

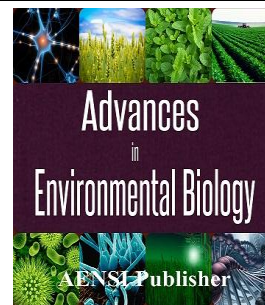


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The Investigation of the Effectiveness of Four Drug Abuse Therapy Styles (MMT, TC, Camp and NA) on their Wives' Hardiness, Resiliency, Learned Helplessness, and Co-dependency

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ABSTRACT

With regard to depth effects of drug abuse on society health and families and also the necessity use of drug addicts of therapy methods for the purpose of healing and recovering their abilities and the most impact that the addicts' wives get from their husbands' disease and therapy, this study is aimed to investigate the effectiveness of four drug abuse therapy styles (MMT, TC, Camp and NA) on their wives hardiness, resiliency, learned helplessness and co-dependency. The present research method was causal-comparative. The population was drug addicts' wives who had gone to addiction treatment centers. Eighty of them were selected based on availability method. They completed demographic, AHI, CD-RISC, ASQ, and CODI questionnaires. Data was analyzed with the use of Multivariate Analysis of Variance and post hoc LSD tests. The difference between mean and standard deviation of participants' scores in four groups was completely significant. The results of multivariate analysis of variance and Kruskal Wallis tests represent a significant difference between the four groups of the study in all dependent variables. The findings of this study showed that different methods of addicts' therapy could be a predictor of the wives' hardiness, resiliency, learned helplessness and co-dependency.

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INTRODUCTION

Addiction (drug dependence) is a chronic and recurrent disorder which has profound social, psychological, physical, economic, and family impacts. It imposes a lot of psychological pressures on the family and society as well as personal destruction. Drug abuse is known to be the most important widespread concern and health risk in Iran which can effect severely on the community health and families [1]. Hence, seeking solutions for the purpose of treating this kind of illness may lead to the decrease in the side effects of addicted drugs in addicts' families especially, their wives. Recovery means returning to the normal state and health before becoming illness. On the other hand, recovery is completely partial for the addiction and means returning to the normal state or decreasing the amount of drug consumption. There are four common types of addiction therapy approaches which are as follows:

- 1) Treatment with Methadone (MMT) which is a drug therapy
- 2) Therapeutic community (TC) which is a long term residential treatment and is based on the self-help principals
- 3) A short term and temporary residential treatment (Camp) which is based on the self-help principles
- 4) Self-help groups of anonymous addicts which are based on 12 steps and 12 traditions which are controlled by the addicts

The general aims of all therapy approaches are included a set of pharmacological, psychological, and social work methods which are mainly divided in two types. These two types of aims are as follows:

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1) Complete abstinence, thereby achieving a drug-free life; 2) Harm reduction of drug-induced side-effects in addicts and their families.

We can say that addicts' families suffer the most harms of addiction after the addicted people. Aghabakhshi [2] stated that the best suitable way of treating addicts was to pay attention to the behavioral models of addicts' families as well as addicts' problems and their addiction process. Different studies were conducted on the relationships between the condition of addicts' families and their characteristics. The long term effects of addiction on the attitude and behavior of addicts' wives were determined indirectly in some of the studies [3, 4]. Based on the theory of vulnerability and pressure, women experience more psychological pressure in relation to men in dealing with problems [5]. Most researchers believe that individual differences and different personality characteristics as well as sex will differentiate people in reacting toward situations and stressors. One of the personality characteristics is psychological hardiness [6]. Some researchers like Kobasa, Maddi and Zola [7] define tenacity as a combination of beliefs about themselves and the world. These include three components of commitment, control, and militancy, and result in cognitive flexibility and tolerance against stressful phenomena and ambiguous situations [8]. According to Kobasa's view [9], tough people experience life events the same as weak people. Also, Kobasa surveyed these events as non-stressful events and was optimistic about his capabilities in coping with these events. Different studies showed that psychological hardiness made a balance between the tension and illness as a feature of personality. It meant that psychological hardiness acts as a source of strength and shields when dealing with stressful life events [9]. Hauser and Allen [10] showed that young soldiers who had a weak psychological hardiness were more anxious for separating from their families. Research results of Maddi and et al. [8] showed that there was a negative relationship between hardiness and the use of addicted drugs and alcohol. Surveys show that hardiness has a positive relationship with the mental and physical health and decrease the negative effects of stress as a source of internal resistance. Also, hardiness prevents people from mental and physical disorders [9, 11, and 12].

Resiliency is another structure which shows the adaption of people to life harms and needs and has a special place particularly, in the fields of family psychology and mental health [13]. In general, resiliency is called for when dealing successfully with the stressful factors and difficult situations [14] and contains processes which protect people from danger, problematic behaviors, and psychological damages and turn them toward adaptive outcomes despite harsh conditions. Resiliency will lead people to suitable adaptation in dealing with problems and it is something more than just simple avoidance of negative outcomes [15]. Some of the studies indicated that there was a significant negative relationship between anxiety and depression with resiliency and hardiness and resilient people could overcome harsh effects [16]. Samani, Jokar, and Sahragard [17] reported that there was a direct and significant relationship between the resiliency and life satisfaction. Studies showed that the harsh effects of stressful conditions would be modified or even disappear due to resiliency process [10, 16].

Resilient individuals have four main characteristics [18]. These four main characteristics are: 1) Social competence, 2) Problem-solving skills, 3) Self-regulation, 4) Targets and optimistic attributive style.

This fourth characteristics of resilient people is one of the supporting factors which can determine the reaction of people toward stressful experiences and chronic disasters.

Attributive style is rooted in the way people think about causes [19] and has dimensions like continuity, learning, and personalization. Seligman [20] believes that perceiving uncontrollable phenomena and pessimistic attributive styles will lead to learned helplessness and this learned helplessness will lead to the negative cognitive structure due to the unrelated attempts of people with their success and failure. Couples, one of whom is consuming drugs are less involved in solving the problems than other couples. Women who have non-addicted husbands may lose and give up their desire to deal with problem-solving, because they predict that the outcome of the discussion will be negative and if this pattern continues, important issues will remain unresolved and avoidance and inaction will be the most convenient reaction of these people [21]. Based on Seligman's surveys [19], helplessness couples are different from non-distressed couples in dealing with issues such as behaviours, reactions, and how to face problem-solving discussions and messages. Also, the reaction of helpless couples is mostly negative. In addition, helpless couples complain more than non-distressed couples about their relationships with others [22]. Ghavanloo [23] stated that men's addiction will lead to the women's disappointment in their lives and accelerate couples' incompatibility. Monsheie, Samuee, and Valiani [24] studied addicts' families from the view point of communication problem-solving, roles, affective responsiveness, affective involvement, behavioural control, and general efficiency. Results showed that inefficiencies and problem are clearly observable in the function of these families. When addicts' wives really believe that they have no value, they feel embarrassed and believe that they will not become successful even if they try hard and that the outcome of the issues is out of their control. This threat will make people act a lot in order to obtain control [2].

These people sometimes are willing to control themselves again with their activities, states, and unusual behaviours. These unusual behaviours and characteristics of women which are called co-dependency can be stated in the framework of Kaufman's systemic approach. Kaufman [25] believes that the members of the family adopt themselves with the changes in their roles, duties, and functions due to the increase in the drug

consumption and willingly or unwillingly try to make a new balance in their roles, responsibilities, and relationships. Addicts' wives severely, and in a responsible way, control addicts' behaviour and take care of them, which is deemed as some kind of sacrifice, without having regarded their own health and basic needs. Such behaviours make it difficult for normal people or even some therapists to distinguish between sacrifice, intimacy, altruism, love, and illness behaviours. Addicts' wives pay and compensate the damages of their husbands, and are compassionate towards them. Also, they protect their husbands against people who have suffered from their husbands' irresponsible and unusual behaviours. In addition, they tell lies defending their husbands and deny their addiction. In the United States, surveys during the years 1975 to 1980 were focused on this point that in the addicts' families were observed to have changes in the roles and traditional hierarchy. Masumian Sharghi [26] concluded that co-dependency will help addicts' wives to identify and survey their compulsive behaviors. Also, it will help them to develop their independence and autonomy and reinforce their capabilities and values. The results of the previous studies indicate this point to some extent, and that the features which are mentioned above, (hardiness, resiliency, learned helplessness, and co-dependency) can effect on all life aspects of addicts' wives as a way of coping with the stressful crisis of addiction. With regard to the close relationship between the addicts and their wives, we should note that the people who are influenced the most after addicts in relation to addiction are addicts' wives. Halford, Sanders, and Behrens [27] reached this conclusion, that addicts' wives lost their hope and their psychological well-being, social relations, and that life quality would be disturbed. In summary, sorrow, grief, loneliness, shame, and mental insecurity will overcome the life of addicts' wives. Also, Golparvar [21] announced that addicts' wives showed less mental disorders and general health in relation to non-addicts' wives from the view point of physical complaints, anxiety, inefficient social function, depression, hostility, and aggression. Not only addicts' wives can accelerate the treatment process of their husbands, but also they can help themselves to be rescued from the psychological pressure of their husbands' addiction and outcomes [26]. Therefore the aim of the present research is to identify if addicts' wives who are under a different therapy method, have different features? In fact, the goal of the study is to answer to the following questions:

- 1) Is there any relationship between the type of addicts' treatment and the resiliency of addicts' wives?
- 2) Is there any relationship between the type of addicts' treatment and co-dependence of addicts' wives?
- 3) Is there any relationship between the type of addicts' treatment and psychological hardiness of addicts' wives?
- 4) Is there any relationship between the type of addicts' treatment and learned helplessness of addicts' wives?

MATERIALS AND METHODS

Present research was causal-comparative and its population included all women whose addicted spouses attended the pharmacotherapy clinics, the assembly of anonymous addicts, the residential centers of addiction abandonment, and the therapeutic community centers in Isfahan city for the purpose of treating their illness.

Among all the addiction abandonment centers in Isfahan, only TC center, MMT center, NA center, and residential camp cooperated with us in this study. Sampling was done with an available method during two months and only 80 individuals (20 individuals from each center) were willing to answer the questions. Resiliency questionnaire of Conner and Davidson, co-dependency questionnaire, attributive style questionnaire, and psychological hardiness questionnaire were used in this study as well as the questionnaire of demographic features. Multivariate analysis of variance test and post hoc LSD test were used in this study for the purpose of analyzing data.

Instruments:

1) Resiliency scale of Conner and Davidson (CD-RISC):

Conner and Davidson [28] designed a questionnaire which contained 25 items and five options with a review of research resources during the years of 1991 to 1997. The validity of the Persian version of this scale was reported with 0.89 Cronbach's Alpha. First, the correlation between each score with the total score except item three was identified 0.41 to 0.46 coefficients for the purpose of determining the reliability of resiliency scale of Conner and Davidson. Then, the items of scale were analyzed with the principal components. The validity of the resiliency scale of Conner and Davidson was determined with Cronbach's Alpha [29]. The validity of this questionnaire was calculated 0.87 with Cronbach's Alpha.

2) Co-dependency Questionnaire (CODQ):

This questionnaire is an instrument which has 29 items and has been designed by Stonebrink [30] for the purpose of examining the co-dependency in the family and friends of people who use addiction drugs. The scoring of this kind of questionnaire is in a way that participants should choose one of the four options which are based on the values of 0, 1, 2, and 3. The four options of this questionnaire are never, rarely, sometimes, and most of the time. In this kind of questionnaire, the higher score is the representation of high co-dependency in an

individual. This questionnaire has four subscales. These subscales are control, inter-individual dependency, alienation, and interrelatedness. The total Alpha coefficient of this questionnaire was reported 0.79. Also, the validity of this questionnaire was well [30].

In this research, the reliability of this questionnaire was examined with the use of Cranach's alpha and Split Half methods and were reported respectively 0.92 and 0.88. These results showed that this instrument had a good reliability.

3) *Attributional Style Questionnaire (ASQ):*

This questionnaire which was used for indicating the participants' learned helplessness. This research was designed and derived by Islami Shahre Babaki [31] from Seligman and et al.' Attributional style scale' [20]. This questionnaire can be filled by participants in a group form or in an individual form. This questionnaire included some positive and negative hypothetical situations. Each situation is followed with the same offered items which identify the cause in three internal, sustainable, and total dimensions and in a scale which is scored based on seven values. This kind of questionnaire measures the contents of the individuals' causal attributions with the people's attention to the research outcomes for the purpose of indicating positive and negative outcomes in internal-external, sustainable-unsustainable, total-special dimensions. The Alpha coefficient of the subgroups of this questionnaire is bad internal outcome 0.75, good internal outcome 0.74, bad sustainable outcome 0.43, good sustainable outcome 0.56, bad total outcome 0.73, and good total outcome 0.76 [31].

In the present research, the reliability of this questionnaire was examined based on Cranach's alpha and Split Half methods. The reliability of this questionnaire was reported respectively 0.88, and 0.90. The results show that this instrument has a good reliability.

4) *Psychological Hardiness Questionnaire (AHI):*

Ahvaz Hardiness-Questionnaire is a self-report scale which has 27 items of the paper. The scoring of this kind of questionnaire is in a way that participants should choose one of the four options which were based on the values 0, 1, 2, 3. The four options of this questionnaire are never, rarely, sometimes, and most of the time. In this kind of questionnaire, the higher score is the representation of higher psychological hardiness in an individual. In the research of Kiamarsi [32], the Cranach's alpha was reported 0.76 for all of the participants, 0.76 for men participants, and 0.74 women participants. In the research of Shakerinia [33], the Cranach's alpha was obtained 0.89.

In the present research, the reliability of this questionnaire was examined with Cranach's alpha and Split Half methods and were reported respectively 0.92 and 0.87. These results showed that this instrument had a good reliability.

Results:

With regard to the results of the first step, obvious differences were observed between the means of four groups in each four variables of the study. The mean of a group under the therapy of methadone was more than the other groups in resiliency (99.20) and co-dependency (51.15) variables and the mean of a camp group was more than other groups in the variable of psychological hardiness (51.65). Also, the mean of a therapeutic community group was more than other groups in learned helplessness variable (90.60). We can not talk about the significance of these differences in the level of descriptive data. In continuous, the significance of these differences will be discussed in the framework of the results relating to marital comparisons. The difference between the four groups of the study in dependent variables was surveyed with multivariate analysis of variance. The results of Box test ($P=0.001$, $M=107.72$) showed that the pre-assumption of covariance equality had not occurred in this study. Also, the results of Levin test for resiliency variables ($P=0.001$, $F=4.72$), psychological hardiness ($P=0.01$, $F=4.06$), and learned helplessness ($P=0.001$, $F=5.47$) showed that the pre-assumption of variance equality had not occurred in this study. In addition, the pre-assumption of variance equality was only occurred in a co-dependency variable ($P=0.82$, $F=0.29$). We can use this parametric test due to the equality in the size of groups, but the results of a nonparametric test should confirm the results of a parametric test. It is obvious that the sameness of the results in both parametric and nonparametric tests shows that not considering the pre-assumptions does not have a significant impact on the results of the analysis [34]. The results of Wilks' Lambda test show a significant difference between the four groups in four dependent variables (0.001). Also, the statistical power of this study is in the highest level and shows that the sample size is adequate and the statistical accuracy of the test is high.

In table 1, the difference between four groups was separately surveyed in each variable and showed that a group membership had a significant impact on resiliency, co-dependency, psychological hardiness, and learned helplessness variables. Based on the results of Eta square, the most impact of a group membership was related to a resiliency variable. In this study, nonparametric Kruskal Wallis test was used due to the disregard of the pre-assumptions of the multivariate analysis of covariance. The results of the nonparametric Kruskal Wallis test was in compatible with the test results of the multivariate analysis of variance and showed a significant difference

between the four groups in all dependent variables. Therefore, we can say that the test results of multivariate analysis of variance are not affected significantly disregarding pre-assumptions.

Table 1: The results of the multivariate analysis of variance separately in each of the four dependent variables.

Indexes Impact resources		The sum of squares	Degree of freedom	The mean of squares	F	Significance	Eta square	Statistical power
Group membership	Resiliency	8143.83	3	2714.61	31.89	0.001	0.55	1
	Co-dependency	1534.83	3	511.61	5.48	0.001	0.17	0.92
	Hardiness	1766.13	3	588.71	7.17	0.001	0.22	0.97
	Learned helplessness	1025.63	3	341.87	2.78	0.04	0.09	0.65

Table 2: The results of LSD test for the purpose of comparing the means of group scores in each of the dependent variables.

Dependent variables	Group (I)	Group (J)	The mean difference (I-J)	Significant level
Resiliency	MMT	TC	8.10	0.001
		Camp	-5.25	0.07
		NA	21.5	0.001
	TC	camp	-13.35	0.001
		NA	13.4	0.001
	Camp	NA	26.75	0.001
Co-dependency	MMT	TC	12.25	0.001
		Camp	4.65	0.13
		NA	4.15	0.17
	TC	Camp	-7.5	0.01
		NA	-8	0.01
	Camp	NA	-5	0.87
Hardiness	MMT	TC	5.3	0.06
		Camp	-7.9	0.001
		NA	-1.15	0.68
	TC	Camp	-13.2	0.001
		NA	-6.45	0.02
	Camp	NA	6.75	0.02
Learned helplessness	MMT	TC	-9.7	0.001
		Camp	-4.15	0.24
		NA	-6.9	0.05
	TC	Camp	5.55	0.11
		NA	2.8	0.42
	Camp	NA	-2.75	0.43

Based on this result of table 2, there was a significant difference between a group under the therapy of methadone, a group of therapeutic community, camp group, and a self-help group in resiliency, co-dependency, psychological hardiness, and learned helplessness variables. The means of these four groups were compared with a post hoc LSD test and their results were given in table 2. Based on the results of table 2, there was a significant difference between the means of a group under the therapy of methadone and a group of therapeutic community in resiliency variable. Also, the resiliency scores of a group under the therapy of methadone were significantly higher than other groups. There were not any significant differences between the means of a group under the therapy of methadone and a camp group, but there was a significant difference between the means of a group under the therapy of methadone and a self-help group of anonymous addicts. Also, there is a significant difference between the means of a group of therapeutic community and a camp group and a self-help group of anonymous addicts. We can say that the mean of camp group scores is significantly higher than the mean of a group of therapeutic community. Also, the mean of a group of therapeutic community is significantly higher than the mean of a self-help group of anonymous addicts. The last comparison was conducted on the means of camp group and a self-help group of anonymous addicts in resiliency variable and showed that there was a significant difference between these two means. The results of table 2 showed that there was not a significant difference between the mean of a group under the therapy of methadone and the mean of a camp group and a self-help group of anonymous addicts in co-dependency variable. Also, there was not a significant difference between the means of a camp group and a self-help group of anonymous addicts in co-dependency variable. The difference between the means of a group under the therapy of methadone and a group of therapeutic community was significant in a co-dependency variable. Also, the difference between the means of a camp group and a self-help group of anonymous addicts and a therapeutic community group was significant in a co-dependency variable. The results of table 2 show that the difference between the means of a group under the therapy of methadone and a self-help group of anonymous addicts and a group of therapeutic community was not significant, but the difference between a camp group and a group under the therapy of methadone was

significant in a psychological hardiness variable. Also, the difference between the means of a camp group and a self-help group of anonymous addicts and a therapeutic community group was significant in a psychological hardiness variable. The difference between the means of a camp group and a self-help group of anonymous addicts was significant in a psychological hardiness variable. The results of table 2 show that all the marital comparisons between the four groups of study, except a group under the therapy of methadone and a therapeutic community group was not significant.

Discussion and Conclusion:

We could say that all the addicts' wives whose husbands were under the therapy of four mentioned methods were studied in this research for the purpose of answering to the first research question. There was a difference between all these women from resiliency point of view and also the women under the therapy of MMT had the highest mean in a resiliency variable. Researchers who were identifying the effective factors on the resiliency believed that there were protecting factors which could identify the reaction of people toward stressful experiences and chronic disasters [35]. During the recent years, many studies were done on the identification of these protecting factors. Therefore, the effect of factors such as self-confidence, family solidarity, high cognitive skills [10], positive attributive styles and academic achievement [36] were surveyed with resiliency. Also, there was a positive relationship between these variables and resiliency. One of the most important factors which could lead to the increase in resiliency was the instructions of the developing skills of intimate relationships. The obtained results of Yalcin and Karahan [37], Zoljic, Hadzibajric, Dziho, and Kudra [38], and Shah Mohammadi, Darviseh, and Poorshirazi [39] on the addicts' families showed that training communication skills were effective in the recovery of the relationship between the spouses, positive feedback inside the family, the improvement in the quality of the relationship between the family members, total compatibility, marital compatibility of addicts' women, and their resiliency. We can find out the differences between the function of therapy methods and the probable reasons of the efficiency of these therapies on some of the characteristics of addicts' wives. MMT centers pay more attention to the attendance of addicts' wives in the treatment process of their husbands in relation to other therapy centers. These centers want addicts' wives to accompany their husbands from the first session of their treatment and make the husbands aware that the wives have an important role in accelerating the treatment process in setting individual, marital, and group counseling sessions. In these sessions, addicts' wives were taught necessary instructions about the way of treating with their husbands, making a quiet environment for them, reducing conflict, providing psychological needs of their husbands, achieving understanding and empathy, improving communication skills, problem-solving skills, and adapting to the conditions of their husbands for the purpose of increasing the resiliency of addicts' wives against the problems they face during the treatment of their husbands. Also, the results show that the wives of addicts who are under the therapy of NA have the least resiliency.

Therefore, these results show that education, counseling sessions, and social security are important in the increase of the resiliency of people in the stressful situations. We should pay attention to this point that there is a difference between addicts' wives whose husbands are under the therapy of one of the four methods from the co-dependency point of view. The wives of addicts who are under the therapy of MMT have the highest mean in a co-dependency variable in order to answer to the second research question. The point that we should pay attention is related to the relationship between the obtained results in the first research question and the second research question. This point is that trying to increase the compatibility and resiliency of these women will lead to the undesirable outcomes. One of the most important of these outcomes is the increase in co-dependency. The studies of Chirill, Berin, and Kambajuar [40], Waller and Mahony [41], Masumian Sharghi [26], and Beyti [42] are studies which were done on the creation of co-dependency in families and addicts' wives. We can say that since addicts' wives want to return their husbands to their normal life very fast, they may make a mistake in performing the instructions around cooperating with their husbands, providing a mental relief for their husbands, and adapting themselves to the difficult situations of their husbands. Therefore, these things show the increase in the co-dependency of addicts' wives who are under the therapy of MMT. Also, addicts' wives attempt to control all the affairs, to help their husbands, and neglect other people and other parts of their lives taking more responsibilities and being more sensitive about the states and the behaviour of their husbands. The results of this study showed that there was a difference between the addicts' wives whose husbands were under the therapy of one of the four methods from the view point of psychological hardiness. The wives of addicts who were under the therapy of camp centers have the highest mean in a psychological hardiness variable. Addicts' treatment through the camps of addiction abandonment is called short-term residential treatment because it is expected that addicts return back to their normal life after 21 days accommodation in a camp which denies access to every kind of addictive drug. In this kind of therapy, addicts recover and return back to their families after only a short time to try to compensate for the pressures imposed on their families. Therefore, this kind of therapy will lead to the increase in the cognitive flexibility and future optimistic prospect in addicts' wives. The treatment during addicts after a short time will make their spouses confident in dealing with the problems during this time interval and deal with problems robustly. Different studies were done on the impact of hardiness on the mental

health and coping methods of people during stressful situations. The findings of these studies show that psychological hardiness adjusts the relationship between the tension and illness as a personality trait. It meant that psychological hardiness will act as a source of strength and support [9, 43] against stressful life events and has a positive relationship with mental and psychological health. Also, psychological hardiness decreases the stressful negative impacts as a source of internal resistance and prevents mental and psychological disorders [9, 11 and 12]. The characteristics of tough people such as showing considerable courage, seeking-significant and interesting experiences, and being energetic, results in the change in life being normal and effective in the adaption of these people to stressful life events [44]. Along the forth question, we can say that there is not a significant difference between the addicts' wives whose their husbands are under the therapy of one of the four methods from the view point of learned helplessness. Therefore, the treatment process of addicts is generally long due to all attempts of wives during the recovery of their husbands. This outcome will make patients and their families disappointed and also addicts' wives may become helpless after many unsuccessful attempts at treating their husbands. On the other hand, results show that the wives of the people in TC group are more helpless than the other groups. Also, we should pay attention to the point that treating the addicts of TC group needs a long-term accommodation and a lot of money. So, this method is the last approach that addicts select. Long-term addiction to addictive drugs, unsuccessful attempts toward treating addicts with different methods, a lot of economic, social, and family problems resulting from the addiction, not receiving the necessary social and psychological supports, and many other problems make addicts' wives assume treating their husbands will be unsuccessful and approach with helplessness and disappointment. Many studies have been done about the characteristics of helpless people. For instance, Golparvar [21] showed that addicts' wives had less mental disorders and better general health than the non-addicts' wives from the view point of psychological complaints, anxiety, inefficiency of social function, depression, hostility, and aggression. Based on the surveys of Hauser and Allen [10], the behaviours and reactions of helpless couples are more negative. Also, helpless couples complain more than non-distressed couples about their relationships [22]. Ghavanloo [23] stated that the addiction of men would lead to the discouragement and helplessness of women and made women express less affection to their husbands and minimize their emotional relationships with their husbands and also to use confined communication skills in their relationships with others. These things will lead to the incompatibility of couples.

Limitations:

Since the samples of this study were special, accessing to them was the most difficult part of the work. Therapy centers of addiction, addicts, and addicts' wives were not willing to cooperate with the researchers of this study due to having a lot of tasks.

Moreover, the only way the researchers could meet with the addicts' wives was during counseling sessions, when addicts' wives attended to these centers. In general, these sessions did not have exact programs, and most of the time, addicts' wives did not attend to those sessions even if they were scheduled due to problems and responsibilities. Sampling was time consuming and all the therapy centers of addiction except the therapy center with methadone were far from the city center. So, commuting to these therapy centers of addiction was very difficult.

Recommendations:

Since addicts' wives experience a lot of mental pressure in their lives, they need counseling sessions, especially in a group format. Training approaches about dealing correctly with addiction and addicts, increasing self-respect and self-confidence, retaining the intimacy in the family, communication skills, and the way of rearing the children for the purpose of preserving them against addiction are the things that can help addicts' wives to improve their mental conditions. These sessions had social and psychological supports for addicts' wives as well as educational and counseling benefits. Therefore, these sessions were of importance for the addicts' wives from the psychological view point.

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