

## Abstract

**Objective:** The present study aimed at validating partners' checklist among the family members of drug abusers. **Method:** To this end, a descriptive research design was used in this study. The number of 397 members of the families referring to addiction clinics in Semnan Province was randomly selected as the sample units. **Results:** Reliability in the frequency dimension was variable from .57 (healthy) to .81 (financial) and, in intensity dimension, ranged from .53 (social/emotional) to .81 (conflict with legal authorities/government), respectively. The validity evidence showed that functioning was significantly different between families with and without receiving financial assistance from support organizations; and between families with and without a case in the courts in terms of the subscales of the instrument. Scores of financial, social/emotional, and relational subscales had a statistically significant correlation with financial, emotional expression, and relations subscales in the Marriage Performance Questionnaire. The subscale physical abuse had a statistically significant association with Aggression Questionnaire. Different patterns of frequency and intensity of experienced problems were observed depending on the type of life partner. The most common problem of life partners (parent/spouse) was observed in lifestyle, relations, and social/emotional subscales in the frequency dimension; and in social/emotional subscale in the intensity dimension. **Conclusion:** The Life Partners Checklist is a valid and reliable instrument in identifying the frequency and intensity of drug abusers' family problems and some subscales are sensitive to the effects of interventions. **Keywords:** addiction, family, partner, reliability, validity

## Validation of Partners' Checklist: Measurement of the Problems Experienced by Family Members of Drug Abusers

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## Introduction

The issue of narcotics has become a quite risky and complex problem in Asian societies. According to research findings, drug users experience various personal issues, such as infectious diseases (AIDS, hepatitis), psychological abnormalities (depression, anxiety), behavioral disorders (lying, aggression, and nightlife), occupational and economic problems, and legal problems (robbery, murder, rape). Moreover, the scope of these issues is also extended to the families and society. From among the negative effects of a drug-dependent parent on children (Kirby, Leggett Dugosh, Benishek & Harrington, 2005; Ostler, Bahar & Jessee, 2010; Gilchrist & Taylor, 2009; Benishek, Kimberly & Leggett Dugosh, 2011), one can refer to the reduction of family solidarity, interpersonal stress and conflicts, a higher prevalence of physical and psychological disorders in the family, interruptions of communications (inside and outside home), disturbances in couples' emotional and sexual relations, the risk of illegitimate relationships, the risk of prostitution of the women with addicted husband, family breakdown and divorce, health costs, physical and mental health problems, and reduced social and psychological adjustment (Eshgh Afkari et al., 2013; Weisner, Parthasarathy, Moore & Mertens, 2010; Morita et al., 2011; Ray, Mertens & Weisner, 2007 and 2009; Lois, Jacksona, Dykemance, Gahagana, Karabanowd & Parkera; 2011; Shirley et al., 2009; Shirley, Steffanie, Strathdee & Zians, 2011), economic costs, legal and social issues (the higher use of social welfare services, insurance costs, government aids, crime-related costs, driving accidents, job dismissals, and the loss of production and manpower), the waste of the country's vast macro-financial resources, and the reduction of moral and social security (Jamshidi, 2004; Mahboobimanesh, 2009). The dimensions of the problems with which these families are involved are very widespread. On the one hand, these problems fall within different types; for example, sometimes an addict's family member may be one's spouse; and the addict sometimes lives with his/her parents. The presence of the father in these families is physically and emotionally poor. Inappropriate disciplinary rules, undesirable control, and poor correlation are among the features of such families (Mousavi, 2003; Aghabakhshi, 2009). The family has to pay financial support (paying off the debts and bills, paying for food and clothing, and health expenses), and to follow up the legal issues (paying blood money, bailing, paying the lawyer's salary) that have been caused by the addicted member (Aghabakhshi, 1998; Sabeti, Zakraei & Mozafar, 2009; Kirby et al., 2005; Benishek et al., 2011). On the other hand, when the family of the addicted spouse is considered, other types of problems arise. Disorders in emotional and sexual relations, the outbreak of diseases, such as AIDS and hepatitis, betrayal and depressive problems, physical abuse and violence, making the wife addicted for the preparation of substances, the risk of women's prostitution for the preparation of substances for the husband or for earning a

living, divorce, the weakening of the supporting and structural role of the family, especially when the addict is the head of the family are among the problems in these families (Mahboubimanes, 2009; Homish, Leonard & Cornelius, 2007; Kask, Markina & Podana, 2013; Chermack, Murray, Walton, Booth, Wryobeck & Blow, 2008; Sigfusdottir, Gudjonsson & Sigurdsson, 2011; Heru, Stuart, Rainey, Eyre & Recupero, 2006). A theoretical orientation for understanding and intervention in such families is the use of system theory.

The general theory of systems has been designed to describe and integrate the general characteristics of systems. In this theory, each system is divided into several sub-systems and each sub-system is subdivided into smaller groups. A system operates within a system and interacts with the other systems in this environment (Vetter & Gale, cited in Mousavi, 2003). "In the systemic approach, which relies on the general theory of systems, family acts as a system with continuous interactions between individual sub-systems and, at the same time, acts as a subset in its own environment" (Mousavi, 2003, P. 61). A system seeks to maintain balance and equilibrium, and each of its members is involved in some way in this function. "A system (family) is a structure composed of the interrelated components that are necessarily interdependent. The structure and the organization of families show how the members and subsystems (such as husband and wife, parent-child, and siblings) are interacting in one system. One system seeks to preserve and create a critical balance and trade-off, and family members constitute the systems that cannot be separated from this interpersonal context" (Khodayarifard & Abedini, 2010, P. 9).

According to the systemic theory, the family system cannot be understood individually. "Communication in the family system is specified and defined according to the degree of permeability of borders. Hard borders do not permit the exchange of information. On the other hand, discrete boundaries also lead to overlapping and excessive interference of members in the affairs of each other" (Khodayarifard & Abedini, 2010, P. 9). Since addiction is the center of functioning gravity of inefficient families, families with substance-dependent members will be functionally impaired in the exchange of information, and explicit and direct communication compared to normal families. This creates difficulty for the extremes of the effective communication spectrum; therefore, the family system faces inefficiency, the majority of the communications are either over-mixed or discrete, and the family functioning gets impaired. However, the problems of families with substance abusers have a wide range and the diversity and prevalence of the spectrum of problems hinges upon the whether the addict is married and his family is considered as the spouse or the addict is single and his family is considered as his parents.

The pieces of research conducted so far have focused on one or some dimensions of the problems among the addicts' families. None of them have assessed the differences in the experienced problems in terms of the type of family, i.e., parents or spouses and the prevalence of problems in these two

groups. In addition, according to the report released by Drug Control Headquarters, there are 2 million drug users (2.5% of Iran's population) (Farhodian et al., 2009) and about 70% of the addicts are married (Dinmohammadi, Amini & Yazdankhah, 2007; Amini, Amini, Afshar Moghadam & Azar, 2004). If each addicted person's communication circle with his/her family is considered to be at least 4 people (parents-spouse-child), a population about four times larger than drug using population are in constant contact with the problem of addiction and its destructive effects. This explanation highlights the need to pay attention to the diversity and prevalence of the problems experienced by addicted person's partners. One of the objectives of this study is to validate the partners' checklist and measure the experienced problems by the family members of drug abusers. The partners' checklist measures the problems of families with drug users in seven areas (including financial area, lifestyles, physical abuse, conflict with governmental and legal institutions, health issues, communication problems, and social and emotional issues), and in two dimensions, i.e. intensity and frequency, with an emphasis on the type of the relationship with the drug user (parent/spouse). The determination of the diversity and prevalence of injuries provides the planners, therapists, and authorities with a better understanding and prepares them for taking more productive measures and reducing the injuries caused by addiction. In this way, this study aims to estimate the related psychometric indices and introduce an instrument for the identification of the problems the addicted individuals' life partners are involved in.

## **Method**

### **Population, sample, and sampling method**

The population of this study consisted of the family members of drug users, including the parents and spouses referring to drug addiction treatment clinics (the individuals being under treatment for three months) in Semnan province. Based on krejcie-morgan-sample-size-table, the minimum sample size of 350 participants was estimated. In this research, a 397-participant sample was randomly selected from among the statistical population. Thirty people were selected as the control group from the families without any addicted members.

### **Instrument**

1. Life Partners' Checklist (spouses/parents): This checklist was designed for the first time by Kirby et al. in 2005 and consists of 64 items that conceptually measure seven dimensions of the problems experienced by the family members of drug users. In this checklist the following dimensions are measured: financial problems (13 items), lifestyles (9 items), physical abuse (6 items), conflicts with governmental/legal institutions (9 items), health issues (12 items),

communication problems (12 items), and social and emotional issues (8 items). These seven dimensions are measured in two directions, i.e. the frequency of occurrences (from never = 0 to almost always = 4) and the intensity of the discomfort that has occurred to the person (from no = 0 to very much = 4) in the last 6 months.

The reliability coefficients and the questions' numbers for each subscale are presented in the following table.

**Table 1: The reliability coefficients and the questions' numbers for the factors of Partners' Checklist**

<i>Factors</i>	<i>Item</i>	<i>Reliability Coefficient</i>
<b>Financial</b>	1 to 13	0.77
<b>Lifestyle</b>	14 to 22	0.77
<b>Physical abuse</b>	23 to 27	0.77
<b>Conflict with governmental/legal institutions</b>	28 to 35	0.73
<b>Health issues</b>	36 to 46	0.65
<b>Communication problems</b>	47 to 57	0.59
<b>Social and emotional</b>	58 to 64	0.59

2. Marriage Performance Measurement Questionnaire: This is a 66-item questionnaire that has been prepared by Refahi, Sanaei & Sharifi (2008) about marriage performance. It includes 11 components, relations, emotional expression, problem-solving and decision-making, role, flexibility, parenting style, financial issues, family and friends, values, physical and mental care, and overall performance. Each of the six items in the questionnaire belongs to one component. Scoring is performed based on Likert scale (always = 5 to never = 1). Cronbach's alpha coefficients for each of the components have been reported as follows: 0.87 for relations, 0.83 for emotional expression, 0.83 for problem-solving and decision-making, 0.80 for role, 0.73 for flexibility, 0.76 for parenting style, 0.82 for financial issues, 0.77 for families and friends, 0.82 for values, 0.70 for physical and mental care, and 0.85 for overall performance.

3. Buss–Perry Aggression Questionnaire: This 29-item questionnaire was first developed by Buss and Perry (1992), which measures aggression in dimensions of physical aggression, verbal aggression, anger, and hostility. The questions numbered 24 and 29 are scored in reverse. The score of the total scale is obtained from the sum of all the items and ranges from 29 to 145. A higher score is tantamount to a higher rate of aggression. The Cronbach's alpha coefficients have been reported equal to 0.85 for physical aggression, 0.72 for verbal aggression, 0.83 for anger, and 0.77 for hostility while the alpha coefficient of the whole scale has been reported to be equal to 0.89. The validity of the questionnaire was investigated through the measurement of its correlation with the subscales. The scores of the aggression questionnaire subscales had a reasonable correlation with each other. However, when the variance of the correlations related to the anger subscale was left out, the other correlations were

not significant. The correlations between physical aggression, verbal aggression, and hostility are dependent upon their correlations with anger. The scores enjoy acceptable concurrent validity without holding any significant correlation with physical aggression, verbal aggression, and excitability, but there is a strong correlation between excitability and the scores of anger and hostility (Snyani, 2008).

### Procedure

The instruction for the questionnaire completion was presented by the researcher. The questionnaire was read by the researcher or a trained assistant to the respondents with low literacy. The completion time of the questionnaires was up to 45 minutes and the questionnaires were completed individually. Information about the type of the substance and the dose of consumption were extracted from the patients' records. The time scale for data collection in the entire province of Semnan took six months.

### Results

A total of 397 participants participated in this study where the family members of drug users, including the parents and wives referring addiction treatment clinics amounted to 397 people (the individuals being under treatment for three months), and three were 30 members from normal families without any drug-dependent member (as the patient's companions). In total, 52 fathers, 73 mothers, 229 female spouses, and 43 male spouses participated in this study.

**Table 2: The number of occurrences (frequency): descriptive statistics, Cronbach's alpha, range of question-total score correlation, and correlation between the dimensions**

<i>Variable</i>	<i>Primary mean Excluded</i>		<i>Primary SD Excluded</i>		<i>Number of items</i>	<i>Range of question-total score correlation</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<b>1. Financial</b>	25.82	20.49	10.31	09.87	11	0.26-0.64	0.81	0.35**	0.33**	0.47**	0.46**	0.48**	0.41**
<b>2. Lifestyle</b>	20.00	16.74	05.94	05.36	8	0.12-0.53	-	0.60	0.45**	0.44**	0.37**	0.48**	0.31**
<b>3. Physical abuse</b>	6.50	06.50	04.93	04.93	5	0.30-0.62	-	-	0.75	0.53**	0.37**	0.51**	0.31**
<b>4. Conflict with legal institutions</b>	08.11	08.16	08.16	06.33	8	0.40-0.71	-	-	-	0.80	0.52**	0.50**	0.30**
<b>5. Health</b>	17.57	11.15	05.54	04.97	7	0.19-0.40	-	-	-	-	0.57	0.48**	0.38**
<b>6. Relations</b>	26.50	25.28	07.43	07.18	10	0.11-0.55	-	-	-	-	-	0.71	0.62**
<b>7. Social/emotional</b>	20.42	20.42	04.60	04.60	7	0.12-0.52	-	-	-	-	-	-	0.59

The modified coefficients have a high internal consistency on the minor diameter of the upper triangular matrix.

Pearson correlation between the instrument dimensions is above the minor diameter of the matrix.

\*\* All correlations are significant at the level of  $P < 0.001$ .

As it has been shown in the table above, the reliability (internal consistency) has been reported for the frequency dimension. The coefficient of internal consistency in the dimension of the number of occurrences (frequency) has been equal to 0.78 for the financial subscale with 13 items while this coefficient has increased to 0.81 by eliminating the questions numbered 8 and 13. In terms of lifestyle, the Cronbach's alpha coefficient for the 9 items was equal to 0.55 and it witnessed an increase to 0.60 by deleting the questions numbered 14 and 22. In terms of health issues, the Cronbach's alpha coefficient for the 11 items was equal to 0.46 and it increased to 0.57 by the removal of the questions numbered 39, 40, 43, and 46. In terms of relation problems, the Cronbach's alpha coefficient for the 11 items was 0.68 and it increased to 0.71 when the question numbered 57 was omitted.

**Table 3: The discomfort dimension (intensity): descriptive statistics, Cronbach's alpha, range of question-total score correlation, and correlation between the dimensions**

<i>Variable</i>	<i>Primary mean Excluded</i>		<i>Primary SD Excluded</i>		<i>Number of items</i>	<i>Range of question-total score correlation</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<b>1. Financial</b>	29.45	25.71	11.78	10.95	11	0.25-0.60	0.80	0.39**	0.28**	0.41**	0.40**	0.30**	0.37**
<b>2. Lifestyle</b>	22.77	20.36	05.98	05.33	8	0.16-0.55	-	0.58	0.45**	0.34**	0.33**	0.35**	0.19**
<b>3. Physical abuse</b>	10.62	10.62	06.32	06.32	5	0.18-0.52	-	-	0.68	0.38**	0.34**	0.35**	0.23**
<b>4. Conflict with legal institutions</b>	13.73	13.73	09.86	09.86	8	0.39-0.76	-	-	-	0.83	0.48**	0.32**	0.26**
<b>5. Health</b>	23.00	15.36	07.11	06.32	7	0.14-0.36	-	-	-	-	0.58	0.36**	0.38**
<b>6. Relations</b>	31.90	27.46	07.57	06.94	9	0.19-0.57	-	-	-	-	-	0.71	0.59**
<b>7. Social/emotional</b>	20.23	16.52	04.10	03.59	5	0.18-0.38	-	-	-	-	-	-	0.53

The modified coefficients have a high internal consistency on the minor diameter of the upper triangular matrix.

Pearson correlation between the instrument dimensions is above the minor diameter of the matrix.

\*\* All correlations are significant at the level of P <0.001.

As it has been shown in the table above, the internal consistency coefficients in the dimension of the discomfort created to the person (intensity) have been reported. In this dimension, the coefficient of internal consistency for the financial subscale with 13 items has been equal to 0.78 while this coefficient has increased to 0.81 by eliminating the questions numbered 8 and 13. In terms of lifestyle, the Cronbach's alpha coefficient for the 9 items was equal to 0.55 and it witnessed an increase to 0.60 by deleting the questions numbered 14 and 20. In terms of health issues, the Cronbach's alpha coefficient for the 11 items was equal to 0.50 and it increased to 0.58 by the removal of the questions numbered 39, 40, 43, and 46. In terms of relation problems, the Cronbach's alpha

coefficient for the 11 items was 0.65 and it increased to 0.71 when the questions numbered 48 and 57 were omitted. In the social/emotional subscale, the Cronbach's alpha coefficient for the 7 items equaled 0.43 and this value increased to 0.53 by eliminating the questions numbered 58 and 63. The range of internal consistency in the intensity dimension ranged from 0.53 (social/emotional subscale) to 0.81 (conflict with governmental and legal institutions).

The marriage performance questionnaire and aggression questionnaire were used to examine the external validity or the range that the scores of life partners' checklist could be correlated with other dimensions. First, the scores of social/emotional, relations, and financial dimensions in life partners' checklist were correlated with the scores of the performance measurement questionnaire in terms of such dimensions as relations, emotional expression, and financial issues. The results showed that the financial subscale of the life partners' checklist in both dimensions of frequency ( $P < 0.001$ ,  $r = -0.18$ ) and intensity ( $P < 0.01$ ;  $r = -0.16$ ) had a significant negative relationship with the financial dimension of the marriage performance questionnaire. The findings indicated that the marriage performance questionnaire in the emotional expression dimension had a significant negative correlation with the life partners' checklist in the social/emotional subscale in the frequency dimension ( $P > 0.001$ ,  $r = -0.23$ ) and in the intensity dimension ( $P < 0.01$ ;  $r = -0.15$ ). In addition, the marriage performance questionnaire in the dimension of relations had a significant negative relationship with the life partners' checklist in the subscale of relational problems in the frequency dimension ( $P < 0.010$ ;  $r = -0.13$ ) and in intensity dimension ( $P < 0.002$ ;  $r = -0.16$ ). Subsequently, the scores of physical abuse subscale in the life partners' checklist were correlated with the scores of aggression questionnaire. The results showed that the aggression questionnaire had a significant positive relationship with the subscale of physical abuse in the life partners' checklist in the frequency dimension ( $P < 0.0005$ ,  $R = 0.38$ ) and in intensity dimension ( $P > 0.0005$ ,  $r = 0.46$ ).

Three group comparisons were made to investigate group differences as evidence of construct validity. To this end, at first, group differences in the functioning of families with a drug user was compared with that of the normal families in the subscales of life partners' checklist in two dimensions of frequency and intensity. The results of multivariate analysis of variance showed that the functioning of the two groups in the subscales of life partners' checklist in both frequency and intensity dimensions was significantly different from each other (effect size = 0.65'  $P < 0.001$ ,  $F = 52.75$ ; Pillai's Trace = 0.65). Univariate analysis of covariance was used to examine the patterns of difference as follows.



**Table 4: Results of ANOVA representing the comparison of functioning in families with a drug user and with normal members**

<i>Frequency dimension</i>	<i>Groups</i>	<i>Mean</i>	<i>F</i>	<i>Intensity dimension</i>	<i>Groups</i>	<i>Mean</i>	<i>F</i>
<b>Financial</b>	With an addicted member	1.86	48.38*	<b>Financial</b>	With an addicted member	2.33	68.52*
	Normal	0.71			Normal	0.82	
<b>Lifestyle</b>	With an addicted member	2.39	256.69*	<b>Lifestyle</b>	With an addicted member	2.90	396.04*
	Normal	0.13			Normal	0.13	
<b>Physical abuse</b>	With an addicted member	1.29	37.57*	<b>Physical abuse</b>	With an addicted member	2.47	55.23*
	Normal	0.18			Normal	0.94	
<b>Governmental /legal</b>	With an addicted member	1.01	46.54*	<b>Governmental /legal</b>	With an addicted member	1.72	51.91*
	Normal	0.03			Normal	0.09	
<b>Health</b>	With an addicted member	1.59	94.80*	<b>Health</b>	With an addicted member	2.19	102.73*
	Normal	0.31			Normal	0.49	
<b>Relations</b>	With an addicted member	2.52	254.74*	<b>Relations</b>	With an addicted member	3.05	291.39*
	Normal	0.41			Normal	0.61	
<b>Social /emotional</b>	With an addicted member	2.92	391.37*	<b>Social /emotional</b>	With an addicted member	3.30	470.08*
	Normal	0.51			Normal	0.40	

\* P &lt; 0.001

As it is observed in the table above, families with an addicted person have gained significantly higher scores than families without any addicted person in all subscales of life partners' checklist.

In addition, the function of families with addicts who received financial assistance from support organizations (such as welfare, relief committees) and families who do not receive these benefits was compared in the subscales of life partners' checklist in two dimensions of frequency and intensity. The results of multivariate analysis of variance showed that there was a significant difference between the function of the two groups in the subscales of life partners' checklist in both frequency and intensity dimensions (effect size=0.35,  $P < 0.001$ ,  $F = 13.53$ , Pillai's Trace = 0.35). Univariate analysis of covariance was used to examine the patterns of difference as follows.

**Table 5: Results of ANOVA representing the comparison of functioning in families with and without receiving assistance from support organizations**

<i>Frequency dimension</i>	<i>Group</i>	<i>Mean</i>	<i>F</i>	<i>Intensity dimension</i>	<i>Group</i>	<i>Mean</i>	<i>F</i>
<b>Financial</b>	With support	2.47	77.51*	<b>Financial</b>	With support	3.07	93.49*
	Without support	1.63			Without support	2.06	
<b>Lifestyle</b>	With support	2.77	38.14*	<b>Lifestyle</b>	With support	3.30	41.54*
	Without support	2.24			Without support	2.76	
<b>Physical abuse</b>	With support	1.61	14.00*	<b>Physical abuse</b>	With support	2.64	2.96
	Without support	1.18			Without support	2.41	
<b>Governmental /legal</b>	With support	1.35	26.94*	<b>Governmental /legal</b>	With support	2.28	30.95*
	Without support	0.89			Without support	1.50	
<b>Health</b>	With support	1.78	9.97*	<b>Health</b>	With support	2.40	7.50*
	Without support	1.52			Without support	2.11	
<b>Relations</b>	With support	2.72	11.04*	<b>Relations</b>	With support	3.19	4.54*
	Without support	2.45			Without support	2.99	
<b>Social /emotional</b>	With support	3.00	2.173	<b>Social /emotional</b>	With support	3.30	0.00
	Without support	2.88			Without support	3.30	

As it is observed in the table above, the families with an addicted person who were under the coverage of support organizations have obtained significantly higher scores the subscales of financial problems, lifestyle, and physical abuse, conflicts with governmental/legal institutions, health issues, and relational problems than the families with an addicted person not under the coverage of support organizations. This difference was not statistically significant in terms of social/emotional issues.

Moreover, the function of families with and without a court case in the judicial authorities was compared in the subscales of life partners' checklist in two dimensions of frequency and intensity. The results of multivariate analysis of variance analysis showed that the function of the two groups in the subscales of life partners' checklist was significantly different in both frequency and intensity dimensions (effect size = 0.54,  $P < 0.001$ ,  $F = 30.24$ , Pillai's Trace = 0.54). Univariate analysis of covariance was used to examine the patterns of difference as follows.

**Table 6: Results of ANOVA representing the difference in the functioning of families with and without a court case in judicial authorities**

<i>Frequency dimension</i>	<i>Group</i>	<i>Mean</i>	<i>F</i>	<i>Intensity dimension</i>	<i>Group</i>	<i>Mean</i>	<i>F</i>
<b>Financial</b>	With a court case	2.21	63.77*	<b>Financial</b>	With a court case	2.76	80.53*
	Without a court case	1.52			Without a court case	1.92	
<b>Lifestyle</b>	With a court case	2.55	17.55*	<b>Lifestyle</b>	With a court case	3.06	15.92*
	Without a court case	2.23			Without a court case	2.75	
<b>Physical abuse</b>	With a court case	1.54	23.82*	<b>Physical abuse</b>	With a court case	2.78	28.56*
	Without a court case	1.05			Without a court case	2.18	
<b>Governmental /legal</b>	With a court case	1.50	210.04*	<b>Governmental /legal</b>	With a court case	2.60	362.25*
	Without a court case	0.55			Without a court case	0.86	
<b>Health</b>	With a court case	1.83	47.007*	<b>Health</b>	With a court case	2.48	39.53*
	Without a court case	1.35			Without a court case	1.91	
<b>Relations</b>	With a court case	2.81	68.52*	<b>Relations</b>	With a court case	3.29	37.53*
	Without a court case	2.24			Without a court case	2.82	
<b>Social /emotional</b>	With a court case	3.08	23.22*	<b>Social /emotional</b>	With a court case	3.49	26.86*
	Without a court case	2.76			Without a court case	3.12	

As it is observed in the table above, the families with an addicted person and with a court case have obtained significantly higher scores in all the subscales of life partners' checklist than the families with an addicted person but without a court case.

The other result of this test suggests that the frequency and intensity of the experienced problems in different dimensions are dependent on the type of partner (parent/spouse). The results of multivariate analysis of variance analysis showed that the experienced problems in all dimensions are a function of the partner type (effect size = 0.27, P <0.001, F = 9.33, Pillai's Trace = 0.78). Univariate analysis of covariance was used to examine the patterns of difference as follows.

**Table 7: Results of ANOVA representing the difference in the functioning of groups depending on the type of the partner**

<i>Frequency dimension</i>	<i>Group</i>	<i>Mean difference</i>	<i>F</i>	<i>Intensity dimension</i>	<i>Group</i>	<i>Mean difference</i>	<i>F</i>		
<b>Financial</b>	Father	Mother	0.73*	14.87*	Financial	Mother	0.64*		
		Wife	0.85*			Father	Wife	0.92*	
		Husband	1.11*			Husband	Wife	1.14*	
	Mother	Wife	0.11		15.17*	Lifestyle	Mother	0.27	
		Husband	0.37				Mother	Husband	0.49
		Wife	0.25				Wife	Husband	0.22
Father	Mother	0.32	2.09	Physical abuse		Mother	0.45*		
	Wife	0.39				Father	Mother	0.31	
	Husband	-0.65*				Father	Wife	0.03	
Mother	Wife	-0.28*		16.05*	Governmental/legal	Mother	-0.14		
	Husband	-0.97*				Mother	Wife	-0.42*	
	Wife	-0.69*				Wife	Husband	-0.28	
Father	Mother	0.40	20.61*		Health	Mother	0.30		
	Wife	0.25				Father	Wife	0.22	
	Husband	0.24				Father	Husband	-0.14	
Mother	Wife	-0.14		8.95*	Relations	Mother	-0.08		
	Husband	-0.37				Mother	Wife	-0.45	
	Wife	-0.23				Wife	Husband	-0.36	
Father	Mother	0.68*	2.62		Social/emotional	Mother	0.69*		
	Wife	0.80*				Father	Mother	0.22	
	Husband	0.38				Father	Wife	0.77*	
Mother	Wife	0.12		8.95*	Relations	Mother	0.77*		
	Husband	-0.29				Mother	Husband	0.55*	
	Wife	-0.42*				Wife	Husband	-0.0037	
Father	Mother	0.26	20.61*		Health	Mother	0.22		
	Wife	0.69*				Father	Wife	0.10	
	Husband	0.83*				Father	Husband	0.47*	
Mother	Wife	0.43*		8.95*	Relations	Mother	0.77*		
	Husband	0.57*				Mother	Wife	0.55*	
	Wife	0.14				Wife	Husband	-0.0037	
Father	Mother	0.25	8.95*		Relations	Mother	0.10		
	Wife	0.50*				Father	Wife	0.47*	
	Husband	0.13				Father	Husband	0.17	
Mother	Wife	0.25		8.95*	Relations	Mother	0.37*		
	Husband	-0.11				Mother	Husband	0.07	
	Wife	-0.36*				Wife	Husband	-0.29	
Father	Mother	-0.22	2.62		Social/emotional	Mother	-0.16		
	Wife	-0.07				Father	Mother	-0.16	
	Husband	0.13				Father	Wife	0.23	
Mother	Wife	0.14		2.62	Social/emotional	Mother	0.45*		
	Husband	0.35				Mother	Husband	0.45*	
	Wife	0.21				Mother	Wife	0.40*	
Father	Husband	0.21	2.62		Social/emotional	Mother	0.62*		
	Wife	0.21				Mother	Husband	0.62*	
	Husband	0.21				Wife	Husband	0.22	

As it is observed in Table 7, in terms of frequency dimension, financial problems are more frequent in the families with the father as the life partner compared to the families with the other life partners. In addition, lifestyle problems in the family with the husband as the life partner are more frequent than those in the families with wife as the life partner. In the dimension of physical abuse, there was no difference between families with different partners. The governmental/legal problems in the families with father as the partner were more frequent than those in the families with mother and wife as the life partners. Health issues in the families with parent as the life partner were more frequent than those in the families with spouse as the partner; these problems in the families with father as the life partner were higher in frequency than those in the families with wife as the life partner; and these problems were more frequent in

the families with husband as the life partner than those in the families with wife as the life partner. In the dimension of social/emotional problems, no significant difference was observed between families with different life partners. In the intensity dimension of financial problems, the families with father as the life partner were reported to experience more intense problems in comparison with the families with other members as life partners. Evidence suggested that lifestyle problems in families with husband as the life partner are more intense than those in the families with mother as the life partner; and these problems were reported to be more intense in the families with father as the life partner than those in the families with mother as the life partner. In the subscale of physical abuse, there was no difference between families with different partners in terms of intensity. In the dimension of governmental/legal problems, the families with father as the life partner experienced more intense problems than the families with mother and wife as the life partners. More intense health problems were experienced in the families with parent as the life partner than the families with husband as the life partner. In the dimension of social/emotional problems, the families with father as the life partner experienced more intense problems than the families with husband as the life partner; and these problems were more intense in the families with mother as the partner than in the families with wife as the life partner.

One-sample t-test was used to determine the most common problem of life partners (parent/spouse) of drug abusers in different dimensions. The test parameter was considered equal to 2 and the results are presented in the following table.

**Table 8: T test results in terms of the most common problems of life partners in subscales of life partners' checklist**

<i>Frequency dimension</i>	<i>T</i>	<i>Mean difference of the dimensions</i>	<i>Upper bound</i>	<i>Lower bound</i>
<b>Financial</b>	2.91	0.13	-0.04	-0.22
<b>Lifestyle</b>	9.80	0.39	0.47	0.31
<b>Physical abuse</b>	13.56	0.70	-0.59	-0.80
<b>Governmental/legal</b>	23.81	0.98	-0.90	-1.06
<b>Health</b>	10.94	0.40	-0.33	-0.47
<b>Relations</b>	14.07	0.52	0.60	0.45
<b>Social/emotional</b>	77.26	0.92	0.98	0.85

**Continue Table 8: T test results in terms of the most common problems of life partners in subscales of life partners' checklist**

<i>Intensity dimension</i>	<i>t</i>	<i>Mean difference of the dimensions</i>	<i>Upper bound</i>	<i>Lower bound</i>
<b>Financial</b>	6.49	0.33	0.43	0.23
<b>Lifestyle</b>	22.87	0.90	0.98	0.83
<b>Physical abuse</b>	8.20	0.47	0.59	0.36
<b>Governmental/legal</b>	4.32	0.27	-0.15	-0.40
<b>Health</b>	4.13	0.19	0.28	0.10
<b>Relations</b>	26.09	1.05	1.13	0.97
<b>Social/emotional</b>	34.80	1.30	1.37	1.23

As it has been shown in the table above, the results showed that the mean values in the frequency dimensions (the subscales, including lifestyle, relations, social/emotional components) while the social/emotional subscale took up the highest mean value. In the intensity dimension, the mean values of all the subscale are above 2 except the subscale governmental/legal conflicts. The highest mean value pertains to the social/emotional subscale.

### **Discussion and Conclusion**

The present study aimed at validating partners' checklist through the measurement of the problems experienced by the family members of drug abusers. The findings of this study showed that the validity of this questionnaire is acceptable in the sense of internal harmony. The reliability coefficients obtained in this study range from 0.57 to 0.81 in the frequency dimension and from 0.53 to 0.81 in the intensity dimension. In the frequency and intensity dimensions, the financial and governmental/legal subscales took up the highest internal consistency coefficients. The findings of this study are consistent with those of the studies carried out by Kirby et al. (2005) and Benishek et al. (2011). Moreover, the results showed that the life partners' checklist enjoys an appropriate external validity. The external validity of a test is a range in which the scores of the test are related to other dimensions. The results showed that the financial subscale of the life partners' checklist in both frequency and intensity dimensions had a significant negative correlation with the financial dimension of the marriage performance questionnaire. The marriage performance questionnaire in emotional expression had a negative relationship with the social/emotional subscale (frequency dimension) and relations subscale (intensity dimension) in life partners' checklist. In addition, the marriage performance questionnaire in relations dimension had a negative relationship with the relations subscale (both in frequency and in intensity dimensions) in life partners' checklist. Furthermore, the results showed that the aggression questionnaire was positively correlated with the physical abuse subscale in life partners' checklist both in frequency and in intensity dimensions. This finding is consistent with the findings reported by Stover et al. (2012), Chermack et al. (2008), Sigfusdottir, Gudjonsson & Sigurdsson (2011), Heru et al. (2006) who reported that there were violence and physical abuse in the families with addicted people. In addition, this evidence suggests that the financial, social/emotional, relations, and physical abuse subscales counterparts have benefit from an acceptable external validity.

The other axis of the findings was related to the evidence of the construct validity of the life partners' checklist. The findings showed that the families with addicted members gained higher scores than the families without addicted members in all subscales of life partners' checklist. In other words, the families

with addicted members in all subscales experienced more problems both in terms of the frequency and intensity of the discomfort experienced than the families without addicted members. One possible explanation for this finding is that since addiction has a chronic and progressive nature, the family system gradually undergoes fundamental changes and the borders get mixed up. Family members gradually become ill like the addicted member and different forms of codependency will emerge. The codependent individuals show adaptive behaviors for the survival of the family framework and begin to evade responsibilities. As a result, the family functioning in all these dimensions face difficulty.

In addition, performance in the subscales of life partner's checklist between the families who received assistance from supportive organizations (such as welfare, relief committees) and the families who did not receive such assistance differed from each other except in the social/emotional subscale (frequency dimension) and in the of physical abuse and social/emotional subscales (intensity dimension). The families with addicted members who felt more intense and more frequent problems of the mentioned type referred to these organizations for receiving support, but the supports of these organizations did not mean that the frequency and intensity of their problems would be reduced. Even in financial aspects, the amount of assistance receiving from the support organizations did not solve the financial problems of such families. In addition, families with addicted members and with a course case obtained higher scores in all subscales of life partners' checklist than the families with addicted members and without a court case. These results indicate that different patterns of problems are observed among the life partners. Conflicts with governmental/legal institutions also affect other dimensions of their lives and lead to the incidence of more problems for families. These results are consistent with the results reported by Kirby et al. (2005) and Benishek et al. (2011). To examine the problems of life partners, it seems that they should not be considered as a homogeneous class, but the patterns of problems should be examined in terms of the type of partner. In addition, evidence suggests that the subscales of the life partners' checklist enjoy a proper divergent validity. Evidence suggests that the interventions of supportive organizations are not focused on the social and emotional issues of the addicted families and cannot resolve such problems. One possible explanation for these findings is that living with an addicted person is very anxious due to the chronic nature of the addiction disease. This disease converts them into bad, unreliable, angry, deceitful, and cunning individuals in the society. In fact, these people do not have moral and behavioral stability and family members do not know how to treat them. For this reason, in addition to having problems in there relations and lifestyle, they often live in confusion and anxiety and suffer from many difficulties in terms of social and emotional expressions. This finding is consistent with those of the studies carried out by

Kirby et al. (2005), Benishek et al. (2011), Luk et al. (2010), and Homish et al. (2007).

Another finding of this study is that the frequency and intensity of the experienced problems are a function of the type of the partner (parent/spouse) in such subscales as financial issues, lifestyles, physical abuse, conflicts with governmental/legal institutions, health issues, relations, and social/emotional issues. The findings showed that the frequency and intensity of the problems will vary depending on how one's family is defined. In addition, there are different patterns of frequency and intensity of the problems experienced by life partners. The most common problem among the life partners (parent/spouse) of drug abusers is in the subscales of lifestyle, relations, and social/emotional issues (frequency dimension) where the social/emotional subscale took up the highest mean value of frequency. In the intensity dimension, the mean values of all subscales except governmental/legal conflicts are high. The highest mean value is observed in the social/emotional subscale.

The first limitation of this research is that the questions of life partners' checklist have been completed by the family of the addicted people who have been under treatment for fewer than three months. With the increase in the duration of treatment, family members may report a variety of problems in terms of frequency and intensity. In the same way, the problems of the families with drug users in this instrument have been measured regardless of the type of the substance used by the addict, and the families of the addicts who had not referred for treatment and also the male and female spouses who had been separated from their partners were not included in the study. The nature of this study is descriptive; therefore, the underlying reasons do not explain these problems. Another limitation is that the scores derived from this instrument are not correlated with the actual behaviors of people in everyday life, especially with the criteria that indicate the existence of these problems. The conduct of a factor analysis for the investigation of the factor structure of this instrument has been one of the other limitations of this study. Due to the limitations mentioned above, it is suggested that the researchers interested in this area carry out this study on other communities, including on the families who have been under treatment over one year and the partners separated from addicts, as well as single-parent families. This instrument is suggested to be administered to populations from other provinces of the country to provide evidence of the development of the construct validity of the instrument. Also, the type of the substance used by the addict should be taken into account as another variable. The external validity of this instrument should also be measured in the subscales of lifestyle, governmental/legal conflicts, and health issues; and the scores derived from the instrument should be correlated with the actual behaviors of individuals in daily life in order to provide evidence of the criterion validity of the instrument.



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