

[Research Forum]

**The Effects of Drug Dependence on  
Spousal Relationships in Iran**

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This article reports the findings of a grounded theory study on drug dependence and spousal relationships in Iran. The study is qualitative in nature; data were obtained through semi-structured interviews. Grounded theory method was used to guide the analysis. Interviews were conducted to 41 opium- and heroin-dependent parents selected from the Self-Referred Drug Addicts' Treatment Centre in Rasht, Iran. The interviews provided detailed information on the impact of these parents' drug dependence on their spousal relationships. The study focused on drug dependence and spousal relationships, and explored the links between them. It found that drug dependence could have an effect on various aspects of spousal relationships. In this article, two main aspects of spousal relationships are considered, namely spousal roles and spousal communication. In this study, drug dependence was found to create a number of adverse effects on spousal relationships. Suitable intervention and prevention programs were needed to offer support for drug dependents and their spouses.

Drug dependence and its effects on spousal relationships are some of the most challenging problems in the world. Most empirical studies of families with drug dependents tended to ignore the spousal system and focused instead on the original family (e.g., parents, siblings, and relatives) (Kaufman, 1992; Stanton & Shadish, 1997). However, the neglected subject is one of the most difficult and sensitive aspects of the drug problem. Therefore, this article tries to explore the effects of drug dependence on spousal relationships in Iran. In this article, “spousal relationship” is defined as the fulfillment of duties and the relationship and communication between spouses in their joint life. These can be considered as aspects of spousal relationship in the context of married life.

With regard to the particular significance of identifying the effects of drug dependence on spousal relationships, in nearly all instances of this article, attempts were made to explore its effects on the relationship between spouses. Nevertheless, this article also tries to shed light on the way drug dependence affects spousal roles in the family, including the consideration of how and to what extent satisfaction from one’s matrimonial life and spousal communication are overshadowed by drug dependence.

### ***Aims of the Study***

Most of the researches concerning drug dependence and its effects carried out in Iran were either very descriptive in nature or based on survey methods seeking to explore people’s opinions and point of views about the contributing factors to and the effects of drug dependence. These researches in Iran have been predominantly quantitative in approach, and have attempted to provide the practitioners and experts in the field with some facts. The present study was done with a different approach (i.e., in a qualitative way) by using more flexible means, with the aim of complementing and extending earlier quantitative studies in

Iran. The grounded theory method was used to guide the analysis of the qualitative data. By using grounded theory method, the researcher could understand how and why drug dependence affects spousal relationships in Iran. Following this method, it was emphasized that the researcher avoided going into the field with preconceived ideas and a thematic focus but allowed themes to emerge from the fieldwork.

## **Literature Review**

There is a consensus across existing studies in Iran and other countries that drug dependence has an effect on spousal relationships. Some earlier studies tried to probe into these effects. For example, in Iran, Sepordeh (1979) pointed out the destructive effects of drug dependence on fathers' control over the family. Khaki (1992) held that the drug dependence of husbands might entice their wives into prostitution, whereas Tofanghchei (1975) found that nearly half of the wives who had husbands with drug dependence felt extremely dissatisfied shortly after their husbands fell into such a dependence. In other countries, Lex's (1990) study about the spousal relationships of six heroin dependents showed that the spouses in these families were not emotionally supportive for each other. Birchler (1995), in his study, used materials from videotaped communication samples of three drug-dependent couples and reported that these couples showed a shortage in communication skills, problem-solving ability, as well as general relationship commitment and stability. In addition, some studies characterized the drug-dependent spouses as dependent, passive-aggressive, and lacking commitment to their intimate relationships (e.g., Davidson, 1977; Wellisch, Gay, & McEntee, 1970). Another study by Fals-Stewart and Birchler (1996) evaluated the dyadic adjustment of four different types of couples — 94 couples wherein only husbands were dependent on drugs, 36 couples wherein only wives were dependent on drugs, 87 couples wherein both spouses were dependent,

and 70 couples looking for group therapy for marital distress where there was no evidence of drug dependence in couples. Overall, the spouses in all four groups were considerably dissatisfied with their relationships, desired marked change from each other in various areas of functioning that influenced relationship quality, used maladaptive methods to address conflict in the relationship, and had taken several steps toward relationship dissolution. These findings show the detrimental effect of drug dependence on spousal communication.

### ***The Role of Qualitative Research in Understanding Drug Use***

The basic goal of qualitative research in the field of drug dependence is to find out the experiences of drug dependents from their own viewpoint (Rhodes et al., 2001). Qualitative research is concerned with exploring the influences of environment in relation to drug dependence. Researchers may seek to explore how drug dependents conceive of their surroundings and their effects (Agar, 1997). Since illegal drug use is a hidden activity and most drug users stay hidden in many countries, it is hard to reach them for treatment services. This has also led researchers to consider research methods and sampling designs that are capable of reaching hidden populations “whose membership is not readily distinguished or enumerated based on existing knowledge and/or sampling capabilities” (Wiebel, 1990, p. 6). Qualitative methods offer a good way for providing rich data from secreted populations and behaviors, not least because it aspires to understanding why and how such behaviors occur (Rhodes, Quirk, & Stimson, 1995).

Some qualitative researchers in the field of drug dependence favor a grounded theory approach whereby analytic themes emerge from the data collected. Such an approach bridges the gap between theoretically uniformed empirical research and empirically uniformed theory by grounding theory in data. The principle is that detailed analysis of the data helps to produce an emergent theory to guide data collection

focused on making comparisons. From a grounded theory perspective, the first question to ask and to pursue is: “What is happening in the data?” (Glaser, 1978). Constructivist grounded theorists acknowledge that they define what is happening in the data. Objectivist grounded theorists assume that they discover what is happening in the data. As Strauss and Corbin (1990) stated:

A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (p. 23)

However, while grounded theory methods provide the researcher with powerful tools for honing an analysis, one inherent danger in using these tools is that the researcher may create a scientific report overloaded with jargon. Like other social scientists, grounded theorists may become enamored of their concepts, especially because they provide a fresh handle on the data (Charmaz, 2000).

## **Methodology**

### ***Sampling***

All the required approvals and facilities were gained for the research. In this study, a group of drug-dependent parents were selected through purposive sampling from the Self-Referred Drug Addicts’ Treatment Centre (SRDATC). In order to select the participants, a list of names provided by the SRDATC was first checked, and with the permission from Iran’s governmental welfare organization, files and backgrounds of the people from the list were carefully reviewed. After reviewing the

list, two groups of female and male subjects were selected. At the outset, the researcher reassured the participants that they would remain anonymous as the research reports would be written in a way that identification of interviewees would be impossible. In order to maintain an acceptable level of ethical norms, attempts were made to reach agreements during interviews on the ways the elicited data would be used.

In all, 49 drug-dependent parents were interviewed. During the interview, 8 participants showed that they were loath to complete the interview process due to reasons such as feelings of fatigue, extreme lack of confidence, mental weariness, and in some cases, the continuing effects of drug dependence. Although all interviews were completed, the ones with the 8 participants were omitted from the analysis partly because of insufficient data collected. In at least two cases, this reflected an unwillingness to talk about aspects of the participants' private lives. Therefore, finally 41 drug-dependent parents provided detailed information on the effects of drug dependence on their spousal relationships. It should be mentioned here that because of cultural barriers, access to drug-dependent women in Iran was very difficult. Nevertheless, through purposive sampling, the researcher was able to recruit 11 women for interview eventually.

### ***Data Collection***

Data were obtained through semi-structured interviews. The interview schedule covered a wide range of topics. As the study progressed and the key themes were identified, the interview schedule became more focused. In order to determine the validity of interview items and make necessary adjustments, a group of subjects for a pilot study were selected for interview. During refining the interview schedule, the weak items in terms of validity were detected and later

omitted. It was also found that some items had to be slightly revised or changed.

In this semi-structured format, questions are open-ended and need not always be asked in the same way or in the same order. The interview is not rigidly constrained by the interview schedule but it does have a clear agenda and the interviewer retains some control over the interaction. This makes it distinct from a conversation, although its informal style makes it similar to a conversation in many ways. Often in practice, after interviews had taken place, conversations would continue. In this study, the researcher began each interview slowly with small talk and then explained the purposes of the research. The interview itself began with simple questions (including biographical details) that were intended to get the ball rolling, but not to go too quickly into the more sensitive interview questions so as to avoid putting intimate self-disclosure and trust at risk. Johnson (2002) says: “To be effective and useful, in-depth interviews develop and build on intimacy.”

### ***Data Analysis***

The grounded theory method (Glaser & Strauss, 1967) was used to guide the analysis of the qualitative data. From a grounded theory perspective, the first question to ask and to pursue is: “What is happening in the data?” (Glaser, 1978). The data for analyses in the present study included interview transcripts and notes prepared during interviews. With the permission from the participants, all the interviews were audiotaped and transcribed afterward. This was followed by the data analysis, with data coded according to the provisions set forth by Strauss and Corbin (1990). According to them, the coding process consists of three stages, namely open coding, axial coding, and selective coding. During the coding process, the researcher studied the data and engaged in line-by-line coding, and then used active terms to discover

what is happening in the data and followed leads in the initial coding through further data gathering. In this process, open coding is an essential first stage, based on naming and categorizing phenomena identified in the data. This is an inductive stage for drawing out concepts from the data. In this study, open coding helped the researcher to discover the participants' views, experiences, perceptions, and feelings. If the researcher felt any ambiguities, he tried to analyze another interview. Through additional interviews, the researcher could check whether and how his interpretations of "what is happening" fitted with the participants' views, experiences, and so on. However, the coding was not confined to this, and was followed by axial coding in which each category was analyzed and reviewed by the researcher. In addition, the connection between various categories was examined so that a core category could be found. At this stage, selective coding was applied based on the general guidelines of principal coding. In this study, the researcher adopts frequently the reappearing previous codes in sorting and synthesizing large amounts of data.

## **Results**

### ***Demographic Characteristics of the Participants***

The first part of the interview involved gathering various biographical data, which could be used to provide a profile of the sample and set the context for their testimony. Biographical data covered a range of areas, including the gender, age, living places, educational background, jobs, and economic situation of the participants. Data were also collected on numbers of children, and marital status at the time of interview. Of the 41 participants, 30 were male with an average age of 38 and 11 were females with an average age of 33 (see Table 1).



**Table 1. Demographic Characteristics of the Participants**

Category	Number	Percentage
<b>Sex</b>		
Male	30	73%
Female	11	27%
<b>Education</b>		
Primary	15	37%
Secondary	21	51%
High school	5	12%
<b>Type of occupation</b>		
Housekeeper	8	20%
Farmer	7	17%
Governmental job	3	7%
Self-employed	12	29%
Jobless	11	27%
<b>Type of accommodation</b>		
Private accommodation	8	20%
Living in close relatives' house (without any rent)	12	29%
Rental accommodation	21	51%
<b>Marital status</b>		
Married and living together	29	71%
Married and living separately	9	22%
Divorced	3	7%
<b>Number of children</b>		
One	7	17%
Two	12	29%
Three	13	32%
Four	4	10%
Five	3	7%
Six	1	2%
Seven	1	2%
<b>Opium user</b>		
Male	18	72%
Female	7	28%
<b>Heroin user</b>		
Male	12	75%
Female	4	25%

### ***The Effects of Drug Dependence on Spousal Relationships***

The data related to the outcomes of drug dependence on spousal relationships are presented in this section. Evidence on the effects of drug dependence on spousal roles and spousal communication in the family life of drug dependents was analysed. In addition, attempts were made to explore to what extent spousal relationship as perceived by the participants was affected by their drug dependence, and to identify what roles their current and past life experiences played in this respect. It also tried to find out the interactive effects of these three elements (i.e., past life experiences, current life experiences, and drug dependence) on their spousal relationships. At the end of this article, a comparison is made between heroin-dependent and opium-dependent participants as well as between female and male drug dependents in terms of spousal relationship.

#### ***The Effects on Spousal Roles***

In this study, almost all participants acknowledged some detrimental effects of drug dependence on their family duties. As to the consequences of this, a majority of them (21 males and 5 females) felt that their spouses mostly undertook the neglected duties:

When I was careless about the material needs of my children, my wife tried to fill the gaps. (Payman)<sup>1</sup>

It seems that the wives of many participants, in addition to taking the typical family duties of an Iranian wife, were also saddled with the extra burden caused by their husbands' negligence or inability to perform duties:

My wife often spends her time in kitchen and cries while working. She has restricted her relationships with the rest of her family members. She began to lose her hope and became disappointed. (Amir)

Of course, there were some cases in which the additional duties and burdens were not regarded as resulting in any particular complications. For instance, three of the male participants (opium dependents) perceived that their wives took on these additional burdens without causing any problems for themselves or their children. They believed that their wives' distinctive flexibility enabled them to cope with the hard conditions.

A number of the participants (7 males and 4 females) who acknowledged that drug dependence made them less attentive to their family obligations reported that their spouses assumed what might be termed "an intermediate role." By this it is meant partial acceptance of the additional responsibilities with total rejection of some duties resulting from the negligence of their drug-dependent spouses. "Intermediate role" could also refer to a gradual shift in role taking by the non-drug-dependent spouse when compared to the earlier times of drug dependence of their partners. At the earlier times, they were less cooperative:

My wife grew weary and hopeless day by day since she has had to do what I was supposed to do. This made her more aggressive, and indifferent to what goes on in the house. (Moslem)

Four female participants described a different situation — total rejection of any form of additional duties as a result of drug dependence of the other spouse. These women lived with heroin-dependent husbands, and believed that their husbands hardly did anything to suggest their acceptance of new roles and to compensate for any shortcomings in this respect. Samira and Gity said that while they were spending many hours outside home in search of their substance, they knew that they could not count on their husbands at all for looking after the children who were left at home. Two male heroin-dependent participants also reported that

under current circumstances, due to the longer-term effects of their drug dependence and their wives' fatigue, their wives were not prepared to take up any extra duties.

In this study, two male opium-dependent participants assumed that their so-called micro-family responsibilities of meeting the basic needs of their family were not harmed. Afshin believed:

Although I took opium daily, I managed somehow to keep my income and cost balanced. I received a good monthly salary and I have been living off my inheritance.

In reply to questions posed during interview about whether there were any other reasons, apart from drug dependence, that could impact on family duties, 15 participants (12 males and 3 females) responded that their own parents had completely fulfilled their family roles. The current deterioration of their sense of family responsibilities, as they perceived, was by no means a result of their upbringing, but stemmed from a personality destruction caused by their drug dependence:

Although my father earned little money, he and my mother spared no effort in bringing us comfort. (Farshad)

In contrast, 10 participants (9 males and 1 females) had different experiences. They felt that their parents were not very successful in carrying out their roles and functions in the family, particularly in areas of meeting family needs. This group of participants blamed their parents rather than their drug dependence for their own failures:

I had been longing for getting older when I could flee the house because of my fathers' being excessively stern to me. (Karim)

It also seems that the interactive effects of one's earlier life experiences and the drug dependence can have a part to play in

undermining their sense of family roles and duties. A total of 13 participants (10 males and 3 females) attributed their present degradation of family duties to both their life in the original family and their drug dependence:

My earlier life experiences have had a strong impact on my behavior, but I should admit that my drug dependence has also had certain effects.  
(Mani)

There were only three participants who exceptionally felt that their failure in fulfilling their family roles was neither the result of their family background nor that of their drug dependence. Rather, the problem stemmed from their present rough life conditions, which had forced them to evade their responsibilities:

I felt no relief with my married life and wife. At first, I tried to align with her and somehow come to terms with her but it was as if there was iron instead of brain in her head.... I felt she took more benefits from me than I did from her. So, I began to lose my interest in my family and resorted to my friends. (Siavosh)

Upon comparing opium-dependent and heroin-dependent participants, we may infer that there were some noticeable differences between these two groups of participants in terms of the quality of playing their family roles. The diversity of the roles and functions played by a typical opium dependent seems to be more than that of a heroin dependent. It was found that heroin-dependent participants were generally more neglectful than their opium-dependent counterparts in fulfilling their parental duties. For example, Mazdak, a heroin dependent, shared the idea with Arash (also a heroin dependent) that their wives had to undertake all the responsibilities, including the provision of family welfare facilities, the supervision of family affairs, and the setting up of

rules and discipline within the family. Conversely, Mehrdad, an opium dependent, believed that he had, at least partially, preserved his duties. He said:

As far as possible I tried to set aside some money for the household needs each time I bought my drugs.

Upon comparing male and female drug-dependent participants, it indicated that the frequency of undertaking additional family responsibilities among female opium dependents was higher than that of male heroin dependents and opium dependents. That may be due to an intrinsically greater sense of obligation of females toward children. Nevertheless, both male and female heroin dependents seemed to have been equally indifferent toward their specific family roles and duties as parents. Non-fulfillment of family duties on the part of these female drug dependents (it is important to note that all female participants of this study had drug-dependent spouses whereas the male participants did not) led to two different sets of reactions by their husbands. In the first case, the husbands who were mostly opium dependents themselves partially undertook the neglected family duties. In the second case, the husbands who were on heroin undertook no sorts of duties or roles. The duties were thus left unattended, and it was often unclear as to who should undertake them:

Opium is king compared to heroin. A couple of years ago, my bloody husband and I were on opium and we managed to go on with our life anyway. Although the burden of living was mostly on my shoulders, he also shook a leg. But now he is as worn out as I am, cut off from our relationships with all the people. (City)

### *The Effects on Spousal Communication*

In this study, when the participants were asked their opinion about sound husband-wife communication, they leapt on the idea that such

communication is free from any verbal annoyance. The words and expressions exchanged between spouses should be loaded with mutual respect. The participants stressed that listening and paying attention to each other play a major part in this connection. They also contended that in a sound spousal interaction, the partners could look at things from the point of view of each other and yet see things from the same perspective. Apart from the above perceptions of sound spousal communication, the participants also regarded the verbal and non-verbal respect by spouses particularly among family and friends as qualities of suitable spousal communication. They believed that in a genuinely sound spousal communication, the needs and desires of both partners are effectively attended. They regarded good spousal communication as being full of affection, love, mutual respect, sincerity, and clemency:

In my opinion, mutual respect between husband and wife is the most important thing. (Arman)

If husband and wife understand each other, they can have a good relationship and communication. (Sosan)

After describing what a sound spousal communication should be, the participants were asked how they perceived their current communication with their spouses? The majority of them (30 out of 41) described their inability to understand the inner world or the mentality of their spouses. According to Farzaneh (a heroin dependent) and Sanam (an opium dependent), they could not reach a common ground with their spouses concerning the type or extent of the problems present in their family.

My wife is always complaining that I cannot understand her and that I have not realized her character. Of course, she was right since I had always been deeply engaged with drug preparation activities. (Nariman)

What factors have caused them such a feeling of inability to understand their spouses? Six participants searched for the reasons behind from their former life or pre-marital experiences. Most of them put the blame on their parents, particularly fathers, and insisted on saying that there were limited instances of shared views, attendance, and listening to each other in the communication with their parents. It seems that these participants learned and modeled their parents' behaviors:

As far as I can remember, they [parents] paid no attention to each other and turned a totally deaf ear to each other. (Moslem)

Conversely, there was another group of nine participants who believed the communication between their parents was so good and appropriate that they must have effectively benefited from them in their dealings with their spouses. These participants attributed the bulk of the complications in their spousal communication to their dependence on drugs. Their reasons can be classified in two groups. First, there was suitable communication prior to drug dependence but afterward inappropriate communication developed subsequently. Second, the communication changed from appropriate to inappropriate as a result of the shift from opium usage to heroin usage as well as the prolongation of drug dependence. For example, Mehdi expressed his views in this respect as follows:

Goodness, it is not fair to call my parents the culprits; they were good fellows. I myself have to be blamed, whatever tough licks I have had. It is because of this damned stuff [narcotic substance]. It was opium, which gradually cut off all my affective bonds with my wife and children; with heroin making me completely secluded.

The analysis of another group of 13 participants' accounts leads us to a yet different interpretation. These participants believed they had



experienced good communications in their original family, but their drug dependence caused them to forget those earlier learned experiences. In their struggle to justify their claims, they tried to compare their communication prior to drug dependence with the one afterward. Relying on their memories of the past, they tried to show that although they did not enjoy a savory communication with their spouses before dependence on drugs, such a dependence had removed even the faint possibility of effective communication:

We did not have good ties after our wedding, but for the sake of children, we tried to bury the hatchet and pretend we were happy with each other. There appeared a high wall of mistrust between us ever since opium and later heroin entered my life. (Arad)

It appears that we cannot neglect the role and effects of post-marriage life conditions in the deterioration of communication with spouses. The experiences as described by a few participants show this point. Two participants believed that their wives had major deficiencies in terms of communicative qualities. They said that they were very happy early in their marriage, but as the time went by, the tension mounted, finally leading to disruption of communication with their spouses. Although they experienced opium usage only for recreation prior to their marriage, they maintained that their spouses' failure to communicate caused them to lose their enthusiasm for sustaining the relationship. In this connection, as the problems built up because of inappropriate spousal interactions, they were driven further toward drug dependence:

It was out of the question to talk to her [my wife]. I used to take opium but I was not so filthy. This slut of a woman ruined my life as a plague. God only knows I was always trying to find an excuse to escape from home. (Akbar)

Eight participants stated that they could somehow understand their spouses' psychological conditions and emotional needs, particularly those related to matrimonial issues, but found it difficult to respond to them and lacked the flexibility to adjust their behavior. For example, Farshad said:

I could often make out what problems I made for my wife. I made her shameful in front of her relatives and neighbors most of the time. She couldn't find proper dress to attend parties and thus she felt she was left behind by her peers.

Two of this group of participants had already observed the deficient communication of their own parents. They believed their parents lacked the knowledge or the required skills for such adjustments, and were therefore unable to effectively convey such knowledge to them:

I always felt I could realize her [my wife's] problems but I did not know how to treat her. My poor father was the same. He didn't know to behave either. (Kamran)

In certain cases, it seems that it is only, or primarily, drug dependence and its subsequent effects that create such deficient communication among spouses. Four of the eight participants reported experiencing good communication with their spouses during their marriage prior to becoming dependent on drugs. Nevertheless, they believed that after some time with drug dependence, their communication deteriorated severely:

Before such a plague enters my life, we enjoyed good days. We loved each other. Now everything is changed and is going to ruin. I am not dumb; I know well what the situation is, but mind you! I just don't know how to treat with my family. (Mosa)

The experiences outlined by the participants of this group may lead us to infer that while their past life experiences had contributed to their communicative difficulties, their drug dependence had intensified such a problem. This small group also had a more critical view of the dominant educational system in the society. Instead of blaming the observed behavioral patterns of their parents, they argued that the wider society did not do anything to provide them with suitable trainings or the know-how for establishing effective communication with spouses:

When I married my wife, I didn't know exactly how to behave with her. You know, there were no talks of such things in schools, and there was no particular educational program in this respect. I took my mother and father's behavior as the examples to follow. (Mahrdad)

Certain variations were also found in terms of spousal communication among opium-dependent and heroin-dependent participants. Opium dependents were usually more attentive to their spouses' needs and requirements than heroin dependents, and managed to keep more effective communication with their spouses through behaving respectfully. Meanwhile, it also seemed that fluctuation of temperament and emotional stability was less in opium dependents, which allow them to show greater enthusiasm on listening to their spouses. It can also be concluded from the statements of most opium dependents that they displayed greater flexibility in dealing with their spouses than heroin dependents, or tried to apply a practically more effective communicative bond. It appeared that the damaging effects on personality caused by heroin dependence and the formation of wild behaviors, such as the use of insults and blaming among heroin dependants, created an inappropriate communicative situation for them. Of course, the tendency of many heroin dependents to lengthen their ecstasy and enjoyment encouraged them to keep a distance from their

family members so as to prevent possible disruption of their enjoyment. Nadar, who was on opium, said:

If only she [my wife] gave me a chance, I could be a nice man. Whenever I am just in the mood, I can easily talk to her and listen to what she says. But the unlucky point is that she is always nagging about my taking opium.

Mosa, who was a heroin dependent, believed:

When I just swallowed grains of opium, I felt lively and could talk to or listen to my wife for hours and she seemed happy, but now I evade her simply because I am too weak to continue and besides, if she puts dirt on my feelings, my joy will just go away, so I will again have to take it [heroin].

## **Discussion**

It seems that all the research findings mentioned earlier are somehow in line with that of the present study, particularly that drug dependence of one spouse will bring about devastating effects on the spouse's sense of responsibilities and force the non-drug-affected spouse to partially undertake the neglected responsibilities. For example, Mazlouman (1986) studied 100 wives of drug dependents and found that 4% of them didn't care their husbands' drug dependence, 58% insisted on their husbands coming off the drugs, and 16% had threatened to divorce their husbands. The last two groups of wives might have partially undertaken the extra parental roles and functions due to their husbands' drug dependence. However, there is nearly no earlier research that investigates the course of changes in acquiring the extra parental duties as a result of the extension of drug use or of the changes in the kind of drugs taken by the drug-dependent spouse. This has become, somehow, the prime focus of the present study. Ackerman (1988) from

the Department of Sociology, Indiana University launched a full-scale study about the background of social conflicts as well as the interpersonal tensions within the families of the drug-affected people and the effects these drug dependents could, in turn, put on their family members. He could clearly show how drug dependents induced the tensions on their family members. In the present study, the participants stressed that upon drug dependence, one may affect the acceptability of role taking in spouses and create tensions or nervousness. However, such tensions mainly appear in the form of depression or aggressive behavior.

There are no observable traces of comparison between male and female drug dependents in the related studies undertaken earlier. Although female drug dependents take their parental roles quite defectively, their families' relative stability is subject to the kind of drugs their husbands depend. If a female drug dependent has a husband who is also on heroin, she will not enjoy relative family stability because her husband will not undertake the extra parental roles due to her drug dependence. There have been, so far, very few research investigating the effects of treatment courses on modifying the behavioral patterns.

The present study also provides a more in-depth analysis of elements of spousal communication, such as shared attitude, attention, listening to each other, and considering one's positive characteristics. Through interviews with the participants, the researcher tried to detect the qualitative and quantitative effects of drug dependence on all of the above-mentioned elements. With respect to the efficiency of communication, the study probed into the verbal communication elements such as ironical remarks, self-righteous attitudes, blame, passive aggression by spouses in order to shed more light on the effects of drug dependence on all these elements. These considerations,

however, are missing in the earlier studies, which merely aimed at reviewing drug dependents' attitude in general and eliciting information about whether or not drug dependence has had any impacts on their communication with the spouses without any in-depth analysis of the spousal relationship. Nevertheless, Birchler (1995) has reported that substance-abusing couples show a shortage in communication skills, problem-solving ability, and general relationship commitment and stability. Piran (1989) and Aghabakhshy (1999) have reported that drug dependence increases aggressive or violent behavior of male subjects in the relationship with their wives. Tofangchei (1975) believes that as the violent behavior increases, the satisfaction of marriage takes a sharp plunge. Most of other studies focused on the violent physical behavior of male drug dependents against their wives. Piran (1989) has also indicated that 40% of men who did not commit any violent behavior against their wives at all before getting into drug dependence, tended to fly off the handle at the slightest incidence which resulted in the physical injuries of their wives.

### ***Implications for Policy and Practice***

This section, based on the study findings, will present some implications for policy and practice. In addition, recommendations will also be provided with due consideration of the main findings. These implications and recommendations may interest directly social workers, counselors, family therapists, and heads of counseling services. They may catch the attention indirectly of higher government officials, policy makers and welfare organizations in their dealings with drug-dependent parents who are referred to treatment centers such as the SRDATC in order to overcome their drug dependence.

In relation to spousal relationships, there are several areas that are worth of attention. These include further consideration of what is necessary to make effective spousal relationships, the improvement of

capacities to resolve problems between spouses, and helping the spouses themselves to do this. Particularly for non-drug-dependent spouses, support and education could be given to help them handle the mental weariness caused by matrimonial disputes and other situations that they may encounter. As we know, greater awareness of these issues should give the specialists a better insight to recognize the possible causes of spousal relationship problems, and to refer their clients to drug treatment centers if necessary. Similarly, developing the skills of the specialists can strengthen their capabilities to deal with existing problems of their clients and possibly prevent the emergence of anticipated problems. Besides, developing people's skills in spousal relationships must be combined with providing sound knowledge of the influences of drug dependence as the study shows that these factors are closely related and are both cause and effect of each other.

It appears that along with the change of drug usage from opium to heroin and with the prolongation of drug dependence, the participants of this study acquired certain characteristics (in terms of individual, social and personality traits). Loss of social credibility, unemployment, decreased income, bad temper, restlessness, and continuous mental preoccupation with the preparation of drugs are the types of changes that might cause greater damages to the relationship between spouses. In other words, the participants with higher level of opium usage, or with greater dependence to heroin, or with longer period of drug dependence tended to be more deficient in playing their roles and were more frequently faced with disagreement from their spouses in the course of matrimonial life. An important implication of these findings is that programs and skills offered by the SRDATC should be refined to reflect the differences between drug dependents more effectively. Currently, the treatments offered are very similar. However, the therapeutic operations for opium dependents and their family should perhaps be different from those of heroin dependents. Similarly, the therapeutic

measures taken for those with longer drug dependence should be different from those who have just recently experienced drug dependence. Thus, different knowledge and skills are needed to work effectively with different groups of drug dependents and their family. Also, the treatment should, of course, be sensitive to individual circumstances.

## **Conclusion**

One of the main conclusions of this study is that we have much to learn and do about drug dependence and its effects on spousal relationships in Iran. If we do not learn and do research on this subject, do not develop services responsive to the needs of drug dependents and their spouses, or fail to develop empirical knowledge for handling this kind of problem, what will happen then? Failure in this context will carry a heavy price. There is no doubt that children growing up within a drug-dependent family are at increased risk of a wide range of negative outcomes. If we do not attend and meet the needs of drug dependents' spouses and children, we may even face a severe problem in the society. In this study, the difficulties faced by spouses of drug dependents have been considered in relation to different aspects of spousal relationships. It has been shown that spousal relationships are influenced by many factors. The difficulties cover a wide range of areas, including the effects of drug dependence on spousal roles, as well as the quality of relationship and communication.

## **Note**

1. The names of all participants in this article are pseudonyms to maintain the confidentiality of their identity.



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## 伊朗國內毒癮對夫婦關係的影響

本文報導一項按照紮根理論探討伊朗國內毒癮與夫婦關係的質性研究。研究以半結構訪談搜集資料，並循紮根理論的方法來進行分析。訪談對象來自伊朗雷什特的戒毒治療中心的 41 名已為人父母的吸毒者（吸食鴉片或海洛英）。就毒癮對夫婦關係的影響，受訪者提供了詳細的資料。研究集中探討毒癮與夫婦關係之間有何關連，發現毒癮對夫婦關係的多個層面都有影響。本研究以夫婦關係中夫婦角色和夫婦溝通為焦點，而毒癮對這兩方面都有不良的影響。研究指出，必須提供適切的介入及預防服務，以協助吸毒者及其配偶。