



Examining the Role of Women's Interpersonal Facilitators in Spousal Addiction: A Qualitative Study

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ABSTRACT

Objective: This study aimed to examine the role of women's interpersonal facilitators in their husbands' addiction.

Methods and Materials: The present research employed a qualitative method based on interpretative phenomenological analysis (IPA). Twenty-six married women residing in Tehran were purposefully selected for participation. These women had sought counseling and psychotherapy services in Tehran due to their husbands' drug addiction, with the husbands having over a year of substance abuse history. Interviews were analyzed using the Dickelmann's interpretative phenomenological analysis approach.

Findings: The examination of participants' lived experiences revealed one main theme and five subthemes (interpersonal-multidimensional facilitators: lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, and family-of-origin factors related to the woman).

Conclusion: Identifying these factors enhances knowledge and awareness regarding the reasons and mechanisms behind women's roles in their husbands' substance use, as well as its persistence and exacerbation. The findings indicate that focusing on women and improving specific intrapersonal and interpersonal aspects could complement preventive and therapeutic programs for male addiction.

Keywords: addiction, men, women, interpersonal facilitators, qualitative.

1. Introduction

The quality of human resources and a young, efficient, healthy, and motivated workforce constitute one of the most valuable national assets for the development and growth of any country (Shah et al., 2023). Social issues and challenges are inseparable aspects of every nation, which have existed throughout history, and each country must seek

wise and impactful strategies to address these issues and prevent social harm (Chopani & Karami, 2023). Among these issues, the problem of addiction has become the most significant and complex social phenomenon in every human society today (Shearer et al., 2022).

The phenomenon of addiction in today's world has led to the destruction of many families, the deviation of

individuals, the spread of diseases, substantial economic losses, and even fatalities (Monarque et al., 2023). Addiction has, in fact, become a widespread problem plaguing human society (Keyalha, 2022). Substance abuse and its prevalence, especially among married men and women, are major concerns for health and law enforcement agencies in every society (Naqshbandi & Amini, 2023). Annually, large sums are spent on treating addicted individuals, and thousands lose their lives due to substance abuse (Steinfeld & Torregrossa, 2023).

At the end of 2018, there were 2.4 million drug addicts in China, with more than half being married with children (Mohammadzadeh & Jangi, 2023). Leahy and Caverley (2022) stated in their study that over 35% of married young people are constantly at risk of drug and alcohol use due to various factors. Their research findings indicate that 8% use marijuana, 7.5% hallucinogens, 7.1% amphetamines, 5.4% cocaine, and 4.4% ecstasy tablets (Leahy & Caverly, 2022). Similarly, Chopani and Karami (2023) found that nearly 30% of young people in Iran, with 12% being women, hold a positive attitude toward drugs and have used substances at least once, with approximately 16% of all users being married men (Chopani & Karami, 2023).

Married men's addiction, beyond compromising their own mental health, significantly impacts the health and functional security of their spouses. From a mental health perspective, how individuals cope with problems is a critical factor in their mental and physical well-being. Long-term coping with a spouse's addiction and the substantial psychological stress this issue places on addicted individuals' spouses can affect their psychological characteristics and mental health, potentially disrupting their overall well-being (Yazdani Gachini & Mahmoudi, 2022). In a systemic approach, where substance use is introduced into the family system, family members, especially the spouses of addicts, adapt by adjusting their roles, responsibilities, and interactions, often striving to create a new balance (Yazdani Gachini & Mahmoudi, 2022).

Spouses of individuals dependent on substances often become deeply engaged in controlling the addict's behavior and caring for them, sacrificing their health and fundamental needs (Mehr et al., 2022). In studies conducted in the United States, it is emphasized that in families of addicts, a shift in traditional roles and hierarchies is frequently observed (Salvatore et al., 2023). Spouses of addicts may engage in extraordinary efforts to manage the chaotic situation created by addiction, but these efforts often end in failure, leading the non-substance-abusing spouse to disengage from

problem-solving due to a sense of futility (Gilchrist et al., 2023). When this pattern continues, significant issues remain unresolved, leading to avoidance as a simpler solution. The persistence of this situation may push a spouse of an addict toward learned helplessness (Haghparsat et al., 2023).

Spouses of addicted men also face more issues related to relational beliefs—defined as attitudes and expectations about one's spouse and marital relationship (Sobol-Goldberg et al., 2024). These beliefs are often irrational, absolute, and exaggerated, significantly impacting the reduction of marital satisfaction due to emotional and behavioral dysfunction (Mir Arab Razi et al., 2023). Dysfunctional relational beliefs are commonly associated with destructive responses such as pessimism in interpersonal relationships, relationship destruction, and threats of separation, which play a critical role in destabilizing family systems (Estaki Orghani & Gorji, 2023).

Spouses' behaviors are closely linked to individual substance use (Rao et al., 2022). Individuals are less likely to engage in problematic behaviors, such as substance use, when interacting positively with family members, especially spouses (Monarque et al., 2023). Karimi-Harath Abadi et al. (2023) emphasized that women's personality traits and communication patterns play a significant role in men's substance use and are also related to illegal behavior and other risky behaviors in men (Karimi Harath Abadi et al., 2022). Men with higher levels of emotional relationships and overall relationship quality with their wives are less likely to engage in risky behaviors such as substance use (Fonseca et al., 2021).

Effective and satisfactory spousal communication creates strong psychological capital in men, reducing tendencies toward substance use (Adams et al., 2021). Spousal performance can significantly increase or decrease levels of hope, resilience, and self-efficacy in men, factors that undoubtedly influence the inclination or aversion of men toward addiction (Madaki, 2023). According to family systems theory, women's functional health has a crucial impact on their husbands' well-being (Chopani & Karami, 2023). The healthier women's behaviors are, the better men's physical and mental health will be (Sattler et al., 2021). Therefore, women who possess a positive sense of hope are more likely to foster a hopeful and positive life in their husbands, reducing the likelihood of substance use among men (Johannessen et al., 2023). Chaman et al. (2021) highlighted that women's behaviors and performance can significantly and inversely predict men's tendencies or relapse into substance use (Chaman et al., 2020).

Good performance by women contributes to creating a warm emotional atmosphere, open communication among family members, a clear sense of social and family roles, and effective and satisfactory problem-solving with their husbands (Zeng & Tan, 2022). Men with well-performing wives are more likely to adhere to social rules and norms, and they are less likely to engage in criminal activities and other antisocial behaviors such as substance use (Edwards et al., 2018). The better the relationship between husband and wife, the better both can function, leading to increased cohesion and coordination; thus, their mental health improves, and problematic behaviors such as addiction decrease (Chopani & Karami, 2023).

The spouses and children of individuals suffering from addiction or other substance use disorders experience high levels of psychological distress, health, and behavioral problems (Taheri et al., 2022). This group shows high levels of depression, anxiety, psychosomatic complaints, and greater impairment in work and social-recreational activities (Rahimi & Fathi, 2021). Theoretical and empirical backgrounds clearly indicate a strong connection between couple relationships and addiction outcomes (Adams et al., 2021). Women's behaviors can lead to their husbands' inclination toward substance use, maintaining or even exacerbating it (Zeng & Tan, 2022). Spouses of men struggling with substance use have lower levels of anger, depression, and anxiety and maintain a higher social and familial status compared to spouses of healthy men (Sattler et al., 2021). Generally, families of healthy married men exhibit greater family cohesion, open communication, a focus on recreational activities, and more agreement on their general family outlook compared to families of substance-using men (Fonseca et al., 2021).

Although theoretical and empirical foundations in this area are limited, as mentioned, evidence exists that highlights the role of women in spousal addiction, its persistence, exacerbation, and even recovery from substance use (Motyka et al., 2022). However, the reasons and mechanisms of men's inclination based on various intrapersonal, interpersonal, and environmental dimensions of their spouses have not yet been explored, leaving the influence of women on their husbands' substance use, its persistence, and escalation, shrouded in ambiguity. Moreover, most research in this area has been quantitative. Understanding how women contribute to men's addiction necessitates focusing on the phenomenological world of this group of women—a deep focus that clarifies the comprehensive dimensions of this issue. Therefore, this

study aims to answer the question: What are the interpersonal facilitators related to women's role in the formation of spousal addiction?

2. Methods and Materials

The present study utilized a qualitative method through a descriptive phenomenological design. Interpretative phenomenology is one of the most common qualitative designs developed to explore the depth of human experiences concerning the realities under investigation. The primary aim of this design is to focus on individuals' inner phenomenological world to uncover the investigated reality from their perspective (Gall et al., 2015). Throughout this research design, the researcher aimed to clarify the experiences under study by focusing on both the explicit and implicit expressions of interview participants. The essential criterion for using this design is whether the phenomenon the researcher intends to investigate requires elucidation and clarification.

The participant population included all women in Tehran who sought counseling and psychotherapy due to their husbands' drug addiction, with their spouses having a substance abuse history of more than one year. Purposeful sampling was used in this study. The sample size was determined based on the saturation rule, and the interview process continued until data saturation was achieved. In this study, data saturation occurred by the twentieth interview, and the researcher conducted six additional interviews to confirm saturation, which also revealed no new data. To achieve the richest level of information, the participants were selected from various areas, age groups, educational backgrounds, and occupations. The criteria for women's inclusion were as follows: residing in Tehran, husbands with over one year of substance addiction history, not being divorced or in divorce proceedings, willingness to participate, mental health (as assessed by the researcher during counseling and clinical interviews), no psychiatric medication, at least a middle school education, and no simultaneous participation in another educational or therapeutic program. The exclusion criteria were non-cooperation with the interviewer, absence from follow-up interview sessions (as some interviews extended beyond two sessions), and lack of review of exploratory findings to confirm their accuracy after extraction.

All interviewees were women, with an average age of approximately 38.5 years. They had at least a middle school education, with a maximum level of a doctorate. Eight

members were homemakers, and the remaining were employees or service workers. All participants were married, with an average marriage age of 16. Eight members began drug use after marriage, while the others had started before marriage. Three participants had no children, while the others had at least one. Nine had no cessation experience, while the remaining had at least one and up to six cessation attempts. Fifteen participants used narcotics, and the others used stimulants.

In this study, semi-structured and in-depth interviews were used for data collection. During this process, the researcher reviewed the theoretical and empirical background on addiction and women's role in their husbands' addiction. Based on the acquired knowledge, general questions were designed to initiate the interview process with participants. These questions were reviewed and refined by advisors to enhance their precision. The interview process began with general questions regarding the husband's addiction and its aspects, such as "How did your husband become addicted?", "What factors led him toward substance use?", "What role did you play in your husband's addiction?", and "What actions did you take to reduce the likelihood of his substance use?" Exploratory questions, such as "Can you explain more?" were used to gather more comprehensive and detailed information.

A total of 26 semi-structured interviews were conducted with women with addicted spouses, lasting between 60 to 120 minutes. The time and place of each interview were agreed upon in advance by the researcher and participant. Some interviews extended beyond one session to collect and complete data. Data were collected, recorded, coded, and categorized into subthemes and main themes over six months. All interviews were recorded using audio devices, then transcribed, noted, and analyzed. This study is an extract from a doctoral dissertation in psychology at Islamic Azad University, Science and Research Branch, Tehran. For ethical compliance and to protect participant rights, informed consent was obtained, and the study's objectives were explained. Participants were assured that the content of the interviews would remain confidential and anonymous, with transcripts retained securely. After full analysis and publication, recorded dialogues would be deleted, and participants were free to withdraw from the study at any time.

For data analysis, the interpretative phenomenological analysis method by Dickelmann et al. (1989) was used. This method involved identifying and discovering themes aligned with the research objectives (Dickelmann et al., 1989).

Themes are overarching elements that reveal the interviewee's subjective meaning toward the subject under investigation (Gall et al., 2015). Initially, recorded interviews were transcribed onto paper. After transcription, the researcher reviewed the material multiple times to develop a general insight. Interpretative summaries of each interview and question were then extracted, with an effort to uncover the underlying meaning. The researcher sought input from other specialists in the field to achieve a more comprehensive interpretation of themes.

As interviews progressed and analyses continued, the extracted themes became more defined and integrated, sometimes merging into previous themes. To clarify and resolve interpretation inconsistencies, the researcher revisited the texts, continuously integrating interpretative summaries to refine the analysis and establish connections between interpretations and themes. This theme-building process involved accurate coding, comparing, and integrating data. After extracting, coding, and categorizing the data, common and relevant themes were combined into subthemes and main themes, with unrelated themes excluded. The researcher used both deductive and inductive reasoning to analyze and integrate categories.

To ensure the credibility and reliability of findings, Guba and Lincoln's (1989) credibility process was applied. The researcher aimed to base the analysis process on the statements and beliefs of interviewees while minimizing personal perspectives during data collection and analysis. A close, trusting relationship was established with interviewees to reduce the likelihood of concealment or incomplete information. The researcher improved their interview skills by practicing and becoming fully familiar with the questions, enhancing the internal validity and richness of collected data (Guba & Lincoln, 1989).

To enhance the dependability of the data, the researcher engaged both an academic advisor (psychology faculty at Islamic Azad University, Science and Research Branch) and a qualitative analysis expert (Ph.D. in counseling, University of Isfahan) from the initial interviews to the final stage of analysis. Their expertise and guidance ensured stability in the coding process and findings. Finally, to confirm the findings, the researcher shared exploratory information from each interview with the interviewee and incorporated feedback to verify the accuracy of the data collected.

3. Findings and Results

The analysis of interviewees' statements (wives of addicted men) regarding the role of their interpersonal facilitators in their husbands' inclination toward addiction led to the identification of one main theme and five

subthemes (multidimensional interpersonal facilitators: lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, family-of-origin factors related to the wife). Below, the main theme and its subthemes are presented, supported by documented quotes.

Table 1

Themes and Subthemes from the Analysis of Women's Role as Interpersonal Facilitators in Spousal Addiction

Main Theme	Subthemes	Final Meaning Units
Multidimensional interpersonal facilitators	Lack of love	Low intimacy, low enthusiasm, lack of heartfelt affection, lack of care, disregard for needs, neglect of desires, indifference to the spouse's suffering
	Disrupted sexual interaction	Premature ejaculation, reduced libido and sexual ability, disrupted quality and frequency of intimacy, increased sexual conflicts, inability to meet sexual expectations, unrealistic sexual expectations
	Disturbed emotional interaction	Lack of emotional support, emotional detachment, absence of understanding, emotional avoidance, lack of affection, interpersonal anger, lack of empathy
	Unrealistic expectations	Excessive financial demands, emotional expectations beyond capacity, unusual or excessive sexual expectations, desire for extreme attention, emphasis on flawlessness
	Family-of-origin factors related to the wife	Lack of a supportive family, marriage without family consent, emphasis on enduring hardship instead of divorce, presence of substance users in parental family, neutral or positive view of drugs, stigma of divorce, excessive importance placed on social reputation

The analysis of the statements from interviewees about the role of women's interpersonal facilitators in their husbands' inclination toward addiction led to identifying one main theme and five subthemes: multidimensional interpersonal facilitators (lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, family-of-origin factors related to the wife). This theme, along with its subthemes, is discussed below with relevant quotations.

1. Multidimensional Interpersonal Facilitators
2. This theme pertains to the role women play in their husbands' inclination toward and persistence in substance use. Analysis of participants' statements identified five subthemes: lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, and family-of-origin factors related to the wife. These subthemes are documented below with quotes from interviewees.

a) Lack of Love:

The first interpersonal subtheme frequently mentioned by interviewees as a factor in their husbands' inclination toward or continuation of drug use was the lack of love and affection. This subtheme includes elements such as low intimacy, low enthusiasm, lack of heartfelt affection, lack of care, neglect of needs, disregard for desires, and indifference to the husband's suffering.

- Low Intimacy: Interviewees often indicated having a very low level of intimacy with their husbands,

which appeared to play a role in the husband's persuasion to begin or continue drug use.

- Interviewee #17 stated:
- "Since we started living like roommates, our life has gone downhill. It began with infidelity, then drugs. I always tell myself I was really at fault because, unlike him, I was scared of intimacy."
- Low Enthusiasm: Some interviewees expressed a complete lack of enthusiasm in their interactions with their husbands. This lack of enthusiasm contributed significantly to emotional distance, psychological tension, and even risky behaviors such as drug use.
- Interviewee #4 mentioned:
- "I've been on fluoxetine for six years, and I'm always drained. Healthy relationships need enthusiasm from both sides. When he sees that I lack enthusiasm toward him and our life together, he turns into someone I can barely live with."
- Lack of Heartfelt Affection: Several participants stated that they had no affection for their husbands and did not value them, which contributed to their husbands' inclination toward substance use.
- Interviewee #25 shared:
- "I never loved him, and our marriage was forced. Without love, life just falls apart. He knew I didn't love him, and despite his efforts, I still don't. How

long can a man endure this? Go into marriage with love, or you'll be miserable."

- Lack of Care: Sustaining a marriage requires care from both partners. Some women indicated they did not care about their husbands or their well-being, making them more susceptible to engaging in risky behaviors like substance use.
- Interviewee #23 explained:
- "Neither of us cared about the other. We ignored what the other was doing, and whether we were healthy or not didn't matter. He often says if I had shown a bit of care, things wouldn't have turned out so badly."
- Disregard for Needs: Emotional and sexual needs are fundamental in marriage. Some participants' neglect of these needs in their husbands contributed to their inclination to seek temporary relief without guilt.
- Interviewee #12 noted:
- "We've criticized him so much; let's acknowledge my own flaws. I ignored his needs completely. Sometimes he'd ask for intimacy a hundred times, and I wouldn't respond. Gradually, he started ignoring my needs, too."
- Disregard for Desires: Some interviewees reported that they had little regard for their husbands' desires. This dynamic, unsurprisingly, can lead to a breakdown and push both partners toward problematic behaviors like drug use.
- Interviewee #21 expressed:
- "My husband says, 'If you'd treated me like a person, this wouldn't have happened.' If you want to keep your spouse healthy and out of trouble, you need to respect their wishes. This is something I failed to do."
- Indifference to Suffering: Some participants' disregard for their husbands' needs, wants, and struggles contributed significantly to the husbands' distance and inclination toward temporary relief, such as substance use.
- Interviewee #2 commented:
- "Imagine being in pain and no one even asking what's wrong. Sometimes I was hurting, and my husband didn't ask. I did the same to him—ignored his pain and problems until he finally turned to alcohol and... I was involved in the relationship, but I'm no longer."

b) Disrupted Sexual Interaction:

The second interpersonal subtheme that significantly contributed to their husbands' substance use was disrupted sexual interaction, characterized by issues such as premature ejaculation, reduced libido and sexual ability, disrupted quality and frequency of intimacy, increased sexual conflicts, inability to meet sexual expectations, and unrealistic sexual expectations.

- Premature Ejaculation: Some women mentioned that their husbands started using drugs to overcome premature ejaculation, which ultimately led to dependency.
- Interviewee #3 said:
- "He had issues with premature ejaculation, and someone recommended pills. At first, I saw it helped, so I didn't object. But things got worse, and before we knew it, he was hooked."
- Reduced Libido and Sexual Ability: Drug use to enhance libido was another reason participants identified for their husbands' substance use.

Interviewee #6 stated:

"If he didn't initiate any intimacy for a year, he didn't care at all. He just had no desire. We visited doctors several times, but it didn't help. Later, he started using, and while it didn't improve anything, he got hooked and continued secretly for a while. By the time I noticed, half a year had gone by."

- Disrupted Quality and Frequency of Sexual Interaction: Some participants identified reduced interpersonal relations between them and their husbands as a factor that contributed to marital disintegration and the husbands' inclination toward drug use.
- Interviewee #17 stated:
- "We went a whole year without intimacy—sorry to say. And even if we did, it was like animals. I didn't even feel anything, didn't understand it. That started pushing me away, and it wasn't long before the fights and distance grew. He began with cigarettes, then moved to drugs, specifically Tramadol pills."
- Increased Sexual Conflicts: Intensifying sexual conflicts and tensions not only directed men toward drug use to enhance sexual performance but also led to emotional distance, which contributed to their substance use.
- Interviewee #22 stated:

- “Half of our fights were about sex. We struggled constantly. I wanted it, he didn’t; he wanted it, I didn’t. The conflict got so intense that we just stopped talking altogether. He was on his phone, and I was on mine. He hadn’t even touched a cigarette, but now he’s a full-fledged user.”
- Inability to Meet Sexual Expectations: Some participants noted that their husbands turned to drugs to meet sexual expectations, for both their own needs and their wives’ demands.
- Interviewee #15 stated:
- “I wanted a lot of intimacy, honestly. He was healthy, he tried within his limits, but I swear I had no idea he was using pills before intimacy until it was too late. By then, he was dependent.”
- Unrealistic Sexual Expectations: Unrealistic sexual expectations in some participants made it impossible for a healthy partner to fulfill them, leading some men to turn to drugs to enhance sexual performance.
- Interviewee noted:
- “I’m really open with my mom, and she says I’m responsible for starting his addiction. I had sexual expectations I’m embarrassed to admit, and he couldn’t meet them. A therapist prescribed him medication; he started drinking too, and things improved slightly, but we lost so much. Looking back, I wish I hadn’t pushed him with those ridiculous expectations.”

c) Disturbed Emotional Interaction:

Another significant subtheme related to women that contributed to the husbands' inclination and continuation of drug use was the lack of a constructive emotional relationship. This subtheme, along with components such as lack of emotional support, emotional separation, lack of understanding, emotional avoidance, lack of affection, interpersonal anger, and lack of empathy, emerged in the interviewees' statements.

- Lack of Emotional Support: Many interviewees indicated that they did not have a satisfactory emotional relationship with their husbands and withheld emotional support entirely. This lack of support could foster marital breakdown and drive men to risky behaviors, including drug use.
- Interviewee #18 stated:
- “Our emotional relationship was completely destroyed. As my husband said, the house was always a battlefield. Neither of us cared for each other. He lived for himself, and I lived for myself. So what can you expect? Psychologists say we chase dopamine—I drink sometimes, and he uses something, although I don’t know what. Most of the time, he’s just asleep.”
- Emotional Separation: Some interviewees revealed complete emotional separation from their husbands, leading to minimal communication and increased isolation, which could easily lead to substance use or its continuation.
- Interviewee #15 stated:
- “We don’t talk at all. We’re just under one roof, and I don’t even want to see him. He had used before, and our relationship continued as it was, but now it’s so bad he has hallucinations.”
- Lack of Understanding: Some interviewees struggled to understand their husbands, which was perceived by their spouses as a lack of empathy, potentially driving them toward drug use.
- Interviewee #13 stated:
- “I can’t understand him at all. When he says, ‘No one uses drugs for fun!’ he keeps saying I don’t understand him. Maybe he’s right; I can’t give him the level of understanding he wants. But I still don’t see how that justifies going to drugs.”
- Emotional Avoidance: Some participants distanced themselves emotionally, which pushed their husbands toward temporary relief in substance use.
- Interviewee #7 stated:
- “He would try to hold me, but I would pull away. I kept doing it until he got tired. Now, talking to you, I realize this might have pushed him toward drugs because he felt he had nothing to lose.”
- Lack of Affection: Some interviewees withheld affection, which made their husbands feel unloved and contributed to their inclination toward substance use.
- Interviewee #4 stated:
- “Honestly, you’re right—I can’t remember the last time I showed him any affection. Although he was already an addict, I think my lack of affection just pushed him further down that path.”
- Interpersonal Anger: Many interviewees expressed a suppressed anger toward their husbands, making them indifferent, which contributed to the husbands’ drug use.

- Interviewee #1 stated:
- “If you left me alone with him, I’d probably hurt him. I stay only for the kid. I’ve never had the courage to express my anger; I’ve bottled it up, and now I’m indifferent. I don’t even consider him human. He has every right not to care about me, either.”
- Lack of Empathy: Some interviewees struggled with empathizing with their husbands' problems, which contributed to their inclination toward substance use.
- Interviewee #9 stated:
- “I never really empathized with his struggles. Do you think someone with empathy would turn to drugs or cheating?”

d) Unrealistic Expectations:

Another impactful subtheme was the unrealistic and idealistic expectations that some wives held, which pushed their husbands toward drug use. The final meaning units identified here included excessive financial pressures, emotional expectations beyond the husbands' capacities, unusual sexual expectations, desire for excessive attention, and expectations of flawlessness.

- Excessive Financial Pressures: Some women had high financial expectations, which led their husbands either to work excessively or avoid them through substance use.
- Interviewee #18 stated:
- “My husband worked two shifts because he loved me and wanted to get me everything. If he hadn’t worked so hard or if I had lowered my expectations, maybe he wouldn’t have turned to drugs to cope with the stress.”
- Emotional Expectations Beyond Capacity: The high emotional expectations from some women put a significant strain on their husbands, leading to extramarital affairs or drug use as an escape.
- Interviewee #8 stated:
- “He’s been saying it for three years—you’ve ruined me. He says I always want him available, always want him to hold me. My sisters say my expectations are unrealistic and that marriage isn’t like dating. It never will be.”
- Unusual Sexual Expectations: Some wives indicated that their husbands started using drugs to fulfill intense sexual expectations.
- Interviewee #20 stated:

- “I have to admit I’m part of the problem. Either he was weak, or I needed too much. First, he started taking pills, then Tramadol, and another syrup I can’t name—all just for intimacy. Look where it’s brought him.”
- Desire for Excessive Attention: Constant dissatisfaction and feeling of insufficient attention placed enormous pressure on some husbands, pushing them toward temporary relief through drugs.
- Interviewee #11 stated:
- “I wasn’t too demanding, but he said I was. He said my need for attention was overwhelming. Over time, love left our marriage. I ended up in a few affairs, and he drowned himself in hookah, cigarettes, weed, everything.”
- Expectation of Flawlessness: Expecting their husbands to be flawless and without shortcomings contributed to marital breakdown and risky behaviors like substance use.
- Interviewee #15 stated:
- “My psychologist says I’m a perfectionist. Now I realize he’s right. I pushed my husband to be complete and perfect until it disgusted him and me... I’m truly part of the problem.”

e) Family-of-Origin Factors Related to the Wife:

Certain factors from the wives' family of origin contributed to their husbands' inclination toward substance use, including lack of family support, marriage without family consent, emphasis on enduring hardship instead of divorce, presence of substance users in the parental family, neutral or positive view of drugs, stigmatization of divorce, and excessive importance placed on social reputation.

- Lack of Family Support: Some women reported that their husbands knew they lacked family support, which emboldened them to engage in risky behaviors.
- Interviewee #24 stated:
- “He knows my family won’t support me. When he sees I have no one to protect me, anyone would turn to drugs. Many men avoid it because they know their wives have families, but I don’t have that.”
- Marriage Without Family Consent: Marrying without family approval made some women feel isolated, and their husbands exploited this situation.
- Interviewee #19 stated:

- “Tell your clients not to marry without family consent. When he started smoking, I told my dad, and he said, ‘You chose this.’ Seeing this, my husband realized he had total freedom.”
- Emphasis on Enduring Hardship over Divorce: Some participants reported that their traditional families pressured them to endure hardship rather than divorce, making them stay despite the addiction.
- Interviewee #13 stated:
- “We come from a traditional family. They say endure and die, but never divorce. I’ve left him a few times, but they pushed me back to him. Now, what do I do? I have nowhere to go.”
- Presence of a Substance User in the Parental Family: Some women had family members who used substances, making it easier to accept their husbands' use.
- Interviewee #6 stated:
- “He interacts a lot with my family. My father is an addict. When he proposed, he knew my father used but never thought it’d happen to him too. Now he uses, and my dad just shrugs.”
- Neutral or Positive View of Drugs: Some women either viewed drug use positively or did not see it as harmful.
- Interviewee #8 stated:
- “Drugs aren’t a big deal. Sometimes I think they’re good. I’m not sensitive about it. It doesn’t matter much to me.”
- Stigmatization of Divorce: Some women could not consider leaving their husbands, seeing divorce as disgraceful, which encouraged their husbands to continue substance use.
- Interviewee #4 stated:
- “He’s not afraid because he knows I won’t leave him. It’s disgraceful to get a divorce. He knows this well, and he’s cheating on me too.”
- Excessive Importance Placed on Social Reputation: Concern for social reputation led some wives to hide their husbands’ addiction, giving the men less incentive to avoid drug use.
- Interviewee #2 stated:
- “I didn’t want to do this interview because no one knows my husband’s been using for years. He even uses at home. I don’t want anyone to find out. If they did, who knows what would happen.”

4. Discussion and Conclusion

The present study aimed to examine the role of women’s interpersonal facilitators in their husbands’ inclination toward addiction. Analysis of interviewees’ statements (wives of addicted men) on the role of women’s interpersonal facilitators led to the identification of one main theme and five subthemes (multidimensional interpersonal facilitators: lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, and family-of-origin factors related to the wife).

The multidimensional interpersonal facilitators—lack of love, disrupted sexual interaction, disturbed emotional interaction, unrealistic expectations, and family-of-origin factors related to the wife—played a significant role in encouraging men’s inclination toward addiction. The first interpersonal factor frequently mentioned by interviewees was the lack of love and affection, with most participants reporting low intimacy, low enthusiasm, lack of heartfelt affection, lack of care, neglect of needs, disregard for desires, and indifference to their spouse’s suffering. Each of these factors can easily lead to marital tension, psychological insecurity, and marital dissatisfaction, which in turn facilitate men’s inclination toward substance use and other risky behaviors. Motyka et al. (2022) emphasized that if women express love, attention, and kindness in marriage, they can lower the likelihood of their husbands’ substance use and provide the necessary motivation for addicted husbands to quit (Motyka et al., 2022). Other studies also confirm love as a preventive factor against substance use in men (Haghighparast et al., 2023; Taheri et al., 2022; Zeng & Tan, 2022).

Disrupted sexual interaction was another significant interpersonal factor associated with women that influenced their husbands’ inclination toward drug use. Most participants mentioned issues such as premature ejaculation, low sexual drive, and the inability of their husbands to meet their sexual expectations. These issues, along with women’s unrealistic sexual expectations, encouraged men to use substances. Many men turned to pills, alcohol, or drugs to alleviate sexual conflicts and improve intimacy, leading to dependence over time. Bang-Ping (2009) highlighted that sexual difficulties are often a starting point for substance use in men attempting to address marital conflicts (Bang-Ping, 2009). Additional research support the finding that couples with adequate sexual intimacy have lower tendencies toward substance use compared to those experiencing sexual

dysfunction (Ghadigaonkar & Murthy, 2019; Jepsen et al., 2023; Mir Arab Razi et al., 2023).

Disturbed emotional interaction was another factor with a significant impact. Most interviewees demonstrated lack of emotional support, emotional detachment, lack of understanding, avoidance of affection, interpersonal anger, and lack of empathy. These damaging components not only destabilize mental health but also foster engagement in risky behaviors such as substance use. Gilchrist et al. (2023) found that most addicted men experienced highly disturbed emotional interactions with their wives, both before and during substance use (Gilchrist et al., 2023). Disturbed emotional interaction and lack of intimacy in this domain are also supported as risk factors for divorce, extramarital affairs, and substance use in some studies (Estaki Orghani & Gorji, 2023; Haghpour et al., 2023; Zeng & Tan, 2022).

Unrealistic and idealistic expectations were additional influential interpersonal factors. Many interviewees revealed unrealistic expectations such as excessive financial demands, emotional expectations beyond their husbands' capacities, unusual or unattainable sexual demands, desire for extreme attention, and expectations of flawlessness. Each of these factors can lead to marital dissatisfaction, instability, and risky behaviors like extramarital affairs and substance use. Fonseca et al. (2021) noted that women with unrealistic expectations from their spouses—financially, emotionally, sexually, or socially—struggle to maintain a healthy marital life (Fonseca et al., 2021). Studies also emphasize the importance of realistic expectations for marital stability and suggest that a lack of these can lead to the dissolution of marriage and the emergence of risky behaviors like substance use (Gilchrist et al., 2023; Motyka et al., 2022).

Certain factors from the wife's family of origin also played a significant role. Factors like lack of family support, marriage without family approval, emphasis on enduring hardship instead of divorce, presence of substance users in the parental family, neutral or positive views on substance use, stigmatization of divorce, and excessive concern for social reputation provided men the opportunity to engage in temporarily relieving behaviors such as drug use or risky sexual behaviors without fear of consequences. Johannessen et al. (2023) stated that men exhibit riskier behaviors when they are unafraid of their wives or when they know that their wives' families provide no support or protection (Johannessen et al., 2023). Other studies confirm the influence of supportive family structures in women on men's behavior, indicating that when women lack family support, there is an increased likelihood of estrangement and

engagement in risky behaviors like addiction and infidelity (Madaki, 2023; Sattler et al., 2021; Zeng & Tan, 2022).

5. Limitations and Suggestions

This study focused on wives of addicted men, so accurately identifying women's roles after their husbands' addiction may be limited. It is suggested that future longitudinal studies follow marital relationships over time to observe factors related to women that contribute to spousal addiction. This study concentrated only on women's interpersonal facilitators, leaving out intrapersonal factors; therefore, it is recommended that future research examines the role of intrapersonal factors in women that affect their husbands' inclination toward addiction. Additionally, to better understand the factors related to women in influencing their husbands' substance use, a comparative qualitative study between wives of addicted and non-addicted husbands is recommended. The findings from this study can be utilized by experts and professionals in developing educational, preventive, and therapeutic programs in the field of addiction.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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