

Examining the Role of Women's Coping Strategies and Interaction Patterns in Spousal Addiction: A Qualitative Study

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Abstract

Objective: The objective of this study was to examine the role of women's coping strategies and interaction patterns in their husbands' addiction.

Methods and Materials: The present study employed a qualitative design using an interpretative phenomenological approach. Among married women residing in Tehran who had sought counseling and psychotherapy services in the city of Tehran due to their husbands' substance use disorder and whose husbands had a history of substance abuse exceeding one year, 26 participants were selected through purposive sampling and interviewed. The interviews were analyzed using Diekelmann, Allen, and Tanner's interpretative phenomenological analysis method.

Findings: Analysis of the participants' lived experiences led to the identification of two main themes and nine subthemes: (1) Ineffective coping strategies: destructive conflict, absolute ignoring, excessive blaming, and pathological internalization; (2) Destructive and facilitating interaction patterns: avoidant pattern, conflicting pattern, coercive pattern, mutual avoidance pattern, and excessively demanding pattern.

Conclusion: Elucidating these factors not only enhances knowledge and awareness regarding the reasons for and mechanisms through which women influence their spouses' inclination toward substance use and its persistence and escalation, but also reveals that focusing on women and improving certain intrapersonal and interpersonal aspects of their functioning can complement preventive and therapeutic programs in the field of men's addiction.

Keywords: *Addiction; men; women; interaction pattern; coping strategy; qualitative.*

1. Introduction

Substance use disorders continue to impose substantial and multidimensional burdens on individuals, families, and health systems, with consequences that extend beyond the person who uses substances to reshape relational

functioning, parenting, economic stability, and psychological well-being within the household (Fonseca et al., 2021; Johannessen et al., 2023). Contemporary addiction science increasingly conceptualizes substance use not only as an individual clinical condition but also as a relational and systemic phenomenon, in which family dynamics, social

contexts, and dyadic processes can contribute to onset, escalation, relapse, and recovery trajectories (Salvatore et al., 2023; Weiss et al., 2021; Zeng & Tan, 2022). In this view, intimate partnerships are not peripheral to addiction; rather, they can be central arenas where vulnerability accumulates or resilience is mobilized, particularly when exposure to chronic stressors, stigma, and interpersonal conflict converges with limited access to effective support (Motyka et al., 2022; Sobol-Goldberg et al., 2024).

Research addressing risk and protective factors has repeatedly shown that addiction-related outcomes are shaped by a set of interlocking determinants spanning individual psychopathology, developmental timing, family functioning, and broader social environments (Chaman et al., 2020; Mohammadzadeh & Jangi, 2023; Steinfeld & Torregrossa, 2023). Adolescence, for example, is a developmentally sensitive period in which early substance exposure can disrupt neurodevelopmental trajectories and increase later psychosocial impairment, thereby affecting future relationship formation and stability (Steinfeld & Torregrossa, 2023). Parallel lines of evidence emphasize how family communication patterns, conflict regulation, and school–family ecology can strengthen or weaken youth resistance to substance-related risk, creating pathways that persist into young adulthood and partnership contexts (Kialha, 2022; Naghshbandi & Amini, 2023; Ostad Rahimi & Fathi, 2021; Yazdani Gachini & Mahmoudi, 2022). At the dyadic level, the transition to marriage, the quality of marital adjustment, and exposure to relational stressors such as separation or divorce have been linked to the onset and course of drug misuse, indicating that relationship processes can function as both antecedents and consequences of substance involvement (Edwards et al., 2018; Salvatore et al., 2023).

Gender-sensitive scholarship further underscores that addiction is experienced, interpreted, and managed differently across women and men, with distinct patterns of stigma, help-seeking, and exposure to interpersonal violence and coercion (Fonseca et al., 2021; Mehr et al., 2022; Sattler et al., 2021). Women who live with substance-dependent partners often bear disproportionate caregiving responsibilities, psychological strain, and social judgment, while also navigating constrained resources and reduced autonomy in decision-making (Motyka et al., 2022; Rao et al., 2022; Sobol-Goldberg et al., 2024). Stigma is not simply an external social force; it shapes self-appraisals, social participation, and willingness to engage services, and it can particularly intensify for women through moralized

narratives about femininity, respectability, and family reputation (Sattler et al., 2021; Sobol-Goldberg et al., 2024). Within such gendered social messaging, women may be positioned simultaneously as responsible for maintaining family cohesion and blamed for relational “failures,” a tension that can influence the coping strategies they adopt and the interaction patterns they develop in intimate relationships (Fonseca et al., 2021; Sobol-Goldberg et al., 2024).

The psychological burden on women partnered with men who use substances is well documented. Cross-sectional multisite evidence indicates elevated physical and mental health problems among women whose spouses inject drugs, suggesting that spousal substance use can be a powerful social determinant of women’s health (Rao et al., 2022). In addition to generalized distress, relational domains such as marital satisfaction, emotional security, and dyadic stability may deteriorate under the combined weight of chronic conflict, financial insecurity, and unpredictability associated with ongoing substance use (Haghparast et al., 2023; Johannessen et al., 2023). Couple burnout, characterized by emotional exhaustion, detachment, and decreased intimacy, has been shown to relate to a partner’s substance dependency, highlighting a plausible pathway by which sustained relational strain may perpetuate cycles of dysregulation and maladaptive coping within the couple system (Haghparast et al., 2023). At the same time, the association between substance use and intimate partner abuse is increasingly conceptualized as involving multiple pathways and reciprocal reinforcement, in which aggression, control, and coercive dynamics may intensify substance-related harm and impede help-seeking and recovery processes (Gilchrist et al., 2023; Mehr et al., 2022; Weiss et al., 2021).

A key theoretical and empirical anchor for understanding these dyadic dynamics is emotion regulation. Systematic review and meta-analytic evidence indicates that emotion regulation difficulties are prevalent in substance use disorders and are meaningfully associated with symptom severity and functional impairment, supporting models in which substance use becomes an externally oriented strategy to modulate aversive affect states (Stellern et al., 2023). Within intimate relationships, emotion regulation is not solely an individual capacity; it can be co-regulated, disrupted, or reinforced through partner responsiveness, conflict behaviors, and attachment-related patterns of proximity seeking or withdrawal (Villalba et al., 2023; Weiss et al., 2021). Dyadic analyses among couples affected

by intimate partner violence and alcohol use disorder suggest that emotional processes and relational patterns interact in complex ways, implying that what one partner does in moments of distress can shape the other partner's risk-relevant behaviors, including substance use and escalation of conflict (Mehr et al., 2022; Weiss et al., 2021). These findings collectively justify a closer examination of women's coping strategies and interaction patterns as potentially consequential variables in spousal addiction trajectories.

Coping strategies adopted by women in high-stress marital contexts may include confrontation, withdrawal, appeasement, or attempts to control the partner's behavior. When these strategies become rigid, extreme, or poorly matched to situational demands, they may inadvertently intensify relational distress and contribute to a relational climate in which substance use is maintained as an avoidant or compensatory behavior. Empirical work on codependency and relational self-structure is particularly relevant in this regard. A predictive model among women with addicted husbands has linked codependency to self-differentiation through the mediating role of emotion regulation, indicating that weaker differentiation and less adaptive regulatory capacities may increase the likelihood of overinvolvement, control attempts, and self-sacrificing patterns that sustain dysfunctional dyadic cycles (Karimi Harz Abadi et al., 2022). In parallel, evidence on early maladaptive schemas among women with substance use disorder illustrates how enduring cognitive-emotional patterns may shape relationship expectations and coping responses, potentially rendering certain interaction patterns more probable in the face of marital adversity (Pirvand Bori et al., 2021). Schema-based perspectives are further supported by intervention findings showing that schema therapy can improve differentiation in women with addicted husbands, consistent with the idea that targeting deep cognitive-emotional structures may shift relational patterns and reduce maladaptive coping (Estaki Organi & Gorji, 2023).

Attachment theory similarly offers a robust lens for interpreting women's coping and interaction patterns in the context of spousal addiction. Insecure attachment has been associated with drug misuse among women, suggesting that attachment-related anxieties or avoidant strategies may heighten vulnerability to dysregulated coping and maladaptive interpersonal strategies (Fridman, 2019). Moreover, adult attachment patterns have been linked to forms of relational dependency and self-esteem processes,

indicating that attachment insecurity can shape how individuals respond to perceived threats of abandonment, rejection, or loss of control within close relationships (Gori et al., 2023). In marriages affected by addiction, attachment insecurities may be activated by secrecy, relapse episodes, and emotional unavailability, thereby increasing the likelihood of escalation, withdrawal, or controlling behaviors that can further destabilize the dyadic system and indirectly facilitate continued substance use (Haghparast et al., 2023; Weiss et al., 2021).

Another salient relational domain affected by substance use is intimacy, particularly sexual intimacy and functioning. Substance use disorders are associated with sexual dysfunction through physiological effects, relationship stress, and comorbid mental health problems, which can undermine dyadic closeness and increase conflict and avoidance (Ghadigaonkar & Murthy, 2019; Jepsen et al., 2023). Protocol-level work examining hypersexual and hyposexual behaviors among individuals with alcohol and substance use disorders emphasizes the role of traumatic experiences and problematic sexual behavior, indicating that sexuality-related difficulties may both reflect and amplify broader patterns of dysregulation within couples (Jepsen et al., 2023). In the specific context of wives of addicted men, clinical intervention studies have demonstrated that targeted psychotherapies can improve sexual intimacy and reduce marital instability, underscoring the clinical relevance of relational processes and the modifiability of dyadic functioning even under severe stressors (Mir Arab Reza et al., 2023). Complementary evidence indicates that meaning-oriented group interventions can reduce depression and improve quality of life among women with addicted husbands, suggesting that psychological resources and cognitive reappraisal processes can buffer relational strain and potentially reshape coping styles (Taheri et al., 2022).

The broader context in which spousal addiction unfolds has also changed in recent years. The COVID-19 pandemic altered patterns of substance use, service access, and psychosocial stress, thereby reshaping the risk environment for families and increasing barriers to timely care for both individuals with substance use disorders and affected family members (Leahy & Caverly, 2022). Structural vulnerability—such as housing instability and criminal justice involvement—has been linked to differential trends in treatment utilization over time in the United States, highlighting that access to care is uneven and may be influenced by social and legal contexts that also interact with family stressors (Shearer et al., 2022). In addition, digital

interventions for substance use disorders have expanded rapidly, particularly among young people, creating novel pathways for engagement while also raising questions about equity, acceptability, and family involvement in treatment processes (Monarque et al., 2023). These shifts reinforce the importance of understanding relational mechanisms and family-level facilitators or barriers to change, as prevention and intervention increasingly rely on multi-level strategies.

Although spousal addiction is often discussed in terms of the husband's substance use and the wife's distress, emerging work suggests that spouses may exert mutual influences that extend beyond simple "support" or "burden" narratives. Social genetic research has introduced the concept of spousal social genetic effects for drug use disorder, underscoring that partners can influence each other's substance-related outcomes through shared environments, assortative mating, and ongoing reciprocal processes (Salvatore et al., 2023). This does not imply determinism, but it supports a model in which spousal interaction patterns, coping behaviors, and the relational climate are plausible contributors to initiation, maintenance, and relapse risk. From this standpoint, women's interpersonal behaviors may sometimes function as unintended facilitators of continued use (e.g., through avoidance, normalization, coercive control, or chronic hostility), even when the women's intentions are to protect the family or motivate change. Qualitative research is particularly well suited to clarify such mechanisms because it can capture lived experience, contextual nuance, and meaning-making processes that are not easily reducible to standardized measures (Johannessen et al., 2023; Shoa Kazemi et al., 2025).

Recent qualitative evidence directly aligned with the present topic has highlighted women's interpersonal facilitators in spousal addiction and has documented how relational interactions may contribute to maintaining addiction within marriage (Shokri et al., 2025). Related qualitative work focusing on women overcoming addiction and self-harming behaviors illustrates how lived experiences, identity processes, and relational contexts shape trajectories of change, offering further justification for examining women's coping and interaction patterns in a detailed, experience-near manner (Shoa Kazemi et al., 2025). At the same time, broader addiction research in diverse settings continues to underscore the burdens borne by women, the barriers they face, and the necessity of gender-responsive services that incorporate relational realities rather than treating addiction as an isolated

intrapsychic condition (Fonseca et al., 2021; Madaki, 2023; Motyka et al., 2022).

It is also important to situate spousal addiction within a wider psychosocial ecology that includes education, health literacy, and gendered developmental experiences. Although not specific to addiction, evidence on knowledge, attitudes, and practices related to menstrual hygiene among girls underscores how gendered health education and culturally mediated norms can shape women's agency and well-being across the life course, with potential downstream effects on coping and help-seeking in adulthood (Shah et al., 2023). Similarly, broader developmental and mental health roadmaps emphasize that youth mental health should be approached through integrated paradigms addressing prevention, early intervention, and social determinants, which is relevant to addiction given its frequent developmental origins and comorbidity with mental health problems (Steinfeld & Torregrossa, 2023; Uhlhaas et al., 2023). Family functioning and communication remain central in these paradigms, and relapse vulnerability has been linked to family processes through mediated pathways, supporting the importance of dyadic and family-level mechanisms in addiction maintenance (Ostad Rahimi & Fathi, 2021; Zeng & Tan, 2022).

Despite these advances, important gaps remain. Much of the quantitative literature focuses on individual-level predictors of addiction tendency among adolescents or young adults, including psychological disturbances and indices of family health, but provides limited insight into how adult marital interaction patterns develop, stabilize, and become linked to substance use escalation over time (Mohammadzadeh & Jangi, 2023; Naghshbandi & Amini, 2023; Yazdani Gachini & Mahmoudi, 2022). Moreover, while studies have documented the needs and barriers of women with drug addiction, fewer have addressed women who are not themselves using substances but are living with a partner's addiction and may engage in coping and interaction patterns that inadvertently facilitate continued use (Motyka et al., 2022; Rao et al., 2022). There is also a need to integrate clinically meaningful constructs—such as differentiation, schemas, attachment, emotion regulation, and intimacy—into a coherent account of how women's intrapersonal processes translate into observable interaction patterns within marriages affected by addiction (Estaki Organi & Gorji, 2023; Gori et al., 2023; Karimi Harz Abadi et al., 2022; Mir Arab Reza et al., 2023; Stellern et al., 2023). Finally, as identity roles such as motherhood can influence women's engagement in treatment and their meaning-

making around substance-related issues, spousal contexts should be examined with sensitivity to identity-based pressures and expectations that may shape coping strategies, self-sacrifice, and help-seeking (Adams et al., 2021; Sobol-Goldberg et al., 2024).

Accordingly, a qualitative inquiry that centers women's lived experiences can advance the field by clarifying which coping strategies and interaction patterns are perceived as influential in the husband's addiction trajectory, how these patterns are embedded in cultural and relational meanings, and which mechanisms appear to sustain or intensify substance use within the marital system. By documenting maladaptive coping (e.g., chronic conflict, extreme withdrawal, pervasive blaming, or internalization) and destructive or facilitating interaction patterns (e.g., unilateral or mutual avoidance, coercive staying, or excessive demands), qualitative research can generate practice-relevant insights for couple-focused prevention and intervention, complementing emerging evidence on relationally oriented therapies and gender-responsive support services (Fonseca et al., 2021; Mir Arab Reza et al., 2023; Taheri et al., 2022). Such an approach also aligns with calls to treat addiction and associated mental health burdens through integrated frameworks that address relational contexts and the lived realities of affected family members (Johannessen et al., 2023; Uhlhaas et al., 2023).

The present study aimed to explore the role of women's coping strategies and interaction patterns in the initiation, continuation, and escalation of their husbands' substance use.

2. Methods and Materials

The present study was conducted using a qualitative approach and a descriptive phenomenological design. Interpretive phenomenology is one of the most widely used qualitative designs, developed and expanded with the aim of identifying the depth of human experiences surrounding the realities under investigation. The primary purpose of this research design is to focus on individuals' inner and

phenomenological worlds in order to uncover the phenomenon of interest from their own perspectives (Gall et al., 2015). Within this design, the researcher seeks to clarify the experiences under study by attending to both the explicit and implicit statements of the interviewees. A fundamental prerequisite for employing this design is determining whether the phenomenon the researcher intends to examine requires detailed description and clarification.

The participant population of this study consisted of all women who had referred to counseling and psychotherapy centers in the city of Tehran due to their husbands' substance addiction and whose husbands had a history of substance abuse exceeding one year. The sampling method used in this study was purposive sampling. The sample size was determined based on the principle of data saturation. The interview process continued until the obtained information reached saturation. Data saturation occurred at the twentieth interview, and in order to ensure saturation, the researcher conducted six additional interviews, all of which confirmed data saturation and the absence of new emergent information. In the present study, based on the research objectives and in order to obtain the richest possible data, participating women were selected from diverse regions, age groups, educational levels, and occupational backgrounds.

The inclusion criteria for participation in this study were as follows: being a resident of Tehran; having a husband with a history of substance addiction exceeding one year; not being divorced or in the process of divorce; willingness to participate in the interview; possessing mental health (as assessed by the researcher during counseling conversations and clinical interviews); not using psychiatric medications; having at least a middle school level of education; and not concurrently participating in another educational or therapeutic program. The exclusion criteria were as follows: concealment and lack of cooperation with the interviewer; non-attendance in subsequent interview sessions (as interviews with some participants extended beyond two sessions); and failure to review the extracted exploratory findings for the researcher's verification of their accuracy after data extraction.

Table 1

Demographic Characteristics of Participants

No.	Gender	Age	Education	Occupation	Marital Status	Number of Children	Age at Marriage	Onset of Substance Use	Treatment and Abstinence History	Type of Substance
1	Female	38	Diploma	Homemaker	Married	–	18	After marriage	–	Opioid
2	Female	47	Diploma	Homemaker	Married	2	20	Before marriage	–	Opioid
3	Female	40	Bachelor's	Service worker	Married	1	18	After marriage	2	Stimulant
4	Female	31	Diploma	Homemaker	Married	1	15	After marriage	1	Opioid
5	Female	41	Master's	Employee	Married	2	20	Before marriage	2	Stimulant
6	Female	39	Master's	Employee	Married	2	12	After marriage	1	Opioid
7	Female	36	Middle school	Homemaker	Married	1	16	After marriage	–	Opioid
8	Female	33	Diploma	Hairdresser	Married	1	10	After marriage	2	Stimulant
9	Female	40	Bachelor's	Employee	Married	2	19	After marriage	1	Opioid
10	Female	42	Master's	Employee	Married	2	24	Before marriage	1	Opioid
11	Female	29	Middle school	Tailor	Married	1	6	Before marriage	1	Stimulant
12	Female	27	Diploma	Hairdresser	Married	–	3	After marriage	–	Opioid
13	Female	30	Bachelor's	Homemaker	Married	1	4	After marriage	3	Opioid
14	Female	38	Master's	Employee	Married	3	18	After marriage	5	Opioid
15	Female	36	Master's	Homemaker	Married	1	16	Before marriage	2	Stimulant
16	Female	28	Middle school	Nail technician	Married	1	4	After marriage	4	Opioid
17	Female	45	Diploma	Service worker	Married	3	19	Before marriage	6	Stimulant
18	Female	36	Bachelor's	Employee	Married	1	8	After marriage	5	Opioid
19	Female	33	Diploma	Service worker	Married	2	7	After marriage	2	Stimulant
20	Female	28	Middle school	Homemaker	Married	–	4	After marriage	–	Opioid
21	Female	41	Diploma	Service worker	Married	2	14	After marriage	–	Stimulant
22	Female	46	Master's	Homemaker	Married	1	16	Before marriage	2	Stimulant
23	Female	39	Middle school	Homemaker	Married	2	12	After marriage	–	Stimulant
24	Female	50	Diploma	Tailor	Married	3	22	After marriage	–	Opioid
25	Female	57	Bachelor's	Employee	Married	2	23	After marriage	–	Stimulant
26	Female	51	Master's	Employee	Married	3	29	Before marriage	1	Opioid

According to the information presented in the table above, all interviewees were female. Their mean age was approximately 38.5 years. The minimum level of education was middle school and the maximum was doctoral level. Eight participants were homemakers, while the remaining participants were employed in administrative or service occupations. All participants were married, and the mean age at marriage was 16 years. Eight participants' husbands

initiated substance use after marriage, while the remainder had been involved with substances prior to marriage. Three participants had no children, while the others had at least one child. Nine participants reported no prior attempts at cessation, whereas the remaining participants reported between one and six prior attempts. Fifteen participants' husbands used opioids, and the remaining participants' husbands used stimulant substances.

In this study, data were collected using in-depth, semi-structured interviews. During this process, the researcher reviewed the theoretical and empirical literature on addiction and the role of women in their spouses' addiction. Based on this foundation, general interview questions were developed to initiate the interview process. To assess the quality and validity of these questions, they were reviewed by academic supervisors and advisors, and their feedback was incorporated to refine the interview protocol. The interviews began with broad questions regarding the husband's addiction and its dimensions, such as "How did your husband become addicted?", "What factors contributed to his substance use?", "What was your role in your husband's addiction?", and "What actions did you take that made it less likely for your husband to turn to substance use?". Subsequently, exploratory probes such as "Can you explain more?" were used to obtain more comprehensive and clarified information.

A total of 26 semi-structured interviews were conducted with women whose husbands had substance addiction, with each interview lasting between 60 and 120 minutes. The time and location of the interviews were predetermined by the researcher in agreement with the participants. Some interviews extended across more than one session in order to obtain more comprehensive data and to complete the collected information. Data were collected, transcribed, coded, and categorized into subthemes and main themes over a six-month period. All interviews were audio-recorded and, after transcription and documentation, were subjected to detailed analysis. This study was derived from a doctoral dissertation in general psychology at Islamic Azad University, Science and Research Branch, Tehran. To adhere to ethical standards and protect participants' rights, after obtaining informed consent and explaining the study objectives, participants were assured that the interview content would remain strictly confidential and anonymous, and that confidentiality would be maintained in the reporting of the data. Participants were also informed that audio recordings would be deleted after completion of data analysis, article writing, and publication, and that they were free to withdraw from the study at any time and discontinue their participation.

For analysis of the interview data, Diekelmann, Allen, and Tanner's (1989) interpretative phenomenological analysis method was employed. In this approach, the researcher seeks to extract and discover themes aligned with the research objectives. Themes are broad representations that reveal the participants' subjective meanings regarding

the phenomenon under study (Gall et al., 2015). Initially, the recorded interviews were transcribed verbatim and written on manual sheets. The researcher repeatedly reviewed these transcripts to gain an overall understanding of their internal meanings. Subsequently, interpretive summaries of each interview and each question were generated, and efforts were made to uncover the underlying meanings. In the next stage, the researcher sought assistance from additional experts in qualitative analysis to achieve more comprehensive theme extraction and engaged in collaborative discussion and reflection.

As the interview and analysis process continued, the extracted themes became clearer and more comprehensive, and in some cases were merged with earlier themes. To clarify, categorize, and resolve interpretive inconsistencies, the researcher repeatedly returned to the original texts. At each stage, by integrating interpretive summaries, a more holistic analysis was conducted so that the relationships among interpretations and themes could ultimately lead to the most coherent final conclusions. Data thematization was carried out through systematic coding, continuous comparison, and integration of data. After extraction, coding, and classification, related and overlapping themes were combined into subthemes and main themes, while irrelevant themes were removed. To examine relationships among categories and achieve integration, both deductive and inductive reasoning were employed through constant movement between concepts, resulting in the final naming of meaning units, subthemes, and themes.

To examine the credibility and trustworthiness of the findings, the criteria proposed by Guba and Lincoln (1989) were applied. To ensure data credibility and accuracy, the analyst prioritized participants' statements and beliefs as the basis of analysis and minimized the influence of personal assumptions and perspectives during data collection and analysis, using them only to complement interpretive insights when necessary. To enhance credibility, the researcher established close and trusting relationships with participants, thereby reducing the likelihood of concealment or incomplete disclosure. Additionally, the researcher substantially improved interview skills prior to data collection through practice, repetition, and thorough mastery of the interview questions, thereby enhancing the internal validity and richness of the collected data.

To increase dependability of the findings, from the beginning of data collection through the final stage of analysis, in addition to ongoing supervision by the academic advisor (a professor of psychology at Islamic Azad

University, Science and Research Branch), the researcher also engaged an expert in qualitative analysis (PhD in counseling from the University of Isfahan). Their expertise substantially contributed to the stability of the coding process and the consistency of the findings. Finally, to ensure confirmability of the collected data, the researcher provided each participant with the extracted interpretive information from their interview and, after receiving their feedback regarding its accuracy, applied the necessary modifications.

3. Findings and Results

Analysis of the interviewees' statements (women with substance-dependent husbands) regarding the role of their

coping strategies and interaction patterns in their husbands' tendency toward addiction resulted in the emergence of 55 final meaning units, two main themes, and nine subthemes: (1) Ineffective coping strategies: destructive conflict, complete ignoring, excessive blaming, and maladaptive internalization; (2) Destructive and facilitating interaction patterns: avoidant pattern, conflictual pattern, coercive pattern, mutual avoidance pattern, and excessively demanding pattern. In what follows, after a general reference to the main themes, their subthemes are documented on the basis of illustrative quotations.

Table 2

Themes and Subthemes Derived From Analysis of the Role of Women's Coping Strategies and Interaction Patterns in Spousal Addiction

Final meaning units	Subthemes	Main theme
Verbal conflict, physical conflict, long-term silent treatment, undermining each other's beliefs, disparaging each other's families.	Destructive conflict	Ineffective coping strategies
Inattention to needs, inattention to wishes, disregarding efforts, devaluing the partner, conveying a sense of being "extra" or unwanted.	Complete ignoring	
Verbal attacks, negative labeling, humiliation, treating the partner as "nothing," discouraging change, demeaning the partner.	Excessive blaming	
Excessive rumination, not expressing needs, not expressing wishes, not expressing criticisms, not expressing sensitivities, not expressing resentments.	Maladaptive internalization	
Not talking, not requesting, pathological sulking, wishing not to see him, feeling relief when he is absent, negative triggers when seeing him, distancing, rejecting his efforts to maintain the relationship.	Avoidant pattern	Destructive and facilitating interaction patterns
Verbal–nonverbal denigration, verbal–nonverbal blaming, verbal–nonverbal mockery, verbal–nonverbal comparison, catastrophizing problems, undermining respect, undermining authority.	Conflictual pattern	
Staying for the children, staying to preserve social reputation, staying due to lack of support, staying due to lack of independence, staying due to fear of the future, staying due to fear of divorce.	Coercive pattern	
Mutual emotional neglect, mutual sexual neglect, mutual financial neglect, lack of attention to each other's suffering, both partners' desire for maximum distance.	Mutual avoidance pattern	
Excessive expectations for respect, excessive expectations for care, expecting excessive attention, expecting the partner to fix life alone, unrealistic financial expectations, unrealistic sexual expectations, blaming him for all problems, denying one's own role in problems, lack of support and companionship in life.	Excessively demanding pattern	

Analysis of the interviewees' statements regarding the role of women's coping strategies and interaction patterns in spousal addiction led to the identification of 55 final meaning units, two main themes, and nine subthemes: (1) Ineffective coping strategies: destructive conflict, complete ignoring, excessive blaming, and maladaptive internalization; (2) Destructive and facilitating interaction patterns: avoidant pattern, conflictual pattern, coercive pattern, mutual avoidance pattern, and excessively demanding pattern. These themes and their subthemes are presented comprehensively below and documented using participants' quotations.

1) Ineffective coping strategies

Ineffective coping strategies constituted the first main theme related to women and their role in driving and maintaining their husbands' substance use. Analysis of participants' statements regarding this theme was accompanied by the identification of four subthemes: destructive conflict, complete ignoring, excessive blaming, and maladaptive internalization. These subthemes are documented below based on interview quotations.

a) Destructive conflict: Fighting, arguing, and at times verbal and nonverbal attacks were among the ineffective coping strategies used by the participating women with their husbands. This subtheme, along with its components—verbal conflict, physical conflict, prolonged silent treatment,

undermining each other's beliefs, and disparaging each other's families—was identified in the analysis of interviewees' statements.

Participant No. 9 stated: "Both before his addiction and after it, we always had verbal arguments, swearing and... respect disappeared, and our closeness dropped to almost zero. I tried to fix him with my words, or for example push him toward quitting, but I didn't handle it well."

b) Complete ignoring: Another common ineffective coping strategy among participating women was complete ignoring of the partner. This factor, together with its components—disregarding needs, disregarding wishes, not acknowledging efforts, devaluing the partner, and conveying a sense of being unwanted—was identified in the analysis of interviewees' statements.

Participant No. 19 stated: "I was really inattentive to his needs, and he was the same. After he became addicted, my inattention got even worse. He always complained about this issue, especially when he wasn't using."

c) Excessive blaming: Another common ineffective coping strategy among the participating women was excessive blaming. This factor, together with its components—verbal attacks, negative labeling, humiliation, treating the partner as "nothing," discouraging change, and demeaning the partner—was identified in the analysis of interviewees' statements.

Participant No. 10 stated: "Yes, he tried to quit, but with my very harsh tongue I always discouraged him. He quit once and then went back. Now he's motivated again and I tell him don't waste money, it's useless."

d) Maladaptive internalization: Some of the interviewed women were strongly internalizing, meaning that they avoided expressing emotions, wishes, and even their thoughts within marital relationships. This ineffective coping strategy, together with its components—excessive self-directed distress (self-consuming rumination), not expressing needs, not expressing wishes, not expressing criticisms, not expressing sensitivities, and not expressing resentments—was identified in the analysis of interviewees' statements.

Participant No. 9 stated: "I don't tell him anything. Not my feelings, not what I want, not my hurt. The doctor says you've become obsessive because you've ruminated so much. I know clearly that I'm depressed. Well, do you think a man can rely on someone like that? Of course he drops her and goes down paths he shouldn't."

2) Destructive and facilitating interaction patterns

Destructive and facilitating interaction patterns constituted the second main theme related to women and their role in driving and maintaining their husbands' substance use. Analysis of participants' statements regarding this theme was accompanied by the identification of five subthemes: avoidant pattern, conflictual pattern, coercive pattern, mutual avoidance pattern, and excessively demanding pattern. These subthemes are documented below based on interview quotations.

a) Avoidant pattern: The first common but destructive communication pattern among interviewed women was the avoidant pattern. This pattern, together with its components—not talking, not requesting, pathological sulking, wishing not to see him, feeling relief when he is absent, negative triggers when seeing him, distancing, and rejecting his efforts to maintain the relationship—was reported by many interviewees.

Participant No. 5 stated: "I use every opportunity I have to distance myself from him, and this is very heavy for him. This distancing gave him room to do whatever he wanted. One of them was alcohol and pills."

b) Conflictual pattern: The conflictual communication pattern, along with its constituent dimensions—verbal–nonverbal denigration, verbal–nonverbal blaming, verbal–nonverbal mockery, catastrophizing problems, verbal–nonverbal comparison, undermining respect, and undermining authority—was another common and destructive pattern among the participating women.

- Verbal–nonverbal denigration:** Denigration through speech and even behavior was a characteristic disclosed by some interviewees in their accounts.

Participant No. 9 stated: "It's a very big issue, it's basically a crisis. It's impossible for him to quit. Yes, I always, like you say, make a mountain out of a molehill. So you're saying this also affected his using?"

c) Coercive pattern: Some interviewees described a distinct communication pattern that can be appropriately labeled a coercive pattern. This pattern, together with its components—staying for the children, staying to preserve social reputation, staying due to lack of support, staying due to lack of independence, staying due to fear of the future, and staying due to fear of divorce—was reported by many participants.

Participant No. 1 stated: "Why did I stay? Because of the child. There's a child, and he's become emboldened and keeps increasing his use. There's basically no hope he'll quit."

d) Mutual avoidance pattern: Mutual avoidance was another common destructive pattern among the interviewed women. While unilateral avoidance had been noted above, some women reported that both partners experienced mutual avoidance from the beginning of the marriage or shortly thereafter. This pattern, together with its components—mutual emotional neglect, mutual sexual neglect, mutual financial neglect, lack of attention to each other's suffering, and both partners' desire for maximum distance—was observed in some participants' accounts.

Participant No. 6 stated: "In our sexual relationship we got stubborn with each other. Neither I asked nor he did. And if either of us asked, the other would reject it. Well, this isn't a life—obviously it ends in addiction."

e) Excessively demanding pattern: At times, individuals may turn to destructive but temporarily soothing behaviors to escape a relationship filled with excessive demands and expectations—behaviors such as substance use. Some interviewed women described themselves as highly demanding and expectant. The excessively demanding pattern, like other communication patterns, included components such as excessive expectations for respect, excessive expectations for care, expecting excessive attention, expecting the partner to fix life alone, unrealistic financial expectations, unrealistic sexual expectations, blaming him for all problems, denying one's own role in problems, and lack of support and companionship in life.

Participant No. 15 stated: "Honestly, I had no role in any of the problems. Yes, I had flaws, but that doesn't mean he can turn around and say because of greed and... I became addicted! What does that have to do with anything?"

4. Discussion

The present qualitative findings delineated a coherent explanatory map of how women's coping strategies and dyadic interaction patterns may function as relational conditions that indirectly facilitate the initiation, maintenance, or escalation of husbands' substance use. Across interviews, two overarching themes—ineffective coping strategies and destructive/facilitating interaction patterns—were distilled from 55 final meaning units, suggesting that participants' lived experiences converged on a relational mechanism: when marital stress is managed through chronic conflict, emotional invalidation, avoidance, or rigid demands, the relationship climate becomes increasingly dysregulated and less supportive, thereby lowering the threshold for substance use as an avoidant, self-

soothing, or compensatory strategy. This overarching interpretation is consistent with gender-informed accounts emphasizing that addiction unfolds within social and relational ecologies, and that women partnered with substance-dependent men are frequently positioned within stress-saturated contexts shaped by stigma, diminished resources, and high caregiving burdens, all of which can amplify maladaptive coping and exacerbate dyadic strain (Fonseca et al., 2021; Rao et al., 2022; Sobol-Goldberg et al., 2024). The emergence of interactional patterns that were both "destructive" and "facilitating" also aligns with dyadic models highlighting bidirectional pathways between substance use and relational harm; relationship distress can increase substance use risk, while substance use can further erode intimacy, stability, and conflict regulation, resulting in a self-reinforcing cycle (Gilchrist et al., 2023; Mehr et al., 2022; Weiss et al., 2021).

Within the first theme, destructive conflict captured a pattern of recurrent verbal and, at times, physical confrontation, prolonged silent treatment, and mutual denigration of beliefs and families. From a relational-regulation perspective, persistent hostility and contempt are potent disruptors of dyadic safety and co-regulation, narrowing partners' capacity to mentalize and collaborate during stress. This finding is congruent with evidence that dyads affected by substance-related problems often exhibit emotion regulation failures that operate at both intrapersonal and interpersonal levels, creating conditions in which substance use is recruited to modulate affect or cope with relational distress (Stellern et al., 2023; Weiss et al., 2021). In couples where aggression or coercion is present, the salience of threat cues and hyperarousal may increase, intensifying dysregulated coping and thereby amplifying substance use risk (Gilchrist et al., 2023; Mehr et al., 2022). The present results add nuance by showing how women's conflict behaviors, even when motivated by attempts to "correct" or push toward quitting, can be experienced as escalatory and contribute to a climate of relational rupture, which may inadvertently make substance use more likely as a short-term emotion regulation strategy.

Complete ignoring emerged as another ineffective coping pattern, described as emotional inattention to needs and efforts, devaluation, and conveying a sense of being unwanted. This resembles relational disengagement and emotional neglect, which may undermine the couple's attachment bond and increase both partners' distress. Family-based research has emphasized that communication patterns and family functioning are linked to addiction-

related vulnerability, and the current findings extend such work by identifying neglectful or invalidating dyadic behaviors as salient lived-experience correlates in marriages affected by addiction (Kialha, 2022; Ostad Rahimi & Fathi, 2021; Zeng & Tan, 2022). From an attachment lens, perceived unresponsiveness can activate insecure strategies—either pursuit/anger or withdrawal—both of which can destabilize dyadic functioning and increase the attractiveness of external regulators such as substances (Fridman, 2019; Gori et al., 2023). Moreover, the social messaging women receive in such marriages may intensify self-blame or defensive disengagement, especially when women are simultaneously held responsible for maintaining family cohesion yet stigmatized for “failing” to manage their spouse’s addiction (Sattler et al., 2021; Sobol-Goldberg et al., 2024). Thus, complete ignoring may be understood not only as an interpersonal behavior but also as a coping response to chronic helplessness and stigma—albeit one that can further erode relational support and intensify substance use cycles.

Excessive blaming, characterized by negative labeling, humiliation, and discouraging efforts to change, reflects a coercive and demeaning communication style that can reduce self-efficacy and motivation for recovery. This is clinically important because relational contexts that increase shame and hopelessness have been associated with poorer engagement in treatment and reduced persistence in behavior change. Gendered identity processes and moralized narratives can be especially punitive; for example, when social stigma frames substance use as a moral failure, blaming may amplify shame and concealment rather than promote treatment engagement (Fonseca et al., 2021; Sattler et al., 2021). Although Adams et al. emphasized motherhood identity in women’s own substance use and treatment engagement across the lifespan, their findings support a broader principle relevant here: identity-laden evaluations and role expectations can powerfully shape motivation, engagement, and persistence in change efforts (Adams et al., 2021). In the present context, when wives respond with chronic disparagement, the husband may defensively avoid disclosure and support-seeking, potentially increasing reliance on substances as a self-soothing strategy and weakening readiness to change. This interpretation also aligns with dyadic work demonstrating that emotional and relational dynamics in couples can shape substance-related problems in ways that extend beyond the individual user’s characteristics (Salvatore et al., 2023; Weiss et al., 2021).

Maladaptive internalization, expressed as persistent rumination and non-expression of needs, wishes, and resentments, suggests an intrapersonal pattern that becomes interpersonally consequential. This subtheme coheres with evidence linking emotion regulation difficulties to substance use disorders and to relational distress, as unprocessed affect and inhibited expression can culminate in depression, anxiety, and diminished relational presence—conditions that may impair mutual support and increase dyadic disconnection (Rao et al., 2022; Stellern et al., 2023). It is also consistent with schema-based and differentiation-focused models indicating that entrenched cognitive-emotional patterns and low self-differentiation contribute to codependent dynamics, poor boundary-setting, and rigid relational roles (Karimi Harz Abadi et al., 2022; Pirvand Bori et al., 2021). Importantly, the present findings resonate with evidence that schema therapy can improve differentiation among women with addicted husbands, implying that internalization and non-expression may be modifiable through interventions targeting core schemas and self-structure (Estaki Organi & Gorji, 2023). Clinically, internalization may function as a “silent” facilitator of relational deterioration: unspoken needs accumulate, resentment grows, intimacy declines, and the couple’s capacity for constructive problem-solving erodes—creating an environment in which substance use can become a maladaptive substitute for emotional relief.

The second main theme—destructive and facilitating interaction patterns—further clarifies how dyadic structures can sustain spousal addiction. The avoidant pattern involved distancing, refusal to engage, rejection of repair attempts, and relief during the partner’s absence. This pattern maps onto attachment-related deactivating strategies and relational withdrawal, both of which can reduce opportunities for co-regulation and problem-solving. Evidence from qualitative work on family members’ experiences of a relative’s alcohol or substance misuse highlights chronic emotional strain and coping through distancing, suggesting that avoidance is a common response to prolonged relational instability (Johannessen et al., 2023). Avoidance may also interact with stigma: when public or familial narratives blame women for the husband’s addiction, women may disengage to protect themselves psychologically, yet such disengagement can inadvertently increase relational voids that substance use temporarily fills (Sattler et al., 2021; Sobol-Goldberg et al., 2024). The present results also converge with recent qualitative evidence focusing on women’s interpersonal facilitators in

spousal addiction, reinforcing the salience of relational patterns as perceived mechanisms of maintenance (Shokri et al., 2025).

The conflictual pattern extended beyond overt arguments to include nonverbal contempt, mockery, comparisons, catastrophizing, and undermining respect and authority. Such behaviors reflect relational destabilizers that can degrade intimacy, intensify stress physiology, and precipitate retaliatory coping. This finding is consistent with the broader literature on the intersection of substance use and intimate partner abuse, where hostile communication and coercive interactions form pathways that link distress to substance use escalation and violence risk (Gilchrist et al., 2023; Mehr et al., 2022). It also complements dyadic evidence that partners influence each other's substance-related outcomes through ongoing reciprocal processes, implying that hostile patterns may contribute to a stable, high-risk dyadic equilibrium (Salvatore et al., 2023; Weiss et al., 2021). Notably, participants' descriptions suggest that conflictual interaction may sometimes be normalized as "motivational pressure," yet the lived experience indicates it may reduce perceived support and increase the husband's tendency to seek relief outside the relationship.

The coercive pattern—staying in the marriage due to children, reputation, lack of support, lack of independence, fear of the future, or fear of divorce—illustrates how structural constraints and cultural pressures can lock couples into chronic distress without effective repair. This is compatible with gender-sensitive frameworks emphasizing that women may have limited options due to socioeconomic dependence and social sanctions, resulting in prolonged exposure to addiction-related stress and reduced capacity to mobilize adaptive coping (Fonseca et al., 2021; Motyka et al., 2022; Sobol-Goldberg et al., 2024). The coercive pattern also interacts with divorce-related evidence: while divorce has been associated with onset of drug abuse in population data, remaining in a high-conflict marriage under coercive constraints may likewise sustain stress-related pathways to substance use, particularly when the relationship lacks safety and intimacy (Edwards et al., 2018). The present findings therefore suggest a nuanced, context-dependent relationship between marital instability and substance use risk: both separation-related stress and entrapment-related stress may act as risk amplifiers under different conditions.

Mutual avoidance represented a dyadic collapse of emotional, sexual, and financial responsiveness, accompanied by reciprocal minimization of each partner's pain. This pattern is particularly important because it

captures a couple-level "shutdown" that can erode protective factors such as companionship and shared meaning. Evidence indicates that substance use disorders are associated with sexual dysfunction and intimacy disruptions, which can further intensify avoidance and reduce relationship satisfaction (Ghadigaonkar & Murthy, 2019; Jepsen et al., 2023). Studies focused on wives of addicted men demonstrate that improving sexual intimacy can reduce marital instability, suggesting that intimacy is not merely an outcome but also a leverage point for intervention (Mir Arab Reza et al., 2023). Mutual avoidance may therefore be conceptualized as a maintenance mechanism: as intimacy deteriorates and rejection becomes reciprocal, the couple loses a key buffer against stress, and substance use becomes more salient as an alternate regulator and source of temporary relief.

Finally, the excessively demanding pattern involved rigid expectations for respect, attention, and care, alongside unrealistic financial and sexual expectations, externalization of blame, and limited relational support. While demands may reflect legitimate unmet needs, when they become disproportionate and coupled with denial of one's own role in relational problems, they can intensify conflict and reduce collaborative coping. This is consistent with models linking low differentiation and emotion dysregulation to codependency and controlling relational behaviors, which can inadvertently reinforce dysfunctional cycles around addiction (Karimi Harz Abadi et al., 2022; Stellern et al., 2023). It also resonates with schema-related findings: maladaptive schemas may predispose individuals to rigid expectations and interpretations of partner behavior, which then shape interaction patterns under stress (Pirvand Bori et al., 2021). Clinically, excessively demanding patterns can contribute to "responsibility displacement," where the husband experiences the relationship as a relentless site of evaluation and failure, potentially increasing avoidance and substance use as escape.

5. Conclusion

Overall, the present findings strengthen the argument that spousal addiction should be understood through a relational-developmental lens that integrates emotion regulation, attachment, schemas, and structural constraints. They also align with prevention and early-intervention frameworks emphasizing the need to address mental health and relational functioning across developmental stages, because many relational patterns and emotion regulation styles have roots

in earlier family functioning and psychosocial contexts (Kialha, 2022; Uhlhaas et al., 2023; Zeng & Tan, 2022). The results are consistent with evidence that family communication patterns influence addiction tendency among students, suggesting continuity between early communication ecologies and later dyadic functioning in marriage (Mohammadzadeh & Jangi, 2023; Naghshbandi & Amini, 2023; Ostad Rahimi & Fathi, 2021). At the same time, the findings have clear clinical implications: prior intervention studies in women with addicted husbands have shown improvements in quality of life, depression, differentiation, and sexual intimacy through meaning therapy, schema therapy, and couple-focused approaches, indicating that women's intrapersonal and interpersonal capacities are modifiable and may serve as important intervention targets (Estaki Organi & Gorji, 2023; Mir Arab Reza et al., 2023; Taheri et al., 2022). In a changing service landscape shaped by pandemic-related disruptions and the growth of digital interventions, identifying relational facilitators and barriers remains critical for designing accessible supports for families affected by addiction (Leahy & Caverly, 2022; Monarque et al., 2023; Shearer et al., 2022).

6. Limitations & Suggestions

Limitations of this study should be considered. The study relied on self-reported narratives from women who were already help-seeking in counseling and psychotherapy settings, which may limit transferability to women who do not access services. The qualitative design, while appropriate for capturing lived experience, cannot establish causal directionality between women's behaviors and husbands' substance use trajectories. In addition, the absence of husbands' perspectives and observational dyadic data restricts the ability to triangulate interaction patterns. Cultural and contextual factors specific to Tehran and the studied service settings may also influence the patterns reported.

Future research should employ multi-informant and dyadic designs that include husbands' accounts, clinician perspectives, and, when feasible, behavioral observations of couple interactions. Longitudinal qualitative or mixed-methods studies could clarify temporal sequencing—how coping strategies evolve across phases such as pre-addiction stress, onset, escalation, treatment attempts, and relapse. Research should also examine moderators such as socioeconomic constraints, stigma exposure, parenting

roles, and comorbid mental health conditions, to determine which subgroups are most vulnerable to the identified maladaptive patterns and which protective relational processes mitigate risk.

In practice, prevention and treatment programs for men's substance use should more systematically incorporate family- and couple-focused components that address women's coping skills, emotion regulation, boundary setting, and constructive communication. Service systems could offer brief psychoeducational modules for spouses on high-conflict cycles, avoidance dynamics, and the unintended effects of humiliation and chronic blame, alongside training in supportive, autonomy-promoting engagement strategies. Integrating targeted interventions for intimacy repair, meaning-making, and empowerment—especially for women who remain in marriages due to structural or cultural constraints—may improve family functioning and reduce the relational conditions that maintain substance use. Establishing low-threshold supports (e.g., group-based spouse programs, telehealth counseling, and referral pathways) can also help women access timely assistance without escalating stigma or jeopardizing safety.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

S.J.Y.A. conceptualized the study, supervised the research process, and guided the qualitative design; A.S. conducted participant recruitment, carried out the phenomenological interviews, and managed data transcription; M.J. performed the interpretative data analysis, developed the thematic structure, and prepared the initial manuscript draft. All authors contributed to critical revisions and approved the final version of the manuscript.

Declaration

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

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