

Drug Dependence and Marital Satisfaction: A Qualitative Study Among Users of Opium and Heroin in Iran

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This article reports the findings of a qualitative grounded theory study on drug dependence and marital satisfaction in Iran. Data were obtained through semi-structured interviews with 41 opium and heroin dependents selected from the Self-Referred Drug Addicts' Treatment Centre in Rasht, Iran. All participants were married. The study found that drug dependence has an impact on various aspects of marital satisfaction such as emotional satisfaction and sexual satisfaction. Intervention and prevention programs should be offered to the spouses of drug dependents.

The number of drug consumers in Iran has been estimated at around 4.9 million, with about 4.4 million of those dependent upon opiates (United Nations Office on Drug and Crime, 2007). Hashish, opium, and heroin have been found to be the most commonly used drugs by Iranians, with opium and heroin dependence as the most prevalent type of drug dependence, particularly among men (Aghabakhshy, 1999). Both local and overseas researches found that there has been a noticeable increase

in drug use among Iranians in recent years, particularly among young people, who should be Iran's national assets, as well as present and future hopes (United Nations International Drug Control Programme, 1997).

Drug dependence and its effects on family life is one of the most challenging problems in the world. Most empirical studies of families with drug-dependent members tended to ignore the spousal system and focused instead on the family of origin (e.g., parents, siblings, and relatives) (Kaufman, 1992; Stanton & Shadish, 1997). This is one of the most difficult and sensitive aspects of the drug problem. This article aims to explore the effects of drug dependence on marital satisfaction in Iran. In this article, marital satisfaction is defined as the pleasant feeling resulting from the good relationship with one's spouse. It can be considered as a domain of spousal relationship in marriage.

The participants were interviewed to explore the effects of drug dependence on marital satisfaction. The impacts of drug dependence on emotional and sexual satisfaction are identified.

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. These researches have been predominantly quantitative in approach. Using qualitative method for studies will extend the research findings of quantitative studies. A grounded theory method was used to obtain information regarding how and why drug dependence impacts marital relationships.

Literature Review

There is a consensus across existing studies in Iran and other

countries that drug dependence has an effect on marital satisfaction. Earlier studies have proved this relationship. For example, in Iran, Piran (1989) and Aghabakhshy (1999) reported that drug dependence increased aggressive or violent behavior of males in the relationship with their wives. Tofanghchei (1975) believed that as the violent behavior increased, the satisfaction took a sharp plunge. Most of other studies focused on the violent, physical behavior of male drug dependents against their wives. Piran (1989) 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. Tofanghchei (1975) found that nearly half of the wives (48%) who had drug-dependent husbands felt extremely dissatisfied shortly after their husbands became drug dependents. The study also showed that the concomitant displeasure caused by drug dependence tended to increase steadily. A total of 71% of the participants were happy in their marital life prior to their dependence on drugs but the figure decreased to 44% after they became dependents. In another study, Aghabakhshy (1999) interviewed couples who were on the verge of divorce mainly because of the drug dependence of their spouses. When they were asked about whether or not there were any other reasons apart from drug dependence that decreased their mutual satisfaction, 71% of them attributed their discontent to the effects of drug dependence and 10% attributed to economic deterioration.

Ramezani (2000) showed that the non-conforming behavior of drug dependents, the concomitant psychological problems, and the changes in their values and attitudes concerning marital life increased the probabilities of separation from spouses. Garacheh-daghi (2000) maintained that marriage is different from other life events. When there was the possibility of misinterpretation of the agreed patterns of marital life, the satisfaction between spouses tended to decline, leading to

emotional and often physical separation. In a document published by the Welfare Organization of Iran (1999) with data gathered from families in counseling centers, it was reported that some wives referred to courts and asked for divorce because of their husbands' drug dependence. These wives believed that drug dependence caused their husbands personality degradation in such a way that they neglected their family.

In other countries such as the United States, 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). These findings show the detrimental effect of drug dependence on marital satisfaction.

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, Barnard, 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

Permission from Iran's Welfare Organization was obtained for this study. The Organization provided a list of names of substance-abusing male and female parents. Drug-dependent parents were selected through purposive sampling from participants at the Self-Referred Drug Addicts' Treatment Centre (SRDATC) in Rasht. The identity of the interviewees was not revealed, and the researcher reassured the participants that they would remain anonymous. They were also informed that the data collected would be used for research purposes only.

Forty-nine drug-dependent parents were interviewed, but the data from eight participants were omitted from analysis due to insufficient information. In at least two cases, this reflected an unwillingness of the participants to talk about their private life. Finally, 41 drug-dependent parents provided detailed information on the effects of drug dependence on their parenting and spousal relationship. Due to cultural barriers, access to drug-dependent women in Iran was very difficult, but eventually the researcher was able to interview 11 women.

Data Collection

Data were obtained through semi-structured interview. Firstly, a review of related literature and background studies carried out both in Iran and abroad was undertaken, with the related theoretical classification identified. The areas of research interest were incorporated into the interview schedule and various interview questions. 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 study. 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.

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 the process of refining the interview schedule, the inadequate items were detected and later omitted. It was found that some items had to be slightly revised and changed. Some examples of the broad questions asked in the interview process were:

- In your opinion, what is the meaning of marital satisfaction?
- Have you ever experienced any marital problems in your marital life? If yes, how were these related to your drug dependence?
- Were you happy with your joint life before becoming dependent on drugs? Please explain on that.
- Could you give a comparison of the satisfaction status of your joint life before and after your drug dependence?
- What would you say about your communication with your spouse (i.e., the way to communicate with each other, or your verbal or non-verbal contacts, etc.)?
- Could you give a comparison of the communicative status between you and your spouse before and after your drug dependence?
- In your opinion, how can husband and wife arrive at common decisions regarding family affairs?
- Were you in agreement with your spouse on particular family rules?

- How would you describe the mutual agreement between you and your spouse concerning a joint approach toward family affairs?
- How would you describe your spouse's attitude toward drug use?
- In your opinion, to what extent the family of a drug dependent may be threatened by separation of spouses or divorce?
- Has your drug dependence brought about adverse effects on your family, such as physical separation, leaving home, divorce, etc.? If yes, why and how?

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 consent 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.

The researcher had a general review of the research data so that the key themes which informed the categories of various sections of the study could be determined. These categories were carefully analyzed and examined later by the researcher before writing the study results.

Limitations of the Study

In view of the fact that at present drug addiction is formally regarded as an offence in Iran and drug dependents are considered offenders, the research participants selected from SRDATC are not to be assumed as representing the wider population of drug dependents. On the other hand, due to the fact that drug dependence is less dominant among females in Iran, and because of the strongly negative social attitudes against female drug dependence in Iranian society, the number of potential female participants was much smaller than that of male ones. In this study, women made up roughly a quarter of the participants. However, this was almost certainly an over-representation when comparing with the wider population of drug dependents.

The nature of the research method and the sampling method entails that the research sample will not completely match with the whole population of drug dependents. It is likely that individuals in better economic condition or coming from higher social class usually are more

ready to meet the costs of drug use, and thus are less financially distressed.

The lack of a control group to compare the family relationships of drug-dependent parents with non-drug-dependent parents is another limitation. In addition, the study faced a number of challenges, which were partly overcome. These included relative lack of related research in Iran, drug dependents' reluctance to take part in the interviews because of drug dependence being a cultural taboo, drug dependents' unwillingness to unravel the secrets of their private life, feeling of shame, fear of prosecution, possible mistrust of the interviewer, and alienation to the culture of research. All these challenges, to some extent, created difficulties and limitations to the study.

Results

Demographic Characteristics of the Participants

The first part of the interview involved gathering various biographical data to have an understanding of the profile of the sample and set the context for their narrative. Biographical data covered a range of areas, including gender, age, living places, educational background, jobs, and economic situation of the participants. Data were also collected on number of children, and marital status at the time of interview. The male participants had an average age of 38 and the females had an average age of 33 (see Table 1).

The Effects of Drug Dependence on Marital Satisfaction

Satisfaction can take the form of a feeling or perception that stems from an emotional experience or excitement. Thus, the concept of satisfaction is a subjective matter and can be considered from the viewpoint of an individual. What did satisfaction mean for our participants? Their responses indicated that the definition of satisfaction

reflected their personal experience. In explaining how they understood satisfaction, the prevalent view among most of the participants was a pleasant feeling resulting from a good relationship with one's spouse:

My personal description of marital satisfaction is: when you are happy with your private family life and have good ties with your wife. (Rozbeh) ¹

It is this feeling that encourages them to continue and sustain their efforts for reaching mutual agreements. The question that arises then is which one comes first: satisfaction, relationship, or agreement? Nearly all of the participants indicated that an appropriate relationship between spouses led to satisfaction from one's life. It was then followed by communication and mutual agreement. In other words, in the eyes of the participants, satisfaction preceded mutual agreement.

Lack of Emotional Satisfaction

When asked to describe the various aspects of satisfaction, the participants stressed more on emotional satisfaction rather than sexual satisfaction. Generally, it is expected that the participants would wish to keep these areas of their life private. When asked to elaborate more on what actual behaviors could result in optimum level of satisfaction, they responded that this occurred when their spouses' interactions could continuously foster emotional bonds, physical ties, and mutual respect between husband and wife. The situation should be so good as to eliminate the thought of escape from home, physical separation or divorce. From their point of view, a happy couple should naturally feel satisfied with living under the same roof and should remain loyal to each other:

A successful pair must stay faithful to each other and never try to lie to each other. (Nadiya)

Table 1. Demographic Characteristics of the Participants

Category	Number of participants	%	Number of males	%	Number of females	%
Sex						
Male	30	73%	—	—	—	—
Female	11	27%	—	—	—	—
Education						
Primary	15	37%	12	40%	3	27%
Secondary	21	51%	15	50%	6	55%
High school	5	12%	3	10%	2	18%
Type of occupation						
Housekeeper	8	20%	0	0%	8	73%
Farmer	7	17%	5	17%	2	18%
Governmental job	3	7%	2	7%	1	9%
Self-employed	12	29%	12	40%	0	0%
Unemployed	11	27%	11	37%	0	0%
Income						
Low	16	39%	12	40%	4	36%
Lower intermediate	18	44%	13	43%	5	46%
Intermediate	7	17%	5	17%	2	18%

Type of accommodation						
Private accommodation	8	20%	6	20%	2	18%
Living in close relatives' house (without any rent)	12	29%	9	30%	3	27%
Rental accommodation	21	51%	15	50%	6	55%
Marital status						
Married and living together	29	71%	19	63%	10	91%
Married and living separately	9	22%	8	27%	1	9%
Divorced	3	7%	3	10%	0	0%
Number of children						
One	7	17%	5	17%	2	18%
Two	12	29%	9	30%	3	27%
Three	13	32%	9	30%	4	36%
Four	4	10%	3	10%	1	9%
Five	3	7%	2	7%	1	9%
Six	1	2%	1	3%	0	0%
Seven	1	2%	1	3%	0	0%
Opium user						
Male	18	72%	—	—	—	—
Female	7	28%	—	—	—	—
Heroin user						
Male	12	75%	—	—	—	—
Female	4	25%	—	—	—	—

In this study, nearly all participants seemed to have degrees of dissatisfaction. Analyzing their accounts indicated that in nearly all cases (38 out of 41), neither they nor seemingly their spouses were fully satisfied emotionally with their current life. However, this could produce different results, with some families continuing to survive and others disintegrating out of physical separation of spouses or divorce.

There seemed to have certain stages in the course of dissatisfaction. Most non-drug-dependent spouses tried at first to deny any allegation concerning their partners' drug dependence in an attempt to delay the process of detachment from them. Under this circumstance, it appeared that they commonly embarked upon research to find out whether or not their partners were really drug-dependent. This was usually followed by an offer to help find treatment for getting rid of the problem:

My wife tried to find out if I am really taking drugs and after being convinced by the strong evidence, she arranged for me to have medical treatment. (Arash)

The assumption up to this stage is that these spouses must definitely not be interested in leaving their drug-dependent partners.

It seemed that the longer of drug dependence was on the one hand, and there was disappointment of spouses over failure to persuade their drug-dependent partners to accept medical treatment on the other, considerable emotional dissatisfaction would be created. The fire of emotional dissatisfaction was further fanned by a set of factors such as increased dosage of substance, change of substance abuse from opium to heroin, alteration in drug-taking method (i.e., from eating to smoking and to injection). Other factors, notably strong physical and psychological infirmity of the drug-dependent spouse, inability to take appropriate decisions in various aspects of the joint life, were also

stressed as the reasons which propelled their marital life to disintegration and sometimes separation or divorce. Based on the participants' experiences and perceptions, from this stage onward, most of their spouses appeared to be affected by mental fatigue and even despair, making separation much more likely:

Ever since my wife has understood that I am on drugs, we said goodbye to peace. We have got debates and quarrel all the time. Of course, I have changed myself much and I do not behave as I used to before. For the time being, she keeps on saying that she wants to get divorced. (Amin)

When she become conscious that I am using heroin, she get worse. She always threatens me to get divorced. (Payam)

Seeking Emotional Satisfaction From Outdoor

One of the main ways that some spouses responded to their lack of satisfaction was to increase their interaction with other people, particularly members of their family of origin, relatives, and friends. Some also became heavily involved in formal and informal social groups, attending diverse religious ceremonies and recreational or religious tours in the company of friends:

I feel my wife hasn't got the slightest interest in me. She tends to stay more in her father's and spend much time there. While at home, she is talking to them over the telephone. When she receives my protest, she retorts by saying "you would better stick to your opium and have fun with it and let me alone with my family." (Nader)

Sexual Dissatisfaction

The findings suggested that drug dependence may have an effect on sexual satisfaction. The chain of physical abuse associated with drug

dependence changed over time and might result in the reduction of some aspects of sexual content in relationships. The reasons could be various. For example, Mosa talked of long-term absence of any sexual activity whereas Khosro complained about his wife's failure to respond in the way he expected during the act of sex. Arad, meanwhile, explained how his wife's physical health seemed to have suffered as a result of his demands.

Gaining Sexual Satisfaction From Outdoor

It seemed that in certain rare cases, the wives of male drug dependents neglected their fidelity in their passionate desire to quench the thirst for achieving emotional and sexual satisfaction. Of course, it is generally felt in Iran that a woman or man should remain loyal to their spouse in all circumstances. The idea that a married woman or man simultaneously establishes sexual relationship with individuals other than their own spouse is greatly frowned upon. Nevertheless, in this study, two of the participants reported their wives' infidelity indirectly:

It is for sometime that my wife avoids coming near me. I feel that she hates me. Of course, I heard very ill things about her that I hope they are not true. (Arman)

Women's Strategies for Coping

Although there is strong evidence of the damaging and sometimes devastating effects of drug dependence on spousal relationships (Yahyazadeh Pirsaraee, 2005), it is also clear from the findings of this study that this is not true in all cases. In some cases, the participants spoke of the kind of coping measures that their spouses took to prevent their family life from collapse. While this may have partly reflected the social attitudes and the lack of government support in the case of divorce, it can also be seen that certain characteristics of these spouses

and the way they handled the situations helped them cope more effectively with the difficulties. Although the limited cases required cautious interpretation, perhaps the difference of coping measures could be accounted for more clearly by the relatively higher educational level of these spouses, the greater degree of support given by their families of origin in dealing with drug-dependent partners, their individual attitude toward marital life and family, and their efforts in sustaining the family. In addition, access to counseling services in some cases provided the means for these spouses to deal more effectively with the complications of living with drug-dependent partners:

She has stopped fighting with me ever since she has met the family counselor. She is rather more attentive to the kids trying to convey her artistic intuition to them and raise them properly. Of course, her family lends her a hand. Mind you! We would have been ruined without their help. (Amin)

My wife is an educated person and she loves our children ... She can understand my present situation ... If her family does not help us, we cannot manage our family life. (Farshad)

Effects of Past and Current Life Experiences on Marital Satisfaction

There might be other reasons parallel to drug dependence that could result in the decline of satisfaction from one's marital life. In the account of their past life experiences, some of the participants (8 males and 1 female) gave evidence suggesting that their own parents were far from satisfied with their marital life and were, in the opinion of these participants, mostly devoid of the required skills to improve their living status. It also appeared that these parents did very little in their original family to reach mutual understanding and suffered from limited interaction and poor verbal communication with each other. Meanwhile, it seemed that the quality of relationships between these parents were

such that they spent part of their marital life separate from each other. Nazanin described her mother as follows:

My mother always kept on advising me to be careful in selecting my husband since she regarded my father as the source of all her bad luck. So, she used to make him mad as revenge against all those tough lucks. At times, she didn't speak to him for months. I often thought how arrogant men could be.

At times, however, it appeared that drug dependence could probably be the single most prominent reason in curtailing mutual satisfaction between spouses. Certain participants (7 males and 2 females) reported experiencing satisfaction in life prior to drug dependence or feeling the devastating effects of drug dependence, but after some time they faced various problems that resulted in a remarkable decline in mutual satisfaction between spouses. It was well reflected in their accounts of the difference between their emotional and, in some instances, sexual satisfaction prior to and after their drug dependence. There might be various factors at work in the emergence of so many problems following drug dependence. The typical one, as voiced by the participants (8 males and 2 females), was the negative effects on personality, such as weak determination, low morale, feeling in a state of limbo and indecision, seclusion, and avoidance of facing difficulties. When comparing their early marital life with the life after drug dependence, Homayon and Nariman stated:

No, I had a pleasant life in the past. Before being trapped by opium, I enjoyed warm ties with my wife and was quite happy with my family life. I was looked up to in the family but now I feel very miserable. She used to love me very much, feeling anxious for my late arrival at home. Now, she hates my guts! And tolerates me just for children's sake!
(Homayon)

Before my problem [drug dependence], everything was okay and everybody was happy, but now they don't wish to see me ... They believe that I have changed a lot ... They are right because I am not in good mood and I can't spend my time for them. I am always running away from home. (Nariman)

The statements of 8 participants (6 males and 2 females) showed the interactive effects of both life experiences in the past and drug dependence at present on the growing dissatisfaction between spouses. Their learned patterns of behavior in their families of origin also triggered a set of inappropriate learning that denied them access to opportunities whereby they could gain satisfaction from their current family life. In this respect, Amir said:

I have always felt my life would be something like that of my parents. Upon getting married, as soon as I noticed any inappropriate behavior from my wife, I used to say to myself that that was something I had always dreaded. I did my best not to ruin my life the way my parents did, but drug addiction didn't let me.

Three participants (2 males and 1 female) did not have the slightest encounter with drugs before the start of their marital life, so the question is whether or not their post-marital life condition have contributed to drug dependence. Due to little knowledge about their spouses, poor selection criteria in marriage, and incongruity of personality between spouses, these participants suffered from painful family situations shortly after getting married. The strong desire to find a way out of the torturous situation in the family appeared to be the main reason for being inclined to drugs among them:

I was foolish. I shouldn't select this woman. I was really wrong. Before getting married with her, I never experienced any substances in my life. (Rozbeh)

I wonder who pushed me near to this rattle snake [his wife!]. I have been lucky to stick to opium since anybody in my place might have hanged himself. (Akber)

Mutual Effects

It could be seen from the research findings that decreased mutual satisfaction between spouses can both be the product of drug dependence and the process leading to drug dependence. On the one hand, a defective communicative link can possibly trigger a set of changes that may end up in spousal drug dependence; on the other hand, the many effects of drug dependence can result in further decline of mutual satisfaction. The participants were unable to cut off such a damaging cycle and gradually experienced more unpleasant conditions. In his account of his marital life conditions and the effects on himself, Arman stated:

I swear upon my children's soul I didn't know what on earth hashish is and had never seen such stuff, but this woman made me taste not only hashish but opium as well ... But to my great bad luck she understood that I took opium and our life got worse since then and still continues to be so. We became more distant from each other and nothing or nobody could sedate me better than opium which was later replaced by heroin.

Within the complexity of people's life, while it is possible to identify factors that are particularly influential, they can exert stronger influence when combining with external events. Possible events include those relating to the wider environment and economic life, especially in areas such as employment and job security. These factors have been found to have significant effects on improving or damaging marital satisfaction. They were mentioned specifically by a number of participants (9 out of 41) as highly relevant to marital satisfaction:

I do not exactly know what has actually caused so many problems for my wife and me. I know that my drug addiction has been effective, but if she had helped me, or if I had got a job or at least had a supporting family, we wouldn't have divorced each other. (Jamshid)

As emphasized earlier, marital satisfaction of the participants was closely related to their way of achieving agreement with or the interactive nature of their spouses. In this study, it was discovered that a small number of participants (3 out of 41) have embarked upon an effort to win their spouses' agreement in spite of their drug dependence. It seemed that these participants felt they were still capable of listening, attending to and understanding their partners. Thanks to their relatively robust economic means, they generally managed to fulfill their family obligation as the provider of welfare to the family. Under such circumstances, they were able to enjoy a higher level of satisfaction with family life than other participants (though not necessarily on a permanent basis). Awareness and sensitivity to their spouses' concerns, and a willingness to make at least modest adjustments in their own behavior, was crucial. They were thus able to avoid some of the damaging effects of conflict:

When I noticed my wife was so touchy about my friend's calling me, I advised him not to give me a ring and that he'd better wait till I call on him. (Navid)

My wife expects me to be in neat clothes and appearance when I accompany her in parties, so before any parties like that I take a shower and give myself a clean shave, wearing my best clothes. (Ahmad)

Discussion

Satisfaction from one's marital life can be considered from many aspects. Sexual satisfaction and emotional content are the salient

features of satisfaction in Iranian families. These were also frequently mentioned by the participants. On the other hand, the severe decline of satisfaction can have various manifestations ranging from emotional separation to physical separation and divorce, which had actually been experienced by the participants. From the qualitative analysis of the interview transcripts, family satisfaction can be put in many perspectives. Lack of emotional and sexual satisfaction, and the proclivity to seek satisfaction from others constitute the major elements of dissatisfaction reported by the participants.

As indicated by most of the participants, lack of satisfaction is one of the outcomes of their drug dependence. Emotional dissatisfaction is the earliest form of dissatisfaction occurred after a spouse begins to take drugs. What completes the chain of dissatisfaction is the sexual discontent. Some of the side effects of taking drugs (such as the prolongation of sexual intercourse, delayed seminal effusion, etc.) may further exacerbate sexual discontent. The wives of drug dependents also seek different ways to make up for their emotional deficiencies. This state of affairs is overshadowed by idiosyncrasies. Increased connection with the original family or close friends, greater interaction of relatives with children, more involvement in public or informal activities, frequent travels are some of the manifestations of seeking satisfaction from other sources. As the problem worsens, the husband-wife relationship will severely deteriorate. Some of the basic elements necessary for sustaining the husband-wife relationship (including shared attitudes, attention, attending each other's positive characteristics, etc.) will be overwhelmed by ineffective communication to such an extent that the spousal relationship is characterized by frequent quarrels, self-righteousness, blame, and passive aggression.

To identify the effects of drug dependence on spouses and indirectly on them as parents, attention should be paid to the several conclusions

of this study. In the wake of drug dependence, certain changes often occur on the factors affecting marital satisfaction. It seems that part of the roles that each individual normally undertakes in the family is neglected following drug dependence. The communication between spouses turns ineffective. They may have no mutual respect and become unwilling to listen to each other and attend to each other's wants and requirements. In such situations, there occurs a plunge in their satisfaction, emotional or sexual, thus increasing the possibility of spousal separation. This separation starts first by emotional separation and then by physical separation of spouses. In the wake of the separation, the family is usually threatened by a total disintegration manifested in the form of divorce. The shift of dependence from opium to heroin, as well as the increased duration of drug dependence and increased dosage of drug usage, further propels the family toward the brink of collapse. It seems that in the case of opium dependence, the process continues up to the stage of emotional separation. Perhaps due to the more limited scope of changes induced by opium in terms of psychological, mental, economic, or other damages, opium dependents often managed to somehow ameliorate the unpleasant situations more effectively than heroin dependents.

Implications for Policy and Practice

Based on the study findings, this section presents the implications and recommendations for policy and practice. These implications and recommendations may be of interest directly to social workers, counselors, family therapists, and heads of the counseling services. They may also be of help indirectly to higher governmental officials, policy makers and welfare organization in dealing with drug-dependent couples who are referred to treatment centers such as the SRDATC for overcoming drug dependence.

In relation to marital satisfaction, there are several areas that are worthy of attention. These include further considering what is necessary to make happy and pleasure family life, improving the 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 marital disputes and other situations that may arise. As we know, greater awareness of these issues should give the specialists a better insight to recognize the possible causes of marital dissatisfaction and to refer their clients to drug treatment centers. 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.

It appears that along with the change of drug usage from opium to heroin and with the prolongation of drug dependence, drug dependents acquire 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 can cause greater damages to marital satisfaction between spouses. In other words, drug dependents with higher level of opium usage, or with greater dependence to heroin, or with longer period of drug dependence, tend to be more deficient in playing their roles and are more frequently faced with disagreement from their spouses in the course of marital life. An important implication of these 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 families 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 families. Of course, the treatment should also be sensitive to individual circumstances.

Finally, it is necessary to devise and implement a series of particular research studies that could further enrich the results of the present study. This study may revolve around the impact of drug dependence on marital satisfaction from the viewpoints of drug dependents. It would also be helpful to plan a wider, larger-scale project to have a “control group” for comparing the family relationships of drug dependents with non-drug dependents. Other research possibilities might include evaluation of social work interventions within drug treatment centers, comparison of treatment programs with other drug treatment centers in Iran or internationally, and analysis of the professional difficulties faced by social workers in following up the problems affecting drug dependents and their families or in providing effective services for them.

Conclusion

Opium dependents, especially heroin dependents, face many problems in their marital life. Drug dependence can take people away from their routine family life. For this reason, drug dependents may experience some problems inside the family with their spouses. The findings suggest that most drug dependents have inappropriate relationship and communication with their spouses. Drug dependence can affect the mutual agreement between a couple. Consequently, they may experience marital dissatisfaction in their current family life. One of the main conclusions of this study is that we have much to learn and do about drug dependence and its effects on marital satisfaction 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. If we do not attend and meet the needs of drug dependents and their spouses, we may even face a severe problem in the society.

Note

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

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毒癮與婚姻滿意度：對伊朗國內吸毒者的質性研究

本文報導一項按照紮根理論探討伊朗國內毒癮與婚姻滿意度的質性研究。研究以半結構訪談搜集資料。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）。研究結果顯示，毒癮對婚姻滿意度的多個層面都有影響，包括感情生活和性生活的滿意度。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。