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Couple Burnout and Partner's Substance-Dependency: Is there any Association?

Zeinab Haghparast[1], Hedyeh Riazi[2], Jamal Shams[3], and Ali Montazeri[4,5]

Abstract

Objectives: Substance-dependency is a significant health problem that might affect couples' relationships and lead to several complications such as burnout. This study aimed to assess and compare couple burnout in women with and without substance-dependent partners.

Methods: In this cross-sectional study samples of women with and without substance-dependent partners were studied. Couple burnout was assessed using the Couple Burnout Measure (CBM). The data then were compared between the study groups by performing descriptive statistics, independent t-test, and chi-square. Logistic regression analysis was carried out to examine the association between couple burnout and independent variables.

Results: In all 264 women with (n = 121) and without (n = 143) substance-dependent partners were studied. Couple burnout was assessed using the Couple Burnout Measure (CBM). There were significant differences between both groups in most characteristics. The mean score of couple burnout in women with and without substance-dependent partners were 3.8 ± 1.2 and 2.6 ± 0.85 respectively ($p < 0.001$). In logistic regression analysis, the probability of couple burnout in women with substance-dependent partners was 4.5 times more than those without substance-dependent partners (OR = 4.50, CI = 2.48-8.17, $p < 0.001$).

Conclusion: The findings showed that women with substance-dependent partners might suffer from higher couple burnout. Indeed, implementing appropriate interventions such as educational and counseling programs in health centers and substance abuse treatment centers is recommended. In fact, the current study highlights the extra burden that women with substance-dependent partners experience.

Keywords

couple burnout, substance, dependency, partner, Iran

Introduction

Couple burnout is the physical, emotional and psychological fatigue that results from the incompatibility between expectations and the realities of the marital life.[1,2] It reduces love, affection and intimacy of couples over a period of time that leads to psychological problems, emotional divorces and eventually formal separations.[3] Couple burnout is a cumulative process and if it develops further, emotional attachment of partners can be reduced.[4] Additionally, the sense of alienation, indifference, disinterest, and the replacement of positive with negative emotions may occur between couples.[3,5] The experience of the burnout from one partner can quickly transfer to the other one, and the process can continuously transmit between both partners.[6] Various factors can affect or accelerate this process, including failure of establishing a proper relationship for expressing their needs and desires

[1] Department of Midwifery and Reproductive Health, Student Research Committee, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[2] Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[3] Behavioral Science Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
[4] Population Health Research Group, Health Metrics Research Center, Iranian Institute for Health Sciences Research, ACECR, Tehran, Iran
[5] Faculty of Humanity Sciences, University of Sciences and Culture, Tehran, Iran

Corresponding Author:
Hedyeh Riazi, Department of Midwifery and Reproductive Health, Shahid Beheshti University of Medical Sciences, ValiAsr Ave., Cross of Niayesh Highway and ValiAsr, Tehran, Iran.
Email: h.riazi@sbmu.ac.ir

among couples, disruption of intimate relationships, stress, failure, frustration, anger, marital conflicts and sexual problems.[3,7,8] However, other factors that might influence couple burnout remain to be studied. These factors could include both emotional and behavioral issues.[9,10] As such, substance dependance is among behaviors that put marital relationship at higher risk of disruption. From health economic perspective it is argued that some conditions which lead to health problems including drug dependency, are due to inadequate expenditures on public health.[11] Furthermore, there is evidence that health financing sustainability in high-income and low/middle- income countries is a major problem[12] and thus vibrant health policies to deal with issues similar to drug dependency and issues related to 'family' as a social foundation remain to be viewed in the light of economic development.[13]

Substance dependance could affect couples' intimate relationship, cause communication problems, and increase anxiety about the future of their marital life. As a result, affected partners may even consider depart their marital relationships.[14] It can also impair couples' physical and mental health as well as imposing economic burden due to partner's substance abuse.[9] In addition, with regard to sexual relationships; sexual dysfunction, erectile and orgasm dysfunction, increased violence and sexual abuse are observed among substance-dependent male partners.[15–18] Consequently, their spouses may suffer from predicaments including reduction of libido and sexual arousal, changing of attitude toward sexual relationship and sometimes even sexual aversion.[19,20] In a wider context considering substance dependance and relationship, substance addiction modifies how a person processes beliefs and makes a judgment of the world he is surrounded by, causing him to give all of his attention, resources, and concentration to satisfying his need for a lot more drugs. This affects the nature of the drug addicts' relationship with their partner. The drug addict becomes less of a sexual or romantic friend and more of a tool for furthering their addiction.[21]

Although a significant proportion of the population suffer from substance abuse across the world including Iran[22,23] and despite the numerous studies focusing on the problems faced by these people and their families, especially in the case of women with drug-dependent spouses,[15,24] none of them have addressed the couple burnout, which is a significant factor contributing to the quality of marital life.

The couple burnout and its related factors have been studied in different groups. For instance, couple burnout was studied among infertile women, married women, married women attending counseling centers, and couples caring both for children and aging parents.[1,25–26] Studies have shown that burnout among women significantly was associated with unwanted marriage, marriage duration, marital satisfaction, spouses' ages and their level of education.[4,27] However, the topic has not been studied among women with substance-dependent partners. The prevalence of couple burnout in Iran seems very high. A recent study of 767 women in west of Iran reported that marital burnout was 66.5%.[28] In addition, a cohort study (PERSIAN cohort) reported that the prevalence of drug use was about 12%.[29] Given the extent of the problem the present study was therefore designed and conducted to assess and compare the couple burnout in women with and without substance-dependent partners.

Methods

Participants, Procedure, and Ethics

This was a cross-sectional study conducted in Tehran, Iran, in 2018. The study population consisted of two groups of married women with and without substance-dependent partner. The sample size estimation was based on two means comparison.[30] We assumed if two groups differ about 10% in burnout score considering similar standard deviation (SD = 1.2), the study with a power of 90% at 5% significance level, would require at least 122 women per each group. However, in practice we recruited a sample of 264 women with (n = 121) and without (n = 143) substance-dependent partner. The former group was recruited from five drug abuse treatment centers affiliated to Shahid Beheshti University of Medical Sciences. Women were accompanied their partners who were seeking treatment for confirmed diagnosis of substance abuse. The latter group was selected from five comprehensive health centers affiliated to the same university. The inclusion criteria for both groups were: being at reproductive age (18-50 years), no history of infertility, no history of substance dependance, no history of diseases affecting sexual function and not taking any medications affecting sexual function. The ethics committee of Shahid Beheshti University of Medical Sciences (IR.SBMU.PHNM.1395.569) approved the study.

Measures

1. The Couple Burnout Measure: This questionnaire contains 21 items covering three topics: somatic, emotional and psychological burnout.[3] Each item is rated on a seven-point Likert scale ranging from 1 (no experience of condition) to 7 (frequent experience of condition). The final score for the questionnaire could be calculated based on sum of items dividing to 21 giving a total score ranging from 1 to 7. The cut-off values for the questionnaire reads as follows: score of 2 and less indicates no couple burnout, score of 2 to 3 is indicative of warning sign, while score of 3 to 4 indicates mild couple burnout, score of 4 to 5 moderate couple burnout and over 5 major couple burnout.[3] The scale has been assessed and proved to be valid and reliable.[30–32] The internal consistency reliability as estimated by the Cronbach's alpha coefficient for this study was 0.87.
2. Substance-dependent: Woman with a substance-dependent partner was defined as a woman whose partner had a definite diagnosis of drug abuse. The information of partners' drug abuse was extracted from case records and was categorized as: opioids, stimulants, and using more than one type of substance.
3. Demographic information: This included recoding of women's age, education, occupation, and partners'

age, education and employment status. We also collected data on couples' economic status, marriage type, duration of marriage, and number of children. Economic status was self-reported and was categorized as poor, fair, and good.

Data Analysis

The data were described using descriptive statistics including numbers, percentages, means and standard deviations. Comparison between the two study groups was performed using t-test and chi-square and one-way analysis of variance where appropriate. The relationship between independent variables and couple burnout was investigated using the multiple logistic regression analysis. For the purpose of regression analysis, we used the recommended cut-off values for the Couple Burnout Measure to create a binary outcome. Accordingly, scores ranging from 0 to 3 was considered as 'no couple burnout' and scores over 3 were considered as experiencing 'couple burnout'. As such, couples' burnout were considered the dependent variable (outcome measure), and partner's addiction, and demographic variables were treated as independent variables. The level of significance was set at 5%. SPSS software version 17 was used for data analysis.

Results

The characteristics of the participants are shown in Table 1. Most women with substance dependent partner (50.4%) were 36-45 years and the most women with non-substance-dependent

Table 1. Characteristics of participants.

	With substance dependent partner (n = 121) No (%)	Without substance dependent partner (n = 143) No (%)	p-value
Age			0.007*
≤25	12(9.9)	23(16.1)	
26-35	48(39.7)	75(52.4)	
36-45	61(50.4)	45(31.5)	
Partner's age			0.04*
≤25	4(3.3)	4(2.8)	
26-35	44(36.4)	68(47.6)	
36-45	48(39.7)	58(40.6)	
>45	25(20.7)	13(9.1)	
Education			0.006*
Primary	40(33.1)	35(24.5)	
Secondary	65(53.7)	66(46.2)	
Higher	16(13.2)	42(29.4)	
Partner's education			< 0.001*
Primary	63(52.1)	41(28.7)	
Secondary	49(40.5)	68(47.6)	
Higher	9(7.4)	34(23.8)	
Occupation			0.54*
Housewife	95(78.5)	112(78.3)	
Employed	26(21.5)	31(21.7)	
Partner's employment status			< 0.001*
Unemployed	26(21.5)	6 (4.2)	
Employed	95(78.5)	137(95.8)	
Economic status			< 0.001*
Good	23(19)	43(30)	
Fair	68(56.2)	96(67.1)	
Poor	30(24.8)	4(2.8)	
Marriage type			0.081*
Wanted	111(91.7)	138(96.5)	
Unwanted	10(8.3)	5(3.5)	
Having child			0.076*
No	23(19)	17(11.9)	
Yes	98 (81)	126(88.1)	
Duration of marriage (Mean, SD)	13.1(7.6)	11.2(8.1)	0.06**

*Derived from chi-square.
**Derived from t-test.

Table 2. Comparison of Couple Burnout Scores in the Study Groups.

	With substance dependent partners (n = 121)	Without substance dependent partners (n = 143)	p-value*
	Mean (SD)	**Mean (SD)**	
Burnout score	3.8(1.2)	2.6(0.85)	< 0.001*
Minimum	1	1	
Maximum	4.9	6.62	
	No. (%)	**No. (%)**	
Burnout categories			< 0.001**
The lack of couple burnout	12(9.9)	35(24.5)	
Sign of the danger of couple burnout	18(14.9)	56(39.2)	
Mild couple burnout	27(22.3)	45(31.5)	
Moderate couple burnout	45(37.2)	7(4.9)	
Intense couple burnout	19(15.7)	0(0)	

*Derived from t-test
**Derived from chi-square

Table 3. the Couple Burnout Score by Type of Substance Abuse (n = 121).

	No. (%)	Mean (SD)	p-value*
Type of substance abuse			0.121
Opioids	44 (36.4)	4.06 (1.05)	
Stimulants	20 (16.5)	3.38 (1.32)	
More than one kind of substance	57 (47.1)	3.90 (1.31)	

*Derived from one-way analysis of variance.

partner (52.4%) were 26-35 years. The two groups were significantly different in terms of age, woman's and partner's education, partner's occupation and economic status ($p < 0.05$).

The mean couple burnout score was 3.8 ± 1.2 and 2.6 ± 0.85 in women with and without substance-dependent partner, respectively ($p < 0.001$). However, using the cut-off values the analysis showed that a significant percentage of the women with a substance-dependent partner (15.7%) were suffering from severe couple burnout, while none of the women with non-substance-dependent spouses suffered from severe couple burnout. The detailed results are shown in Table 2.

As shown in Table 3, 36.4% of the women's partner consumed opioids (including opium, heroin and methadone), 16.5% consumed stimulants (including crystal meth) and 47.1% consumed a combination of several substances. When analyzing the data among women with substance using partners only, there was no significant differences in couple burnout based on the type of substance used ($p = 0.121$).

Finally, the results obtained from multiple logistic regression analysis showed that the only independent variable that had a significant relationship with couple burnout was partner's substance dependance (OR = 4.5, 95% CI = 2.48-8.17, $p < 0.0001$). The results are presented in Table 4.

Table 4. The Results Obtained from Multiple Logistic Regression Analysis Assessing Relationship Between Burnout and Independent Variables.

	OR (95% CI)*	p-value
Age	1.07 (1.00-1.16)	0.06
Partner's age	0.96 (0.89-1.04)	0.38
Education		
Higher	1.00 (ref.)	
Secondary	0.85 (0.33-2.19)	0.74
Primary	1.04 (0.48-2.25)	0.91
Partner's education		
Higher	1.00 (ref.)	
Secondary	0.98 (0.36-2.65)	0.97
Primary	0.63 (0.27-1.47)	0.29
Partner's employment status		
Employed	1.00 (ref.)	
Unemployed	1.16 (0.45-3.00)	0.75
Economic status		
Good	1.00 (ref.)	
Fair	1.39 (0.72-2.65)	0.31
Poor	1.66 (0.55-4.95)	0.36
Partner's addiction		
No	1.00 (ref.)	
Yes	4.50 (2.48-8.17)	< 0.0001

*Adjusted for age, partner's age, education, partner's education, partner's employment status, economic status, partner's addiction.

Discussion

The results of this study revealed that couple burnout was 4.5 times higher in women with substance-dependent partners than in those with non-substance-dependent partners, while there was no relationship between the type of substance used and couple burnout.

One might argue that stress, psychological pressure, economic burden, family issues, sexual and marital problems

which are appeared following drug consumption in partners seem to be responsible for the higher rate of couple burnout.[33,34] Other studies have shown the deteriorating impacts of substance-dependency on marital life and the relationship between the couples.[35,36] They have revealed that it can be a threat to marriage quality and family stability However, the couple burnout due to substance abuse could be related to the following reasons: physical, emotional and behavioral changes in male partner; being prone to certain mental disorders, such as decreased self-esteem, depression, suicidal thoughts and other mental disorders; impaired social function which may lead to job loss, homelessness and decline in general health.[14,37–40]

Studies have shown that the effects of substance-dependency are more profound on female partner than any other member of the family.[41] Thus, mental disorders such as depression, anxiety, stress and emotional difficulties including anger, distress, fear,[10,14,40] and sexual disorder[19,20] are more frequently observed in women with substance-dependent partners.

Sadly, the problem of substance use affects both male and female partners. For instance, various studies have asserted that consuming substances such as opioids, amphetamines, cocaine and alcohol can significantly impair male sexual function[16–18,42,43] which may result in couple burnout exacerbation. Women with substance-dependent partners are exposed to various forms of physical, sexual and psychological abuses by their partners.[15,44] As such all these adverse events might deteriorate different dimensions of family intimacy and failure to establish a proper relationship, and cause lack of communication to express their needs and desires. The disruption of the couple's intimate relationship and the reduction of love and affection between them, stress, failure, frustration, anger, marital conflicts and sexual problems are other consequences of substance-dependency. Over time, these issues lead to disappointment in the marriage and couple burnout,[3,7,8] and occasionally culminate in the woman's decision to leave their partners.[14]

Clinical Relevance

The findings from the current study might be relevant to practice. In fact, the study findings suggest that health care professionals should bear in mind when a woman with a substance dependent partner attends health care centers, there is need to ask about couple burnout and advise them as appropriate.

Limitations

There are certain limitations to the present study. All partners were officially married therefore the results may be limited to married women. Additionally, this was a cross sectional study in design and thus the findings should be interpreted with caution. Finally, one should note that the study did not include all relevant covariates (eg, mental health symptoms, sexual problems) in regression analysis. Future studies might benefit of including such information in the analysis.

Conclusion

The findings suggest that women with substance-dependent partner suffer from higher levels of couple burnout than women with non-substance-dependent partner. In fact, the current study highlights the extra burden that women with substance-dependent partners experience. Indeed, implementing special training programs and appropriate interventions are recommended in counseling settings for families who seek treatment for their substance dependent member.

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Author Contributions

ZH collected the data and contributed to the writing process. HR designed the study, provided the first draft, and supervised it. JS was involved in data interpretation. AM participated in data analysis and provided the final manuscript. All authors read and approved the final manuscript.

Availability of Data and Materials

The datasets used and/or analysed during the current study are available from the corresponding authors on reasonable request. Due to confidentiality of participants' information, the data is not available publically.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Approval Statement

The ethics committee of Shahid Beheshti University of Medical Sciences (IR.SBMU.PHNM.1395.569) approved the study. Written consent was obtained from all participants. All methods were performed in accordance with the Declaration of Helsinki.

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ORCID iDs

Hedyeh Riazi https://orcid.org/0000-0003-0346-3396
Ali Montazeri https://orcid.org/0000-0002-5198-9539

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Author Biographies

Zeinab Haghparast is PhD candidate in reproductive health at Tehran University of Medical Sciences. Her area of research is women's reproductive health.

Hedyeh Riazi is an associate professor of Reproductive Health at Shahid Beheshti University of Medical Sciences. Her area of research is sexual health, women and adolescent's health promotion, preventive and therapeutic interventions, and quality improvement of obstetrics care.

Jamal Shams is professor of psychiatry at Shahid Beheshti University of Medical Sciences. His area of research is behavioral sciences, neuroscience, and addiction.

Ali Montazeri is professor of Public Health and Epidemiology at Iranian Institute for Health Sciences Research. His primary research interest is health-related quality of life in different disease population group. He is also world expert on psychometric properties of patient-reported outcomes.