

Abstract

Objective: The purpose of this study was to predict the probability of returning to substance abuse based on resiliency and communication patterns in addicts' spouses. **Method:** A descriptive-correlational research method was employed for the conduct of this study. The statistical population of this research consisted of the addicts in the eighth municipal district of Tehran who had returned to drug use after withdrawal. Based on Cochran formula, 120 sample units were selected through random multistage sampling method. To measure the variables, Koerner, and Fitzpatrick's Revised Family Communication Pattern instrument (RFCP), and Connor-Davidson Resilience Questionnaire were employed. Logistic regression analysis was run to analyze the data. **Results:** The results indicated that it is possible to predict returning to substance abuse of participants according to the communication patterns which spouses used in their conversations. The negative coefficient of communication variable indicated that as the score of spouses decrease in this variable, there would be an increase in the likelihood of returning to substance abuse. Therefore, it is necessary to improve communication patterns in order to reduce the rates of returning to substance abuse.

Keywords: return to substance abuse, resiliency, communication patterns, addicts' spouses

Prediction of Likelihood of Returning to Drug Abuse Based on Resiliency and Communication Patterns in Addicts' Spouses

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Introduction

Addiction is one of the fundamental problems in the society; a problem that destroys millions of lives and a considerable amount of national capital is consumed for fighting against it, its treatment, and its emergent trauma. Every day, a large number of people turn to drug and suffer from its physical, psychological, cultural, economic, and social consequences. Our country, for some cultural reasons, misconceptions, and special geographic location, provides a suitable condition for young people to turn to addiction (Khalatbari & Bazarganiyan, 2011). Addiction with decreasing the quality of life, increasing mortality, decreasing social and moral values, and increasing criminal behaviors is one of the most important issues related to health (Morton, Snowden, Gapold & Guymer, 2012; Bagheri & Sohrabi, 2017).

So far, several therapeutic approaches including psychoanalysis, behavior therapy, group therapy, pharmacotherapy, etc. have been performed on patients suffering from addictive disorders. However, each of these methods has been somewhat effective and has been accompanied by returning to drug abuse. The problem seems more serious so that something in the person's psyche puts him in a state of returning to drug abuse. Why the addict returns to drug use after withdrawal has always been questioned. Various factors such as biological, sociological, and psychological issues are raised regarding the etiology of addiction and the addicts' successful or unsuccessful withdrawal (Shateriyan, Manti, Kasani & Manti, 2014). It seems that the person's response to the addictive substance is a combination of various personal, familial, and social factors (Colin, 2009). One of the issues that complicate this phenomenon is the issue of returning to drug abuse, since about 50 percent of Iranian addicts return to drug after withdrawal. According to the findings of Sharghi, Shakibi, Neysari and Alliloo (2011), one factor by itself is not sufficient for returning to drug abuse. But a set of individual, familial, social, cultural, and economic factors cause to addiction relapse with different degrees (Mousavi & Maleki, 2009).

Among these factors, the study of family related issues especially the role of spouses in returning to drug abuse is important because in the family dimension the psychological factors of the addicts' spouses are among the issues that might play an important role in setting the ground and preparing the person for substance use (Niyazi, 2012). Among the psychological variables of addicts' spouses that might be effective in returning to drug, one can address the resiliency and communication patterns which are studied in this research.

Resiliency is one of the most important constituents of positive psychology. Resiliency is the ability of individuals to deal with the existing risks and dangers in the environment. In fact, resiliency is a kind of flexibility of individuals against environmental problems (al-Husseini-al-Moddaresi, Firoozkoochi Berenjabadi, 2017). Resiliency is something more than a simple recovery from turmoil (Bonnano, 2004) and can be described as a positive growth or adaptation

following periods of balance disturbance (Ahmadzadeh Ahari, Pourmohammad Galoo, & Hashemi, 2010). Current theories recognize resiliency as a multi-dimensional construct consisting of intrinsic variables such as temperament and personality with special skills such as problem-solving skills (Campbell, Sills, Cohn, & Stein, 2006). Recently, various resiliency models have been studied under the conditions of lack of disaster, depression, and pain (Bonnano, 2004 & Charni, 2004). The consistent results of these studies have confirmed the positive, constructive, and protective effects of resiliency in the successful resistance, coping with, and the growing adaptation to the above-mentioned significant and stressful conditions. On the contrary, low levels of resiliency are associated with vulnerability and psychological disorders.

Resiliency also leads to the successful adaptation in the struggle for disasters and the exhausting and unbearable stressful situations. The early theories about resiliency emphasized on the characteristics associated with positive consequences in encountering with the difficulties and disasters of life (Rutter, 1999, quoted by Haghighi Dana, 2014). Moreover, according to Picko (2005), the affective vacuum in interpersonal relationships especially in the spouses' relations is one of the factors in the individuals' returning to addiction. Fitzpatrick (2004), by conceptualizing and criticizing the McLeod and Chaffee's theory, identified two fundamental dimensions including conversation orientation and the conformity orientation in the family communication patterns. Conversation orientation is the extent to which families provide situations in which all members are encouraged to freely participate in interacting, discussing, and exchanging ideas about a wide range of topics. Conformity orientation in this theory is the extent to which spouses emphasize the conditions for the equivalence of attitudes, values, and beliefs.

Addiction is a disease that has negative impacts on the family relationships (Hendriks, Scheea & Blankena, 2011). One of the factors that cause problem, tension, and conflict in the family is the existence of turbulent relationships among the addicts' families. In fact, the consequences of addiction and drug abuse among the addicts' spouses are considered as a system that forms the social network in which the financial, emotional, and supportive resources are shared. Therefore, its members influence each other and also are affected by others (Taheri, 2009). According to Haghighi Dana's (2014) study, the spouses of those addicts who have returned to substance abuse have lower interpersonal communication skills and resiliency as compared to the spouses of the treated individuals. In addition, Golparvor and Mowlavi (2001) reported that the addicts' spouses had lower symptoms of mental disorders and general health in terms of physical complaint, anxiety, social performance inability, depression, hostility, and aggression as compared to non-addicts' spouses. Moreover, Aghabakhshi (2008) showed that the father's addiction in the family negatively affected the family supportive role and disrupted the family performance in

92.5% of the cases, and disrupted the relationship between family members in 87% of the cases.

Ghavanloo (2004) states that the male's addiction disappoints women in life and makes women less affectionate, minimizes their emotional relationships with their husbands, and leads them to use inappropriate communication patterns in their relationships, which would result in intensifying the incompatibility between the spouses. Therefore, due to the lack of adequate familiarity of the addicts' spouses with the communication patterns, the prevalence of addiction in the families, and also due to the role of the psychological characteristics of the addicts' spouses in the relapse or non-relapse of the treated addicts, the following question is proposed: can returning to drug abuse be predicted based on resiliency and communication patterns in addicts' spouses?

Method

Population, sample, and sampling method

This study was conducted based on the descriptive-correlational research. The statistical population consisted of the addicts in the addiction treatment centers in the eighth municipal district of Tehran who had returned to drug abuse after withdrawal. The Cochran formula was used to determine the sample size. For each predictor variable 40 people were considered as samples. Since the communication patterns and resiliency have 2 and 1 subscales respectively, the sample size was estimated to be 120. The sampling method was random multistage sampling method. Thus, one center was randomly selected among the addiction treatment centers in the eighth municipal district of Tehran. Finally, people with returning and non-returning to drug abuse were identified and the questionnaires were presented to them. Due to ethical principles, their initial consent for participation in this study was obtained. The main criterion for the inclusion was returning to drug abuse more than once. Furthermore, the questionnaires were scored anonymously and it was emphasized that their information would remain confidential. Each of the participants was informed about the research objectives.

Instruments

1. **Family Communication Pattern instrument (RFCP):** This questionnaire was developed by Koerner and Fitzpatrick in 1990 and has 26 five-choice items from completely agree (5) to completely disagree (1) in the domain of familial communications. The first 15 items evaluate the conversation orientations and the next 11 items measure the conformity orientation. A higher score on any scale shows that the individual perceives the conversation orientations or the conformity orientation more in his or her family. Koerner and Fitzpatrick reported the Cronbach's alpha of 0.89 for the conversation orientation and 0.79 for the conformity orientation. Kouroschniya reported the Cronbach's alpha of 0.87 for the conversation orientation and 0.81 for the conformity orientation.

Using a factor analysis method, he has reported a desirable validity for this instrument. In Farahi, Fathi Ashtiyani, and Moradi's (2011) research, Cronbach's alpha coefficient for the conversation dimension and the conformity orientation was 0.82 and 0.80 respectively. In addition, Koerner and Fitzpatrick (2002) stated that this questionnaire has a desirable validity including content, criterion, and construct validity. The investigation of the internal consistency showed that the items pertaining to each factor are significantly correlated with the total score of that factor. Moreover, there was a significant correlation between the scores for each factor and the total score. The conversation orientation was correlated with the attention scale of 0.44 and the conformity orientation was correlated with the excessive supportive or control measure of 0.49. The coefficients of test-retest reliability for the conversation orientation and the conformity orientation were 0.84 and 0.78 respectively (Kouroshaniya & Latifian, 2006). In this study, the preliminary administration of the questionnaire to 46 addicts showed that the internal consistency coefficient was equal to 0.845.

2. Connor-Davidson Resilience Questionnaire: This questionnaire was developed by Connor and Davidson (2003). Studying the psychometric properties of this scale was performed in six groups of general population, patients referring to the primary care unit, outpatient psychiatric patients, patients with generalized anxiety disorder, and two groups of patients suffering from post-traumatic stress disorder. The developers of this scale believe that this questionnaire is able to distinguish resilient people from non-resilient people in clinical and non-clinical groups and can be used in research and clinical settings. This questionnaire has 25 items, and each statement is scored based on a grading scale from zero (completely incorrect) to five (always correct). Each person's score is equal to the sum of scores or the total value obtained from each of the questions. The mean score is 50; a score of less than 50 indicates low resiliency and a score of more than 50 shows high resiliency (Razmpoosh, 2012). Campbell-Sills, Cohan, & Stein (2006) in a preliminary study on the psychometric properties of this scale in the normal population and patients showed that this instrument has desirable internal consistency, test-retest reliability, convergent and divergent validity. The results of the exploratory factor analysis showed that this scale is a multidimensional instrument and the existence of five factors of the individual competence / solidity, the confidence in personal instincts, the tolerance of negative emotions, positive acceptance of change / safe relationships, control and spirituality were confirmed for this scale. Mohammadi, Jazayeri, Rafiei, Jokar and Poorshahnaz (2005) standardized this scale for use in Iran by implementing it on 248 people and the reliability was obtained through Cronbach's alpha of 0.89. Using the Cronbach's alpha method, Razmpoosh (2012) reported that the reliability was equal to 0.89.). In this study, the preliminary administration of the questionnaire to 46 addicts showed that the internal consistency coefficient was equal to 0.826.

Results

Out of the 120 participants, the data of 3 participants including the participants of number 39, 51, and 98 were excluded from the analysis because they were outliers. The descriptive statistics of the variables are presented in Table 1 based on groups.

Table 1: Descriptive statistics of the variables based on groups

<i>Variables</i>	<i>Groups</i>	<i>Numbers</i>	<i>Mean</i>	<i>Standard deviation</i>	<i>Skewness</i>	<i>Kurtosis</i>
Resiliency	Without relapse	77	3.69	0.43	0.34	-0.03
	Relapse	40	3.39	0.43	-1.03	-1.44
Conversation	Without relapse	77	3.89	0.42	0.01	0.20
	Relapse	40	3.49	0.48	-0.79	1.44
Conformity	Without relapse	77	3.91	0.47	-0.13	-0.88
	Relapse	40	3.53	0.60	-0.45	0.05

Considering the number of the predictive variables (resiliency and 2 components of communication patterns: the conversation and communication) and the type of data obtained from measuring the dependent variable (two categories: without relapse and relapse), the two-level logistic regression analysis was applied. A summary of the model is presented in Table 2.

Table 2: Summary of the Regression Model Based on Resiliency and Communication Patterns

<i>Stepwise</i>	<i>2log likelihood</i>	<i>R² Cox and Snell's</i>	<i>R² Nagelkerke's</i>
1	125.809	0.189	0.261

Regarding the obtained values, it can be concluded that the obtained model predicts between 18.9% and 26.1% of the variance of the criterion variable, i.e., relapse/ non-relapse of the participants. The results of the Hosmer-Lemeshow Test provide an estimate of the agreement between the observed results and the expected results. According to the value of this test, it can be concluded that the obtained model is fit for the data ($P > 0.05$, Chi square=4.502). The percentage of the allocation accuracy is presented in Table 3.

Table 3: Classification Table based on the Accuracy and Inaccuracy of Allocation

<i>Observed</i>	<i>Expected</i>		<i>The accuracy percentage</i>
	<i>Without relapse</i>	<i>Relapse</i>	
Without relapse	70	7	90.9
Relapse	25	15	37.5
Total percent	-	-	72.6

The table above summarizes the predicted results. The model obtained for 72.6% of the people have correctly predicted the results. At the same time, according to the above table, the model obtained for 90.9% of the individuals without relapse and 37.5% of the individuals with relapse have correctly predicted the results. The regression coefficients of grouping based on resiliency and family communication patterns are presented in Table 4.

Table 4: Group Regression Coefficients based on Resiliency and Family Communication Patterns

<i>Variables</i>	<i>B</i>	<i>Standard Error</i>	<i>Wald statistic</i>	<i>df</i>	<i>Sig.</i>	<i>Exp(B)</i>
Resiliency	-1.094	0.594	3.395	1	0.065	0.33
Conversation	-1.628	0.699	** 5.427	1	0.020	0.20
Communication	-0.268	0.550	0.238	1	0.626	0.76
Constant	10.242	2.720	**14.174	1	0.001	28051.68

The table above illustrates the information about the role of each of the predictor variables in predicting the criterion variable (relapse). Based on different indices especially B coefficients, Wald statistic, and the significant level, it can be concluded that according to the obtained model only the spouse's conversation variable has a significant relationship with the criterion variable (relapse).

Discussion and Conclusion

This study sought to predict the probability of returning to substance abuse based on resiliency and communication patterns of the addicts' spouses. The findings revealed that the conversation variable has a significant relationship with the criterion variable (relapse). Based on the predictor variable of the spouses' conversation, the participants' relapse to addiction can be predicted. As a result, evidence is sufficient to accept the research hypothesis. The negative coefficient of the conversation variable indicates that by reducing the spouse's score in this variable, the chance of returning to the substance abuse will increase. In line with the findings, the following researches can be mentioned which are in part consistent with the results of the current study. According Haghghi Dana's (2014) study, the spouses of addicts who returned to drug use had lower interpersonal communication skills and resiliency in comparison to the spouses of the treated addicts. Moreover, Golparvar and Mowlavi (2001) stated that addicts' spouses had lower symptoms of mental disorders and general health in terms of physical complaints, anxiety, social performance inability, depression, hostility, and aggression as compared with non-addicts' spouses. Aghabakhshi (2008) indicated that the father's addiction in the family negatively affected the family supportive role and disrupted the family performance in 92.5% of the cases, and disrupted the relationship between family members in 87% of the cases.

In explaining the results of the present study, it can be stated that one of most profound issues in the marital relationship is appropriate communication patterns. Couples who have interpersonal communication skills discuss about their communication problem, express their feelings to each other, suggest a solution to their communication problem, and both of them feel that they understand each other; these behaviors consequently lead to the constructive relationship between couples, high marital satisfaction, and the couples' support from each other (Belanger, Hiller, & Smith, 2002). Losing the close interpersonal relationships among the spouses is a crisis that is often the result

of substance abuse for women with addicted husbands; and since the person who is suffering from substance abuse pays his/her attention to the substance and since his/her tendency to follow ethical and spiritual principles, and social and family values is reduced, many problems and abnormalities, breaking the emotional relationships, family conflicts, personality disorders, and lack of tolerance and resistance to psychological and environmental pressures are raised for their spouses (as cited in Niyazi, 2012).

Based on the results, it can be concluded that drug addiction and returning to substance abuse should be rooted in more serious structures that have more determinants impacts on behavior. Within the framework of the extensive researches conducted on the domain of the psychiatric pathology of addiction, various factors such as types of parenting, types of attachments, personality traits in addicts, etc. have been investigated. However, almost no study has explored the role of resiliency and communication patterns of the spouses of addicts with the possibility of returning to drug abuse. The current study is an attempt to investigate this important issue. Furthermore, researchers, therapists, psychologists, and counselors in the addiction treatment clinics can use the findings of the present study in treatment, prevention and counseling with the addicts by recognizing resiliency and patterns of communication.

Finally, according to the findings of this study, the health authorities, health planners, and the specialists in the area of communication skills are recommended to hold workshops, training courses, seminars, and congresses and to present discussions about communication patterns of the addicts' spouses. By doing so, they can teach communication skills and strategies to improve the correct and principled communication among the addicts' spouses. Moreover, according to the results of the current study on the role of the spouses' conversation in predicting returning to drug abuse, the following recommendations are made to the therapists: in the process of treating the psychological problems of addicts who are in the process of withdrawal, the therapists are suggested to study the communication patterns in marital life specially in their spouses. By the use of counseling and training classes, they should improve the communication patterns among the addicts' spouses in order to prevent returning to addiction. It is clear that the cross-sectional nature of this study can be considered as a limitation for this research.

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