



Needs of Spouses of Patients with Substance Use Disorder: A Qualitative Study

Shiva Soraya¹, Mandana Haghshenas¹, Hamid Reza Ahmadkhaniha², Somayeh Azarnik¹, Hossein MansourKiaei¹, Saman Rassouli¹ and Ruohollah Seddigh^{1*}

1. *Spiritual Health Research Center, Iran University of Medical Sciences, Tehran, Iran*

2. *Research Center for Addiction Research and Risky Behaviors, Iran University of Medical Sciences, Tehran, Iran*

* Corresponding author

Ruohollah Seddigh, MD

Spiritual Health Research Center, Iran University of Medical Sciences, Tehran, Iran

Email: Ruohollahseddigh@gmail.com

Received: Jan 6 2021

Accepted: Mar 10 2021

Citation to this article:

Soraya Sh, Haghshenas M, Ahmadkhaniha HR, Azarnik S, MansourKiaei H, Rassouli S, et al. Needs of Spouses of Patients with Substance Use Disorder: A Qualitative Study. *J Iran Med Council*. 2021;4(2):86-92.

Abstract

Background: The skill of adjusting and regulating the needs and adaptation are the most fundamental abilities of family members. Since substance use related disorders create serious health threats and cost burdens for family, it is important to investigate the needs of spouses of these patients. Regarding the wide spectrum of needs based on previous researches, the psychiatric needs were the focus in this study. By evaluating the needs, the executives of social services can better determine the basic needs of patients and their family members.

Methods: This is a qualitative study applying a content analysis approach. Based on the objectives of this research, purposeful sampling was done and continued until information saturation. In total, 16 spouses of patients using substance were interviewed. Initial interviews began with guiding questions and the probing questions were applied in the following interviews. Participants' emotions were coded and codes with similar concepts were placed together in one category and subcategories were created.

Results: After conducting 16 in-depth interviews, 38 initial codes were obtained and categorized into 6 key concepts (Neglecting the reciprocal roles and rights, lack of responsibility, lack of motivation, psychiatric changes due to substance use, feelings of insecurity, and defective communication).

Conclusion: The present study paves the way in better understanding of the needs of the spouses of patients with substance use disorder, and enables the specialists in this area to adjust the treatment according to each individual patient and evaluate emerging patient related issues and challenges as well. Substance dependence, in addition to making problems for the individual and the society, leads to unsatisfied needs of close family members and acquaintances. In other words, treatment will be more effective if each patient is recognized individually, the family is educated, and family-level interventions are provided.

Keywords: Adaptation, Emotions, Psychological, Qualitative research, Substance related disorder

Introduction

Many psychologists and sociologists believe that needs are the foundations of social institutions. The family, as a social institution, is not excluded from this rule (1). Perhaps, the skill of adjusting and regulating the new needs and adaptation to new conditions is the most fundamental ability of family (2). Some researchers defined “needs” as the measurable difference between the current position and the expected and ideal position (3). Some have defined need assessment as a systematic process to identify needs-based decision making, resource allocation, and implementation of activities to solve the problems that are the infrastructure of basic needs (4). The difference between needs and need assessment is prioritizing the needs after detecting them in need assessment process (5). In most countries, the services related to mental health should be assessed, evaluated, and modified to provide the best treatment and care which is fruitful in future appropriate planning (6). By evaluating the needs, the executives of social services can better determine what are the basic needs and how they can be responded (7). The aim of need assessment is generating information about the needs of people, organizations, and society (8,9). Several studies report the lack of support from family caregivers of patients with psychiatric diseases and lack of attention to their needs (10-12). Addiction as a physical and psychiatric illness with consequent problems in all aspects of life threatens the health of the individual, society, and particularly family (13). Several empirical studies have also indicated that using substances by an individual in the family has a deep effect on the behavior and other aspects of his/her life and the life of his/her family; for example, substance-seeking behavior, anger, feelings of rejection and disability makes his/her partner feel guilty and depressed (14). Literature indicates that providing health and social services in treatment of addiction, especially when coordinated and adapted with specific needs, leads to more favorable outcomes. In a study conducted by Marsh *et al.*, they investigated racial/ethnic differences in matching needs and services in substance use treatment; they found that different racial groups have different needs and should receive distinct services; this effective strategy encourages the patients to follow the treatment and reduce substance use after treatment (15,16). Likewise, other researchers have investigated the needs, anxiety,

depression, and caregiving consequences of psychiatric patients with comorbid substance use and patients who do not use substances, and found that psychiatric patients with comorbidity of substance use reported more unsatisfied needs (Need alcohol and drug, budget shortage, inadequate nutrition, inappropriate housing, and feeling of loneliness), anxiety, and caregiving consequences (17). Several studies have been conducted to build an instrument for measuring the needs of Iranian families. For example, in a research aimed at providing and designing a valid and reliable scale to assess the needs of families living in different areas of Shiraz, the results indicated seven major needs including economic needs, needs for affection, social security needs, primary welfare needs, educational needs, secondary welfare needs, and the need for psychological services. The scale manifested appropriate and consistent validity compared with other scales such as life satisfaction scales, family content, and strategies to encounter with stress (18). The findings of another study about psychometrics of the family needs scale for Iranian families (472 couples) indicated the reliability and validity of this scale and determined 5 major needs, including psycho-emotional needs, material-economic needs, physical health needs, recreational-entertainment needs, and educational-training needs (19). The results of the research investigating the nursing and care needs of the family of psychiatric patients after being discharged from the psychiatric hospital indicated that majority of psychiatric patients’ families reported some needs such as regular counseling by a specialist, care provision in the community, post discharge follow-up, educating the patient and family, and psychological and social rehabilitation (20). Regarding the wide spectrum of needs, and based on previous researches, the psychiatric needs of the spouses of patients with substance use disorder were investigated in this study. Most of the studies in assessing and evaluating the needs of the family are studies conducted outside Iran and influenced by the social and cultural factors governing those societies. Considering the limited number of Iranian studies, especially on the spouses of substance users, and serious health threatening and cost burden effect of substance-related disorders on substance users, family, friends and the community, this study investigated the psychiatric needs of spouses of patients with substance use disorder.

Materials and Methods

This is a qualitative study applying content analysis approach to evaluate the needs of the spouses of patients with substance use disorder. In this study, the subjects were the spouses of the patients using substance who were treated at Iran Psychiatric Hospital. Inclusion criteria were presence of a person with substance use disorder in the family diagnosed with DSM-V criteria and a psychiatrist's opinion and medical record confirming the problem, at least one year of substance use history, and being married and living with the spouse. Exclusion criteria included having chronic physical disorders, such as cancer, kidney related diseases and primary psychotic disorder and bipolar disorder.

Purposeful sampling was done and continued until information saturation, *i.e.* not receiving new information, and the benchmark was repetition of the received information in the last three interviews. In order to collect data, a demographic data collection form was provided to be completed by participants and semi-structured interviews were used. The interviews were conducted by a senior clinical psychologist. The time and place of the interview based on the agreement with the participants were arranged in the consulting room of the addiction center of Iran Psychiatric Hospital. Initial interviews began with guiding questions which were obtained by investigating the previous literature. In following interviews, in addition to these questions, the information obtained from the previous interviews was also used and probing questions were applied to obtain deeper information. The interview duration was 40 to 60 minutes. The interviews were recorded and written on the paper word by word and then were checked again with the recorded information. While reading each interview transcript, the emotions of participants were coded and written on the margin of each interview transcript. Each of the above primary codes was evaluated using constant comparative method in a repeatable process with other codes of the same interview; also, they were compared with the codes of the previous interview and were temporarily placed in one of the experimental categories based on conceptual similarities which were suggested by researchers over time. In fact, codes with the similar concept were placed together in one category and subcategories were formed. During the axial coding,

the relation between categories and subcategories was evaluated. Continuing this process led to the creation of new categories, integration of previous categories, or substitution of a code from one category for another. Using the Lincoln and Guba's quadratic criteria (Credibility, dependability, confirmability, and transferability) (21), the accuracy and consistency of data were checked. The long-term participation of researchers and allocation of sufficient time for data collection (3 months) and the active participation of other members of the research team at all stages of data collection, data analysis and interpretation, besides the main researcher, helped to the credibility of data. Likewise, the full transcript of some encoded interviews was provided to the participants to evaluate the consistency of the concepts with their intention (22). For this purpose, some participants were asked to compare the codes allocated to the content of the interview with the original transcript and compare their understanding with that of the researcher. In order to evaluate the dependability (Reliability) of the data, another researcher read some of the interviews within several days and coded them again, and the results were compared with the first coding. In this way, by obtaining common codes, data dependability was confirmed. Likewise, in addition to the members of the research team, two experts in qualitative research were asked to code interview transcript. Then, congruence between the given codes was investigated. Moreover, several initial interviews after coding were given to the qualitative researchers to comment on how to ask questions and the process of coding. Therefore, the provided suggestions were considered in the subsequent interviews. In order to ensure the confirmability of the findings, all phases of the research were documented and presented to the qualitative researcher. Therefore, the consistency of the meanings and obtained codes was evaluated. In order to increase the transferability, all of the research processes and the performed actions in the study procedure were documented precisely to provide the possibility of following the research procedure based on the characteristics of the studied population.

Results

In this study, 16 spouses of patients were interviewed. All of the participants in this interview were female,

and substance users were diagnosed according to the DSM-V criteria and according to the opinion of psychiatrist together with their medical records.

The age range of substance users in this study was 30 to 51 years. Half of them were unemployed and the rest were employed. Their educational level varied. Out of the total interviews, 38 initial codes were obtained that were categorized into 6 main concepts and 18 sub-concepts in the analysis process (Table 1). Concepts that represent the biopsychosocial-spiritual

needs of the spouses of patients with substance use disorder are listed in table 1.

Discussion

Generally, the results of this study indicated that the basic needs of the spouses and other family members of the addicted individual were neglected by the patient. However, according to the definition of family structure, responding to the basic needs of family members is crucial (1,23,24).

Table1. Coding psychological needs

Code	Subcategories	Categories
Neglecting the entertainment of family Neglecting the respect among the family members Neglecting the affectional needs of the spouse Neglecting marital commitment Neglecting marital and sexual responsibilities Neglecting the paternal responsibilities Neglecting the affectional needs of children	The rights of the spouse The rights of the children The family rights	Neglecting reciprocal roles and rights
Lack of responsibility in personal affairs Lack of responsibility in family affairs Lack of responsibility in family contribution	Personal Toward the family members	Lack of responsibility
Lack of authority Lack of foresight Unwillingness toward treatment Lack of effort to fulfil life goals	Passivity Inability to make decisions No effort	Lack of motivation
Pertinacity Behavioral-emotional instability Lack of gratitude Selfishness and self-centeredness Imagining Inordinate expectation Not accepting criticism Punctuality Dishonesty Isolation	Behavioral Cognitive Emotional	Psychiatric changes due to substance use
Proper employment Neglecting the peace in the family Labelling and social stigma Neglecting the financial needs of the spouse Neglecting the financial needs of children	Financial security Social security Peace and physical security	Feeling of insecurity
Lack of empathy and mutual understanding Lack of cordial relations between family members Lack of verbal and nonverbal communication with the spouse Not visiting relatives Not receiving support from the family of the spouse of substance user Family problems of the spouse of the user Lack of successful social relations Too much attention toward the friends Communicating with high risk individuals	Family members Relationship with relatives Social communication Friends	Defective communication

Respecting the rights of the family members, accepting responsibility, motivational needs, planning, targeting and striving for their family's quality of life, stability and mental health, emotional and behavioral health, providing physical, financial, and social security for family members, communication and interaction with the family, friends and acquaintances, are among the typical unsatisfied needs of family members. These findings are in line with previous researches which indicated that the family structure of the addicted individual is mostly damaged by substance dependence, and this damage is primarily life-threatening for spouse and children (25-27). Considering the previous researches on the family problems of addicted patients, particularly educational and emotional problems of children and their psychiatric and physical illnesses, it can be concluded that lack of needs satisfaction of family members and neglecting their rights and lack of accepting responsibility all aggravate the family condition (27-29).

Another important point is that in addition to the addicted individual, the family members of them also need treatment and counseling (30,31). In this regard, the present study indicated that families of these patients, due to their specific needs, require family and psychological intervention as they suffer from social isolation, anxiety, and depression due to effects of labelling and social stigma (32,33).

Conclusion

The present study paves the way in better understanding of the needs of the spouses of patients with substance use disorder, and enables the specialists in this area to adjust the treatment according to each individual patient and evaluate emerging patient related issues and challenges as well. In this regard, various studies have indicated that the treatment will be more effective if each patient is recognized individually, the family is educated, and family-level interventions are provided (34). This study indicates the inextricable association between the illness of individuals and their inhibitions in larger scales. In fact, if the patient is treated successfully but his/her surrounding conditions are not optimal for his/her living, the risk of recurrence of symptoms of illness will be increased (35).

The study had several limitations. First, the association between various needs and their potential influence were not investigated in this study. For example, it is not clear whether lack of responsibility of the individual has an impact on the financial security need of the family.

Future studies can be implemented to determine the potential effects between different needs and the factors that might influence the relationship between different needs.

References

1. Ingoldsby BB, Smith SR, Miller JE. Exploring family theories. Portland, OR: Roxbury Pub Co.; 2004. 273 p.
2. Samania S. Family process and content model: A contextual model for family studies. *Procedia-Social and Behavioral Sciences* 2011;30:2285-92.
3. Hung HL, Altschuld JW. Challenges in needs assessment: The head start needs assessment national analysis. *Eval Program Plann* 2013;38:13-8.
4. Altschuld JW, Kumar DD. Needs assessment: An overview. USA: SAGE Publications, Inc.; 2010.
5. Polit DF, Beck CT. Nursing research: Generating and assessing evidence for nursing practice. USA: Lippincott Williams & Wilkins; 2008. 796 p.
6. Organization WH. The World Health Report 2001: Mental health: new understanding, new hope: World Health Organization; 2001.
7. Gaber AJ. Meta-needs assessment. *Eval Program Plann* 2000;23(2):139-47.
8. Bar-On E, Peleg K, Kreiss Y. Needs assessment. *Field Hospitals: A Comprehensive Guide to Preparation and Operation*. 1st edition. UK: Cambridge University Press; 2020. 342 p.

9. Al-Khabbaz E, Nkosi B, Nakawesi JS. Holistic Assessment. *Children's Palliative Care: An International Case-Based Manual*. Switzerland AG: Springer; 2020. p.39-49.
10. Holden J, Harrison L, Johnson M. Families, nurses and intensive care patients: a review of the literature. *J Clin Nurs* 2002;11(2):140-8.
11. Sari A, Duman ZÇ. Experiences of family caregivers of individuals with chronic psychiatric illness in Turkey: A qualitative study. *J Psychosoc Nurs Ment Health Serv* 2020;58(3):38-46.
12. Bukhari SR, Abbasi UZ, Ghani MU, Ashraf W, Afzal A. Quality of life and caregiver burden among caregivers of patients with psychiatric disorders. *Rawal Med J* 2020;45(3):565-8.
13. Di Sarno M, De Candia V, Rancati F, Madeddu F, Calati R, Di Pierro R. Mental and physical health in family members of substance users: A scoping review. *Drug and Alcohol Dependence* 2020;219:108439.
14. Geyen DJ, Bailey RK. Substance Abuse and Intimate Partner Violence. In: Bailey, Rahn Kennedy (Ed.). *Intimate Partner Violence: An Evidence-Based Approach*. Switzerland AG: Springer International Publishing; 2021. p. 127-35.
15. Lin YA, Hedeker D, Ryan J, Marsh JC. Longitudinal analysis of need-service matching for substance-involved parents in the child welfare system. *Children and Youth Services Review* 2020;114:105006.
16. Marsh JC, Cao D, Guerrero E, Shin HC. Need-service matching in substance abuse treatment: Racial/ethnic differences. *Eval Program Plann* 2009;32(1):43-51.
17. Cleary M, Hunt GE, Matheson S, Walter G. The association between substance use and the needs of patients with psychiatric disorder, levels of anxiety, and caregiving burden. *Archives of Psychiatric Nursing* 2008;22(6):375-85.
18. Zarnaghash M, Samani S. [Developing a family needs scale]. *Journal of Behavioral Sciences*. 2011;5(3):203-8. Persian.
19. Nasiri H, Samani S. [Developing a reliable and valid family needs scale for Iranian families]. *J Family Research* 2008;4(2):109-22. Persian.
20. Zoladi M, Afroughi S, Nooryan K, Kharamin S, Haghgoo A, Parandvar Y. Applying collaborative care model on intensive caregiver burden and resilient family caregivers of patients with mental disorders: A randomized controlled trial. *Iran J Psychiatry* 2020;15(1):17-26.
21. Lincoln YS, Guba EG. *Naturalistic inquiry* (vol. 75). Thousand Oaks, CA: Sage Publications; 1985.
22. Corbin J, Strauss A. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. USA: Sage publications; 2014. 456 p.
23. Duba D, Jill D, Graham MA, Britzman M, Minatrea N. Introducing the "Basic Needs Genogram" in reality therapy-based marriage and family counseling. *Int J Reality Therapy* 2009;28(2):15-9.
24. Lo Cricchio MG, Costa S, Liga F. Adolescents' well-being: The role of basic needs fulfilment in family context. *Br J Dev Psychol* 2021 Mar;39(1):190-204.
25. Arcidiacono C, Velleman R, Procentese F, Albanesi C, Sommantico M. Impact and coping in Italian families of drug and alcohol users. *Qualitative Research in Psychology* 2009;6(4):260-80.
26. Christoffersen MN, Sothill K. The long-term consequences of parental alcohol abuse: a cohort study of children in Denmark. *J Subst Abuse Treat* 2003;25(2):107-16.
27. Jokinen T, Alexander EC, Manikam L, Huq T, Patil P, Benjumea D, et al. A systematic review of household and family alcohol use and adolescent behavioural outcomes in low-and middle-income countries. *Child Psychiatry Hum Dev* 2020:1-17.
28. Chuang E, Wells R, Bellettiere J, Cross TP. Identifying the substance abuse treatment needs of caregivers involved with child welfare. *J Subst Abuse Treat* 2013;45(1):118-25.
29. Valentine K, Smyth C, Newland J. 'Good enough'parenting: Negotiating standards and stigma. *Int J Drug Policy*

2019;68:117-23.

30. Tyo MB, McCurry MK. An integrative review of measuring caregiver burden in substance use disorder. *Nurs Res* 2020;69(5):391-8.

31. Su Z, Zhou Z, Gelfond J. Understanding the impact of patients' disease types on caregiving time and caregiver burden: An analysis of the health information national trends survey. *Research Square* 2020.

32. Avery JD, Avery JJ. *The stigma of addiction: An essential guide*: Springer; 2019.

33. Park S, Park KS. Family stigma: A concept analysis. *Asian Nursing Research* 2014;8(3):165-71.

34. Rolland B, D'Hondt F, Montègue S, Brion M, Peyron E, de Ternay JDA, et al. A patient-tailored evidence-based approach for developing early neuropsychological training programs in addiction settings. *Neuropsychol Rev* 2019;29(1):103-15.

35. Rentala S, Ng SM, Chan CLW, Bevoor P, Nayak RB, Desai M. Effect of holistic relapse prevention intervention among individuals with alcohol dependence: a prospective study at a mental health care setting in India. *J Ethn Subst Abuse* 2020 Jul 20;1-21.