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ORIGINAL PAPER

Coping with Stress, Depression and Fear of Negative Social Evaluation through Comparing Wives of Addicted and non-Addicted Men

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ABSTRACT

This study was conducted to investigate ways of coping with stress, depression and fear of negative social evaluation through comparing wives of addicted and non-addicted men. A causal-comparative research was used by us. Thus, 100 women with addicted husbands referred to addiction centers were selected by simple random sampling method and 100 wives of non-addicted men referred to a health center in Zahedan were selected by available sampling method. They completed the Lazarus–Folkman confrontation methods (1985), Beck depression questionnaire (1971) and Leary's fear of negative evaluation scale (2004). Findings from Manova analysis show a statistically significant difference between women with addicted husbands and those with non-addicted husbands in emotion-oriented coping style, depression and fear of negative social evaluation, and addicted men's wives obtained more scores in under listed scales (p > 0/05). Women with non-addicted husbands obtained more scores in problem-focused coping style. Findings show the importance of drug abuse consequences in families' and couples' life. Accordingly, practical and theoretical counselling is recommended to reduce damage on family members with addicted problems and provide a supportive atmosphere.

Keywords: coping with stress methods, depression, fear of negative social evaluation, wives of addicted and non-addicted men

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INTRODUCTION

Addiction or substance dependence has been known as a chronic and multifactorial health problem (1). *The Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* also includes substance use disorders involving problematic behavioral patterns related to obligations and responsibilities, continuing problems in interpersonal relationships, substance consumption despite knowledge of physical or mental problems, cut and drop recreational result of disruption or considerable distress, with at least two of the following signs being present during a period of 12 months: substance use in an amount and duration longer than intended, desire to reduce use or failed attempts and back again to consumption, spending considerable time to get or use the substance during recovery, craving, strong desire to use the substance, interference with social and work activities, need to use more substance to achieve the desired effect (2). Globally increased consumption of drugs has been mentioned by the World Drug Report in 2010, with an average of 27 million people having drug dependence (1). Drug use is associated with significant damage (3), and apart from its direct impact on an addicted individual, this dependence is associated with neglect of familial duties, lack of material, spiritual and mental needs in family and lack of responsibility towards wife and children (4, 5). Substance use by one of the family members is leading to a feeling of insecurity and stress. Stress is the spontaneous reaction of the body to real world difficulties or exciting conditions that disturb a person's inner balance (6). Lazarus (7) has also considered the coping concept as a stabilization of behavior and cognition factor that helps to adjust the body against stressful conditions. According to this definition, two main types of coping have been known: problem-focused coping (circuit problems), which is directed towards changing the problem or stressor, and emotion-focused coping (coping orientation), which aims to reduce individual emotional distress. Some studies (8) have also highlighted that women married to addicted men are facing stressful conditions duo to their husband's addiction; they may be used to manage their own emotions resulting from stressful situations, emotional schemes and poor emotion regulation strategy, and cannot cope well enough to emerging issues in their life (9, 10). Another study reported that about 28% of such women were used to solve their problems according to false coping styles (11). Gorman and Rooney (12) examined wives of addicts and concluded that they used more behavioral avoidance coping strategies, cognitive avoidance, active dealing with husbands and drugs, expressing disgust and trying to force their husbands to leave drug use (13).

Studies have shown that 36.4% of women with addicted husbands have moderate anxiety and 36.8% have moderate depression (14). Family concerns about financial crisis, physical and mental state of the addict and his behavioral disorders caused depression in family members and wives of addicted men (15). The American Psychiatric Association (2) cited depression as a heterogeneous disease with different manifestations in each particular person, which is associated with a wide range of emotional and behavioral symptoms (16), such as reducing social activities, friend avoidance etc, thus shaking the entire structure of the family.

Families of addicts suffer from stigma and social discrimination, which cause them emotional distress, difficulties in relationships with others as well as fear of negative social evaluation (17) characterized by social anxiety. People with social anxiety have a maladaptive behavior when faced to social situations, mainly expressed by selective retrieval of negative information about them (18). Such persons who generally present fear of negative evaluation are too sensitive to other people's assessment or comments, which they tend to avoid (19). Women with addicted husbands are often hiding most drug problems from other family members in order to avoid the drug user labelling. This not only worsen family tension but also prevents them from receiving assistance and support, given the lack of social interactions (20). The results also suggest that addicts' family members are at risk of psychological problems such as anxiety, stress, depression, despair, violence and aggression (21, 22). Another study (23) highlighted that women whose husbands were addicted to alcohol had a very high stress level. Marcon *et al* (24) showed that drug dependency was recognized as an important factor in the emergence of depressive symptoms in caregivers, while Maryarti *et al* (25) reported that addiction in drug dependent people leads to reduced self-confidence, social isolation, social problems, feelings of fear and anxiety in other family members (25). Bageri *et al* (26) also showed that stress and depression rates in women with addicted husbands was very high. Mohammadkhani *et al* (27) reported

that disorders such as depression, interpersonal sensitivity, anxiety, hostility paranoid ideation, social phobia and psychotics were much commonly seen in women with addicted husbands. In general, family plays a crucial role in the prevention and treatment of substance abuse (28) and, given the high prevalence of mental health and social problems (anxiety, depression, aggression and interpersonal sensitivity) in wives of addicted husbands (27), checking the psychological and social status of these women is very important.

Therefore, the aim of this study is to investigate ways of coping with stress, depression and fear of social negative evaluation by comparison between wives of addicted and non-addicted men. ❑

METHOD

In this study, causal-comparative research method was used. In the case group, we included wives of addicted men referred to "House of Love" addiction center, "Mahtab Institute of Substance Abuse Treatment" of Zahedan and Shahed group; the comparative group consisted of women married to non-addicted men referred to a health center in Zahedan. Addicted husbands were men who had used drugs in the last few years and were currently admitted to addiction treatment centers. From eligible people, 100 women with addicted husbands were selected by simple random sampling and 100 women with non-addicted husband by available sampling method. After selecting females married to addicted men, we tried to match wives of non-addicted males in terms of age, level of education, occupation and place of living. Data collection was done in collaboration with expert's addiction province and trained general doctors from addiction and health centers, after preparing and adjusting questionnaires, and providing the necessary explanations and information to participants, who were assured about the confidentiality of their answers. In this study, the following questionnaires were used:

a) Lazarus–Folkman questionnaire (2006) containing 66 articles considering problem-oriented and emotion-oriented strategies; questions addressing emotion-oriented coping methods were 8-18-22-31-42-45-9-25-29-51-1-26-39-48-49-52-20-23-30-36-38-56-60, and those addressing problem-oriented coping methods were 6-7-17-28-34-64-12-13-15-21-41-44-10-14-35-43-54-62-63-11-16-33-40-47-50-58-59). This questionnaire is based on a four-item scale (1=did not use, 2=used somewhat, 3=used most of time, 4=did not use too much). Lazarus (1990) reported a credit of 79% to 66% for each of the facing methods. Khodadadi (2004), quoted from Rajabi *et al* (29), obtained total coefficient test of 84%;

b) Back depression inventory (BDI-21), which was prepared by Beck in 1971 and reviewed in 1987, was used to measure the amount of depression. Beck test has 12 questions and each material (symptomatic) has been divided into four grades based on intensity and scored from zero to three – zero score is showing the lowest ration and three score, the highest intensity experience of a sign of depression; minimum and maximum score of this inventory is 0 and 63, respectively. In this test, 0-9 score shows minimum depression and 10-18 small depression, 19-29 medium depression and 30-63 high depression (30). Rahimi's study (31) showed that Back depression inventory has a high internal stability (a=78%) and an acceptable reliability over time of 73%.

c) Fear of negative evaluation scale – brief form (FNES-B): the short version of the fear of negative evaluation scale (32) has 12 questions that measure the amount of anxiety experienced by people or its negative evaluation. On this scale, each question had five possible answers (1=never applies to 5=always applies). Questions 2, 4, 7 and 10 conversely are scores. Questions 1, 3, 5, 6, 8, 9, 11 and 12 measured the fear and concern about others' negative evaluation and questions 2, 4, 7 and 10 measured the lack of fear and concern about others' negative evaluation. Higher scores are showing a higher level of anxiety and fear. In Leary's study (32), internal consistency (a=0.96) and reliability test–retest after four weeks were obtained. In a study of Shokri *et al* (33), internal consistency for positive graded factor (=0.87) and negative graded factor (a=0.47) were accepted. In this research, we used multivariate analysis of variance and t-test for data analysis. ❑

RESULTS AND DISCUSSION

According to the findings of this research, age of women included into the two study groups ranged between 25-45 and their average age was 33.82, with standard deviation about 5/612. In both groups, the education level was sub-level diploma (94.5), and most of the participants were

house wives (0.68). In Table 1, average and standard deviation has been provided for problem-oriented and emotion-oriented coping style and fear of social negative evaluation for total sample.

In Table 2, a one way multivariate analysis of variance between groups was used to examine the difference between wives of addicted and non-addicted men in the score of coping with stress and fear of social negative evaluation, as follows: problem-oriented and emotion-oriented coping style, fear of negative evaluation and lack of fear of negative evaluation. Independent variable were wives of addicted and non-addicted men. Results show that there is a statistically significant difference between wives of addicted and non-addicted men in problem-oriented coping style ($F=19.698$. $P<0.02$, partial Eta$= 0.090$) and emotion-oriented coping style ($F=11.383$, $p<0.02$, partial Eta$=0.054$), as well as between wives of addicted and non-addicted men in level ($a=0.5$) of fear of negative evaluation ($F=4.612$, $p<0.05$, partial Eta$= 0.023$). On the scale of lack of fear of negative evaluation, no statistically significant difference was observed between wives of addicted and non-addicted ($p<0.05$).

To show the difference between the two groups in problem-oriented coping style, emotion-oriented coping style and fear of negative evaluation, we used the results of a post hoc test which are presented in Table 3: wives of addicted men had more scores in emotion-oriented coping style and wives of non-addicted men in problem-oriented coping style ($p<0.05$). Also, results showed that there was a statistically significant difference in scores of wives of addicted men in fear of negative evaluation compared to those of non-addicted men ($p<0.05$).

Variables	Wives of non-addicted men Average	Standard deviation	Wives of addicted men Average	Standard deviation
Problem-oriented coping style	56.53	7.492	50.62	11.009
Emotion-oriented coping style	65.83	8.185	70.49	11.126
Fear of negative evaluation	21.53	5.748	23.94	9.638
Lack of fear of negative evaluation	12.69	3.287	11.76	4.808

TABLE 1. Score descriptive results of the ways of coping with stress and fear of negative evaluation in wives with addicted and non-addicted husbands

Source	Sum of squares	df	Average squares	F	Sig	Eta square
Problem-oriented coping style	1746.405	1	1746.405	19.698	0.0001	0.90
Emotion-oriented coping style	1085.780	1	1085.780	11.383	0.001	0.054
Fear of negative evaluation	290.405	1	290.405	4.612	0.03	0.023
Lack of fear of negative evaluation	43.245	1	43.245	2.550	0.11	0.13

TABLE 2. Results of multivariate analysis of variance for dimensions ways of coping with stress and fear of negative evaluation in wives addicted and non-addicted men

Variable	Group (i)	Group (j)	Difference average (i-j)	Standard deviation	Meaningful level
Problem-oriented coping style	Wives of non-addicted men	Wives of addicted men	5.910	1.332	0.0001
Emotion-oriented coping style	Wives of non-addicted men	Wives of addicted men	-4.660	1.381	0.001
Fear of negative evaluation	Wives of non-addicted men	Wives of addicted men	-2.410	1.122	0.03

TABLE 3. Results of least significant difference (LSD) post hoc test: average scores of coping and fear of negative evaluation in wives of addicted and non-addicted men

Variable	Group	Average	Standard deviation	T value	F	Meaningful level
Depression	Wives of addicted men Wives of non-addicted men	24.33 41.43	12.561 9.729	-10.763	186.346	0.0001

TABLE 4. t-test results in total score of depression among wives of addicted and non-addicted men

We have also checked the difference in depression rate between wives of addicted and non-addicted men. Table 4 presents the meaningful statistic difference between wives of addicted and non-addicted men in total score of depression (p<0/01), (p=0.0001, t=-10.763). ❑

CONCLUSION

The present research was conducted to investigate ways of coping with stress, depression and fear of social negative evaluation by comparing wives of addicted and non-addicted men. Results show that women married to addicted men benefitted more from emotion-oriented coping strategy and less from the problem-oriented one. These findings are in line with the studies of Hasani *et al* (9), Mohammadi Far *et al* (10), Banerji (11), Groman and Roni (12) Karami *et al* (13) and Mancheri *et al* (14). A possible explanation for our findings could be that the head of households' drug abuse made their wives lose hope to restore their life, affected their psychological status and disrupted the quality of life. Under such circumstances, such women felt sorrow, loneliness, shame and lack of psychological security (9). Despite these conditions, it is natural that wives with addicted men in stressful conditions cannot benefit from efficient and true coping strategies to solve their problems, and therefore they develop maladaptive emotional behaviors such as denial, lack of accountability, anger, aggressiveness, or try to avoid thinking of the problem, direct confrontation with husband to leave drugs abuse, protection of family and children against inflicted violence by husband, responsibility for life, reduce stress by disgust and hatred of life (34). Other findings also showed that women with addicted husbands had higher depression and fear of social negative evaluation than those married to non-addicted men. These results are in line with other reports in the literature: women with addicted husbands have higher anxiety, despair, suicidal thoughts, suicidal acts and low self-esteem (14, 15, 24), reduced social activities, avoidance of friends, social and behavioral isolation, feeling of fear and anxiety in social relations (25, 35) and interpersonal sensitivity, hostility, social phobia, paranoia and psychosis (27) compared to wives of non-addicted men. Addiction can be seen as a sickness which has a strong impact on family members, given the burden of this problem associated with concern and anxiety regarding the behavior and physical and mental health of addicts; also, the sense of commitment and responsibility to protect and control an addicted person leads to fatigue, fear and guilt among family members, mainly the wife of the addict (36). In such conditions, severe depression was seen in these women because of failure to fulfill commitments and fatigue caused by attempts to regulate action. They also face problems related to others' negative labelling of drug user, abuse and negative attitude of society towards drug consumption, which buckle up with weakness and disorder in interpersonal relationships (37). Wives of addicted men may feel ashamed and guilty, blaming themselves for their husbands' problem, or present fear of negative evaluation and despise by community members, thus avoiding participation in social events as well as family and social relations. Obviously, women married to addicted men have to deal with the stressful conditions of a life shared with an addicted person and face serious social and mental problems. This group of women often have painful times in their life and experience mental damage as well as wide fluctuations in their emotional, psychological and behavioral spectrum that puts them at risk of abnormal tension. Therefore, attention to their basic needs is very important.

However, this research has several limits. Firstly, our study used a comparison method between two groups of women – one with addicted husbands and the other one with non-addicted husbands – which only helped us to represent higher emotion-oriented coping methods, depression and fear of negative evaluation in women with addicted husbands, with no explanation for the causal relationship. Secondly, this research was performed only in clinics of Zahedan district, so results could not be generalized. Therefore, we suggest that future studies should also explain research variables with predictor correlation methodology and repeat research for wider population samples and different states in order to identify problems of women with addicted husbands. Also, our study highlighted the need of establishing counseling centers aimed to reassure and comfort women married to addicted men as well as introducing regular addiction rehabilitation programs focused on wife and family support. ❑

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