. The relationship corresponds closely with conflict resolution styles, which in turn effect marital satisfaction. The effects for involvement, specifically for protective involvement in early marriage, are presented.

II. METHOD

Cross-sectional research design was used in the present research. Independent variable was Psychological Health and dependent variables of the present study were Conflict Resolution and Marital Adjustment.

Objectives

- To investigate the relationship among Psychological Health, Conflict Resolution and Marital Adjustment among Married Women.

Hypothesis

- There would be negative relationship between Psychological Health, Conflict Resolution and Marital Adjustment among Married Women.

Sample

In the current research purposive sampling technique was used because the elements to be included in sample were on the basis of married women. Sample consisted of the present study was n=100 married women from Gujrat, Lahore, Pakistan.

Measures

Mental Health Inventory

The MHI by Veit and Ware (1983) is contains on 18-items which describe 4 subscales (Anxiety, Depression, Behavioral Control, and Positive Affect) and 1 total score. The subscale and total scores range from 0-100, with higher scores indicating better mental health that are rate on a 6-point scale that ranges from 1-6.

Conflict Resolution Questionnaire (CRQ) Retrieved

The Conflict Resolution Questionnaire retrieved by University of Arizona (2015) is contains on 25-item help to people identify their preferred styles of conflict resolution. CRQ has Subscales such as Competing, Avoiding, Accommodating, Collaborating and Compromising that are 6-point likert scale that ranges from 1-6.

Marital Adjustment Questionnaire

The Marital Adjustment Questionnaire (MAQ) by Pramod Kumar and Kanchana Rohtatgi (1985). It consists of 25-items with forced-choice (Yes-No) type items. In this, there are only 3 items where scoring is reverse. The possible range is 0 to 25. The higher the score, the higher is the marital adjustment.

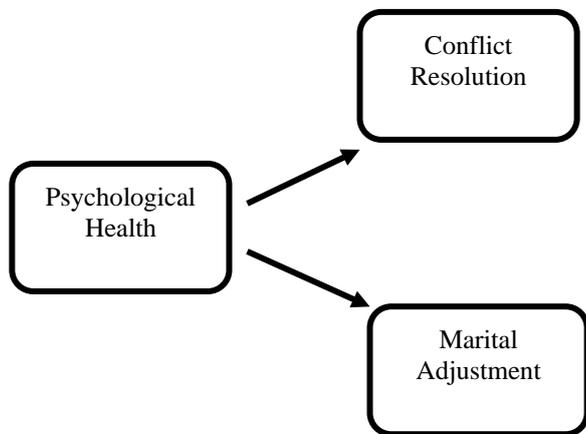
Rational of the Study

Present research was investigating the relationship among the Psychological Health, Conflict Resolution and Marital Adjustment among Married Women. The Prevalence of Depression is 1 million be in this world are died yearly caused by suicide and 3000 suicides deaths every single day. The

frequency of the Depression Patients in Pakistan is 44.4% according to estimate of Psychiatrist and Pakistan Association for Mental Health President prof S Hroon Ahmed). The Researcher investigated how Psychological Health effect the Conflict Resolution and Marital Adjustment of Married women. Researcher analyzed the significant effects of Psychological Health on Conflict Resolution and how Marital Adjustment play role among Married women.

Conceptual framework

Human have Psychological Health problem then have problem in Conflict Resolution and Marital Adjustment among Married Women. Concept of this study is given in following figure 1.



III. RESULTS

The current study was considered to study relationship among Psychological Health, Conflict Resolution and Marital Adjustment among Married Women. The sample consisted of 100 Married women Statistical package for social sciences (SPSS) 20 was used to evaluate facts and figures. Demographics information of the sample is given in the following table 1.

Table 1

Demographic	f	%
Age		
21-30 years	61	61
31-40years	39	39
Marital status		
Married	92	92
Others	8	8
Family system		
Joint	83	83
Nuclear	17	17
Duration of marriage		
1-5 Years	72	72
6- 10 Years	28	28
Residual status		
Rural	63	63
Urban Other	37	37
Financial problem		
Yes	37	37
No	63	63
Socio economic status		
Low	17	17
Middle	80	80
High	3	3

Table 2

Alpha reliability of the Scales (N=100)		
Scales	N	α
Mental Health Inventory	18	.59
Anxiety	10	.69
Depression	42	.58
Behavior Control	08	.57
Positive Affect	13	.67
Conflict Resolution (CRQ)	08	.76
Marital Adjustment (MAQ)	13	.74

Table 2 represents the alpha reliability coefficient of Questionnaire on Mental Health Inventory and its subscales, Conflict Resolution Questionnaire and Marital Adjustment Questionnaire. The high reliability values are the sign that the scale is reliable for present study.

Table 3

Summary of inter-Correlations, Means and Standard Deviation for the Psychological Health, Conflict Resolution, Marital Adjustment and Subscales of Psychological Health among Married Women (N=100).

Variables	1	2	3	4	5	6	7	M	SD
Psychological Health	-	.62**	.53**	.68**	.39**	-.24*	-.16	35.24	3.81
Anxiety		-	.20*	.37**	.04	-.32**	-.26**	10.15	1.71
Depression			-	.14	.25**	-.09	-.07	9.07	1.52
Behavior Control				-	.22**	-.16	-.08	6.91	1.44
Positive Affect					-	-.28**	-.47**	7.34	1.23
Conflict Resolution						-	-.38**	113.59	7.24
Marital Adjustment							-	45.21	3.26

Table 3 above shows negative relationship among Psychological Health, Conflict Resolution, Marital

Adjustment and subscales of Psychological health among Married women.

IV. DISCUSSION

The study was conducted on a sample of 100 married women. The analysis of psychometric properties of the instruments used in the study indicated that these scales entail high level of reliability. Correlation analysis indicated that there is a significant negative relationship among Psychological Health, Conflict Resolution and Marital Adjustment among Married women. It indicates that if a woman has psychological problems (Depression, Anxiety, Stress Behavior control problems) that effect on her Conflict Resolution and create problem in her marital adjustment. And if She has not Psychological problem (Positive Affects) then she has not conflict resolution and marital adjustment problem because these three variables are positively correlated.

Acknowledgements

First and foremost I would like give thanks Allah of all creations who gives me enough courage to complete this task. I would like to show my gratitude to my family who supported me in each and every aspect of my career and also provided me the emotional support. Next, I am especially obliged to my father M. Arif Baig and my brother M. Asim Baig who not only guides me but helped me a lot in data collection as well as financial support. Finally, I am also very much grateful to the families. They all are very much cooperative and helpful.

References

- [1]Angermeyer, M. C., Holzinger, A., & Matschinger, H. (2009). Mental health literacy and attitude towards people with mental illness: a trend analysis based on population surveys in the eastern part of Germany. *European Psychiatry*, 24(4), 225-232.
- [2]Barrett, L. F., Gross, J., Christensen, T. C., & Benvenuto, M. (2001). Knowing what you're feeling and knowing what to do about it: Mapping the relation between emotion differentiation and emotion regulation. *Cognition & Emotion*, 15(6), 713-724.
- [3]Beck, A.T., Steer, R. A., Ball, R., & Ranieri, W. (December, 1996). Comparison of Beck Depression Inventories-IA and II in psychiatric outpatients. *Journal of Personality Assessment*. 67 (3), 588-597. doi: 1207/s/5327752jpa6703_13.
- [4]Burger, J. M. (1989). Negative reactions to increases in perceived personal control. *Journal of personality and social psychology*, 56(2), 246.
- [5]Carpenter, K. M., Hasin, D. S., Allison, D. B., & Faith, M. S. (2000). Relationships between obesity and DSM-IV major depressive disorder, suicide ideation, and suicide attempts: results from a general population study. *American journal of public health*, 90(2), 251.
- [6]Corrigan, P.W., Markowitz, F.E., & Watson, A.C. (2004). Structural levels of mental illness: Stigma and discrimination. *Schizophrenia Bulletin*, 20(3), 481-491.
- [7]Gilbert, P., Bhundia, R Mitra, R., McEwan, K., Irons, C. & Sanghera, J. (2007). Cultural differences in shame-focused attitudes towards mental health problems in Asian and non-Asian student women. *Mental Health, Religion & Culture*, 10, 127-141.
- [8]Gross, J. J. (1998). The emerging field of emotion regulation: an integrative review. *Review of General Psychology*, 2, 271-299.
- [9]Gross, J. J., & Levenson, R. W. (1997). Hiding feelings: the acute effects of inhibiting negative and positive emotion. *Journal of abnormal psychology*, 106(1), 95.
- [10]Heise, D. R. (2002). Understanding social interaction with affect control theory. *New directions in contemporary sociological theory*, 17-40.
- [11]Jolly, J. B., Dyck, M. J., Kramer, T. A., & Wherry, J. N. (1994). Integration of positive and negative affectivity and cognitive content-specificity: improved discrimination of anxious and depressive symptoms. *Journal of Abnormal Psychology*, 103(3), 544.
- [12]Nordt, C., Rössler, W., & Lauber, C. (2006). Attitudes of mental health professionals toward people with schizophrenia and major depression. *Schizophrenia bulletin*, 32(4), 709-714.
- [13]Salmans, S. (1995). Depression: questions you have-answers you need. Peoples Medical Society.
- [14]Watson, D., & Clark, L. A. (1984). Negative affectivity: The disposition to experience aversive emotional states. *Psychological Bulletin*, 96, 465-490
- [15]Watson, D., & TeUegen, A. (1985). Toward a consensual structure of mood. *Psychological Bulletin*, 98, 219-235.
- [16]Watson, D., Clark, L. A., & TeUegen, A. (1984). Cross-cultural convergence in the structure of mood: A Japanese replication and a comparison with U. S. findings. *Journal of Personality and Social Psychology*, 47, 127-144.
- [17]Williams, K. E., Chambless, D. L., & Ahrens, A. (1997). Are emotions frightening? An extension of the fear of fear construct. *Behavior research and therapy*, 35, 239-248.