

A Psychodynamic Study on Wives of Males Addicted to Opium

Alireza Ghaffari-Nejad,¹ Fateme Sheibani,^{1,*} Farzaneh Raaii,² and Fateme Pouya³

¹Department of Psychiatry, Neurology Research Center, Kerman University of Medical Sciences, Kerman, IR Iran

²Department of Psychiatry, Kerman University of Medical Sciences, Kerman, IR Iran

³Department of Anatomy, Kerman University of Medical Sciences, Kerman, IR Iran

*Corresponding author: Fateme Sheibani, Department of Psychiatry, Kerman University of Medical Sciences, Kerman, IR Iran. Tel: +98-343211396, E-mail: medical8192@gmail.com

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Abstract

Background: Addiction leads to numerous physical and mental problems for the addicted person and consequently major problems for the relatives.

Objectives: The current study aimed at investigating the psychodynamic characteristics of females with addicted husbands in Kerman, Iran

Methods: In the current cross sectional study, 60 volunteer females with addicted husbands were compared with 60 wives of non-addict males. The thematic apperception (TAT) projective test along with the Ruben scoring system was used to evaluate the sample units. Data were collected from September 2015 to February 2016 and analyzed using t test and the Pearson chi-square test with SPSS software version 20.

Results: The mean age of the case group was 32.6 ± 2.4 years with more children, compared with the control group ($P < 0.05$). The current study results showed a significant relationship between the groups regarding main conflict ($P < 0.001$), defence mechanism (immature defence $P < 0.003$ and neurotic defence $P < 0.001$), adequacy of superego ($P < 0.001$), feelings such as anger ($P < 0.001$) and guilt-frustration ($P < 0.048$), and unfavorable outcomes ($P < 0.001$).

Conclusions: Understanding and perception of the nature of addiction, how to deal with it, and cope with the addict bring a deep challenge to the personality characteristics of the addict's spouse. In consequence, such scenarios lead to conflicting communications among them and they turn to the frequent use of immature and neurotic defence mechanisms such as identification and cope with the problem in the interpersonal relationships. Identification of the characteristics of such females helps to employ better strategies to improve their quality of life.

Keywords: Psychodynamic Characteristics, Addicts' Spouses, Projective TAT

1. Background

Opium addiction is one of the greatest dilemmas in today communities and causes numerous difficulties in occupational, familial, cultural, and psychological performance of the addicts. Addiction affects the addict's life, and also puts his/her family and relatives at risk. Family is the most vulnerable institution to the adverse effects of drug addiction. Therefore, the role of females in families with addicted heads is of great importance. Based on the personality characteristics of wives with addicted husbands and the quality of intrafamilial relationships, the reaction of family members toward the addict can entangle the future of the couples in deep crises such as marital boredom, or emotional and legal divorce (1).

Understanding the nature of addiction and how to deal with it and cope with the addict bring a deep challenge to the personality characteristics of the addict's spouse. A brief survey of the theories and models mentioned in marital domain clarifies the fact that many factors affect the stability and instability of marriage. One of

the most important factors affecting the personality traits is the spouse (2).

Depression, anxiety, and personality disorders among addicts can provide the situation for disturbing the mental balance of their wives (3).

According to similar studies, addicts' wives tend to employ different coping styles, but behavioral avoidance is the most frequent one. Other coping strategies include attempt to intellectually escape from the problem, active interaction with spouse, active exposure to drugs, protection of family resources, independence, and being as household head, seeking social support, and stress reduction through the expression of resentment, and attempting to force the spouse to abstain from drug abuse. Negative coping strategies such as anger expression have a higher correlation with the positive treatment outcomes of addicted individuals (1).

It should also be noted that opium abuse affects users' mood and leads to the increase of anxiety, depression, and paranoia. These side effects engage the consumers and also affect their wives. Drug abuse may intensify aggres-

sive behavior, child abuse, impulse control disorder, and judgment disorder. Results of a study showed that addicts' spouses were more prone to mental disorders (4). It leads to impairment in the relationship, financial stress, and a general disruption of normal family life, leading to strain for spouses akin to a state of burnout (5).

The findings of a research conducted in Iran showed that an elevated anxiety, depression, and exposure to physical abuse by the spouses of addicts may act as predictors for suicidal ideation or attempt in females with a drug user spouse (6).

Another study showed that the overall mean score of experienced violence was significantly different between the females with addict and non-addict spouses. In addition, the difference between both groups was significant in terms of educational level, occupational status, and the experience of violence. In the non-addicted group, there was also a significant association between females' educational level and the experienced violence (7).

A cross sectional study in Iran demonstrated that spousal drug dependence was a common predictor for anxiety and depression among addicts' spouses (8).

Another study found that depression and suicidal tendency reduced in addicts and their wives by age increase. In addition, since the educational level of such females was low, their social dysfunction was high. It is asserted that the higher number of children in such females would be tantamount to their hard efforts to gain a higher level of independence (9).

In a study conducted in Tehran, Iran, females with a high level of neuroticism and low level of openness and agreeableness were more vulnerable to the stress of living with an addict (10).

The dependence on opiates among heads of households brings different reactions of family members. Few studies evaluated the psychodynamic structure of the wives of opium addicts and their defence mechanisms.

2. Methods

The current study analyzed the psychometric characteristics of addicts' spouses via a cross sectional research. The current study employed a case-control research method. The population of the study consisted of 60 females who were living with addicted husbands. These females were selected on a voluntary basis among the ones referred to the psychiatric clinics in Kerman, Iran. The control group also included 60 females with non-addicted husbands. The participants selected based on the voluntary sampling method were within the age range of 20 to 50 years (mean age: 33 ± 2.4) with at least 2 years of duration of marriage without the history of any mental ill-

nesses as well as symptoms of psychosis or mania, based on their clinical interviews.

In the beginning, the study procedure was explained to the participants and they signed the written informed consent forms. Demographic data of the participants, including age, educational level, and the duration of marriage, were collected. Then, both case and control groups participated in the thematic apperception (TAT) projective test. Each of the participants was offered 10 TAT cards and the maximum response time to each card was 5 minutes as per the predetermined instructions. Non-verbal communications of the participants in the face of each projective card were carefully monitored. The stories of each participant on each card were coded. In the end, the total of 10 coded stories belonging to each participant was assessed and analyzed using SPSS version 20.

The research instruments were as follows:

1. Demographic characteristics form, including age, educational level, number of children, and occupation of the participant

2. TAT: this projective test was designed by the American psychiatrists -Christina Morgan and Henry Murray- in 1935. The test consists of 30 pictures divided into 3 ten-picture groups. The meaning of the pictures is ambiguous; the pictures are introduced to the respondents in a specific manner, and they are asked to tell a story about each card. Some of the cards pertain particularly to children, some of them to females, and some others to males. This test has several scoring systems used according to the purpose of the work (11). Cards are selected based on TAT guide and common issues of females in this age group. In the current study, each participant was asked to describe the cards, and then, the stories were coded based on the manual. The manual of the scoring scheme for verbal projective technique includes major scoring categories based on Table 1. In the current study, the Ruben scoring system was used for TAT, which is a useful method to score clinical data. According to this system, data are scored based on feelings, outcomes, and interpersonal relationships. If each participant pointed to each issue more than 2 times, it is coded in the relevant section on Table 1. After scoring the stories, grand totals provided a sort of qualitative summary of the results. The scoring scheme shows a reliable, straightforward, and efficient method to yield clinically important information (12). Statistical analyses were conducted using SPSS version 20 and Medcalc 8.0 software programs. According to a pilot study, to reach the objectives of the current study, the sample size was calculated 120 subjects ($n = 60$ in each group) using the following formula:

$$n = \frac{\left(z_{1-\frac{\alpha}{2}} + z_{1-\beta}\right)^2 (p_1 \times (1 - p_1) + p_2 \times (1 - p_2))}{(p_1 - p_2)^2} \quad (1)$$

$$p_1 = 0.35; p_2 = 0.6; \alpha = 0.05; 1 - \beta = 0.8$$

$$z_{1-\alpha/2} = 1.96, z_{1-\beta} = 0.84$$

The current study used the independent t test to compare the means of the 2 groups, the Pearson chi-square test to investigate a relationship between the 2 categorical variables, and then, logistic regression to adjust the confounders. The Kolmogorov-Smirnov test was employed to assess the normality and the Levene test for homogeneity of variances.

3. Results

The current study was conducted on 120 persons with the mean age of 33.4 ± 2.3 years in the control and 32.6 ± 2.4 years in the case groups. Demographic characteristics of the subjects are shown in Table 2. This table reveals a significant association between the groups regarding educational level, number of children, and economic status. The educational level and economic status were higher in the control group, compared with the case group; also subjects in the case group had more children than the ones in the control group ($P < 0.05$ for all).

In order to assess the dynamic structure of personality between the study groups, the chi-square test was used (Table 1) and results demonstrated a significant relationship between the groups in main conflict (conflict with primary object and conflict with husband's addiction) ($P < 0.001$ for all) (odds ratio (OR) = 0.09), nature of anxieties (fear of abandonment (OR=3.05) and fear of continuity of spouse's addiction (OR = 0.3), defence mechanism (immature defence (OR = 3.1), neurotic defence (OR = 7.5) and mature defence (OR = 0.1), conception of the world (OR = 10.5), interpersonal relationship (husband) (OR = 10), adequacy of superego (OR = 0.06), ego strength (adequate) (OR = 0.2), feeling (anger (OR = 11.7) and guilt-frustration (OR = 4.4), and outcome (OR = 0.1) ($P < 0.05$ for all).

But, the binary logistic regression analysis revealed a significant relationship between the groups regarding the main conflict (conflict with primary object), nature of anxieties (fear of abandonment and fear of illness), defence mechanism (neurotic defence), unconscious structure and drives of subject (need to achievement), interpersonal relationship (primary object and husband), adequacy of superego, feeling (anger) and outcome after adjusting for educational level, number of children, and economic status.

4. Discussion

Substance abuse disorder has numerous harmful effects on mental, emotional, economic, and social aspects of family, especially the mother. The unmet psychoemotional, economic, and social needs of mothers in such families may threaten their mental and emotional health (13). In fact, addiction affects all intimate relationships of the addict (14).

The current study showed that the spouses of non-addicts had higher educational level and economic status. Similar studies reported that most of the females with addicted husband were housewife and jobless with low education (1).

The results of evaluating the indexes of dynamic personality showed that the main conflict indexes were assessed with the sub-indexes of conflict with primary object, sexual relationships, and husband's addiction. The results showed that conflict with husband's addiction was the main conflict in the case group and conflict with primary object was significantly higher in the control group.

The index of the nature of anxiety was analyzed along with sub-indexes such as fear of abandonment, fear of the continuity of spouse's addiction, fear of loss, and fear of illness. The results showed that in the case group, fear of abandonment and fear of the continuity of spouse's addiction were observed. This anxiety, as a provocative factor, leads the spouse to actively change the pressure arising from addiction and its consequences into threats in different ways. None of the studies referred to the sub-indexes of dynamic anxiety (9).

Defence mechanism: the current study results indicated that the immature (such as identification) and neurotic defence mechanisms (such as reaction formation) were most widely used by the case group. Similar studies showed that the wives of addicts tended to use different coping strategies and usually employed several ways simultaneously to reduce the pressure caused by husband's addiction and the subsequent problems (4).

The index of unconscious structure and motivation of the participants was analyzed along with sub-indexes such as the need for achievement, superiority, and savior. In the current study, none of the indexes was prominent in the participants. Findings of a study by Jafari et al. highlighted the need for paying more attention toward environmental and sociocultural parameters, such as sexual satisfaction attributing parameters, among the wives with addicted husbands (15).

Conception of the world is derived from 2 perspectives; ie, real world and fantasy world. According to the current study results, it was evident that the perception of the real world played a more important role than that of

Table 1. The Pearson Chi-square Test and Logistic Regression Regarding Dynamic Structures of Personality Between the Groups

Dynamic Structures of Personality	Group		Univariate		Logistic Regression ^a		
	Control ^b n = 60	Case n = 60	OR	P Value	OR	P Value	
Main conflict	Conflict with primary object	16 (26.7)	2 (3.3)	0.095	< 0.001	0.131	0.026
	Conflict with sex	26 (43.3)	24 (40)	0.872	0.711	0.552	0.234
	Conflict with husband's addiction	0 (0)	54 (90)	0.091	< 0.001	1.88	0.995
Nature of anxieties	Fear of abandonment	18 (30)	34 (56.7)	3.051	0.003	3.028	0.039
	Fear of unintoxication	0 (0)	23 (38.3)	0.381	< 0.001	1.32	0.997
	Fear of loss	16 (26.7)	18 (30)	1.179	0.685	0.824	0.713
	Fear of illness	12 (20)	6 (10)	0.444	0.125	0.079	0.015
Defence mechanism	Narcissistic psychotic defence	40 (66.7)	33 (55)	0.611	0.19	0.795	0.647
	Immature defence	28 (46.7)	44 (73.3)	3.143	0.003	1.778	0.279
	Neurotic defence	24 (40)	50 (83.3)	7.5	< 0.001	4.719	0.007
Unconscious structure and drives of subject	Mature defence	28 (46.7)	6 (10)	0.127	< 0.001	0.348	0.152
	Need to achievement	26 (43.3)	34 (56.7)	1.7	0.144	4.435	0.006
	Need to superiority	18 (30)	18 (30)	1	1	0.753	0.591
Conception of world	Need to savior	32 (53.3)	38 (63.3)	1.51	0.267	1.06	0.901
	Real	44 (73.3)	58 (96.7)	10.55	< 0.001	4.825	0.082
	Fantasy	16 (26.7)	2 (3.3)				
Interpersonal relationship	Primary object	24 (40)	18 (30)	0.643	0.251	0.262	0.01
	Sibling	6 (10)	2 (3.3)	0.31	0.143	0.654	0.68
Adequacy of superego	Husband	10 (16.7)	40 (66.7)	10	< 0.001	8.986	0.001
	Appropriate	32 (53.3)	4 (6.7)	0.063	< 0.001	0.1	0.009
Ego strength	Harsh superego	28 (46.7)	56 (93.3)				
	Adequate	38 (63.3)	18 (30)	0.248	< 0.001	0.431	0.153
Feeling	Inadequate	2 (0)	0 (0)	0.492	0.154	0.0001	0.998
	Anger	26 (43.3)	54 (90)	11.769	< 0.001	6.887	0.002
Outcome	Guilt-frustration	2 (3.3)	8 (13.3)	4.462	0.048	0.962	0.967
	Favorable	50 (83.3)	24 (40)	0.133	< 0.001	0.27	0.013
	Unfavorable	10 (16.7)	36 (60)				

^a Adjusted by education, number of children, and financial level. In these variables the last category was the reference.

^b Reference category.

the fantasy world in the lives of the wives with addicted husbands, which can be attributed to higher difficulties in their lives. Interpersonal relationship was analyzed in sub-indexes such as relationship with primary object, sib-

lings, and husband. Wives of addicted males had more relationships such as moving toward or against with their husbands.

Super ego structure was assessed in harsh, puni-

Table 2. Demographic Characteristics of the Subjects in the Study Group

	Category	Total	Mean \pm SD, N (%)		Statistics	P Value
			Control (N = 60)	Case (N = 60)		
Age	-	33 \pm 2.4	33.4 \pm 2.3	32.6 \pm 2.4	4.194	0.065
Age at marriage	-	22 \pm 1.7	22.3 \pm 1.8	21.7 \pm 1.6	1.93	0.056
Educational level	Diploma or lower	54 (45)	14 (23.3)	40 (66.7)	25.439	< 0.001
	BS	50 (42)	32 (53.3)	18 (30)		
	Masters' degree or higher	16 (13)	14 (23.3)	2(3.3)		
Number of children	No children	22 (18)	18 (30)	4 (6.7)	12.24	0.002
	1 - 2	84 (70)	38 (63.3)	46 (76.6)		
	\geq 3	14 (12)	4 (6.7)	10 (16.7)		
Occupational status	Housewife	74 (62)	34 (56.7)	40 (66.7)	1.269	0.26
	Employed	46 (38)	26 (43.3)	20 (33.3)		
Economic status, US\$	< 250	38 (32)	6 (10)	32 (53.3)	33.9	< 0.001
	250-750	68 (57)	40 (66.7)	28 (46.7)		
	\geq 750	14 (11)	14 (23.3)	0 (0)		

tive, and proportional sub-indexes. The obtained results showed that the punitive structures were more common in the case group.

Ego strength was evaluated via sub-indexes such as proportional and adequate ones as well as inadequate and fragile ego. The results represented that inadequate ego strength was more frequent. Feelings were analyzed via the sub-indexes, namely anger and guilt-frustration. Therefore, anger with spouses was more intensely observed. Similarly, feelings of frustration and guilt were also observed among the subjects in the case group. In the outcome index, the results suggested that wives of addicted males mostly pointed to an unfavorable outcomes and subjects in the control group significantly selected favorable outcomes in their stories.

In the indexes, such as main conflicts, nature of anxieties, defence mechanism, conception of the world, interpersonal relationship, adequacy of superego, ego strength, feeling, and outcome, there was a significant difference between the case and control groups.

Another study by Mohammadkhani evaluated the dimensions of relational/personal problems in females with addicted husbands. The results of that study indicated a significant difference between the 2 groups in terms of conflict (disagreement between couples), relationship distress (areas of dissatisfaction along with high conflict and negligibly positive interactions in one's current relationship with her husband: negative interactions and negative affect), dominance (hierarchical relationship that the indi-

vidual with higher power uses to achieve positions of advantage or control over his/her couple), and negative attributions (attribution of negative destinations and blaming the spouse). In terms of self-control, the 2 groups were significantly different (16). The rich information of similar studies also allowed for controlling the moderating, mediating, and confounding factors such as parental mental health and social inequality. In general, in a study by Lund and other similar studies, it was shown that living with an addicted husband was significantly correlated with the low quality of life in such females (5, 9, 17).

According to the results of the current study, it can be concluded that responses to mental health problems depends on many factors considering the participants' experiences in relation to their internal tensions. Some of the study subjects underwent severe psychosocial weaknesses resulted from life difficulties. Despite the high intensity of psychosocial weaknesses in these subjects, they can encourage their husbands to stop addiction when they use coping mechanisms to deal with the addiction. The addict's wife initially blames herself, hides her husband's addiction from others, always panics the revelation of this news among friends and acquaintances, and is concerned about rejection by others. She uses adaptive mechanisms of denial and identification to overcome problems, and thereby, gradually adapts to them. On the other hand, some females do not use these mechanisms and undergo a sense of despair about the continuation of the married life. They may wish to die and this leads to their isolation

and separation from husbands. For the first time, a projective test was used to study the psychodynamic characteristics of addicts' wives; therefore, authorities and officials are recommended to use the current research findings to provide better strategies for individual, group, and familial psychotherapy as well as the treatment of physical, mental, and social illnesses to these individuals. The experiences of addicts' wives can be used to provide better protective actions for such females.

Footnotes

Authors' Contribution: All authors had equal role in design, work, statistical analysis, and writing of the manuscript.

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