

Coping Strategies and Psychiatric Morbidities among Spouses of Alcohol Dependent Men

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Abstract: *Question of the study:* Whether there is an association between the severity of alcohol dependence in men and coping strategies and psychiatric morbidities among their spouses. *Methodology:* This is a cross sectional point prevalence study and sample. Spouses of Thirty consecutive male patients diagnosed as Alcohol Dependence Syndrome according to ICD 10 criteria were included in the study. They were assessed on MINI, Coping Strategy Inventory. The ADS Severity was assessed using SAD-Q and a correlation between them was assessed using SPSS 20. Our study results have shown that among 30 patients with ADS, 23% men had mild, 46% had moderate and 30% had Severe ADS. Amongst spouses of these patients, 4(13.3%) subjects had Major Depressive Disorder, 3(10%) subjects had Dysthymia, 2(6.7%) subjects had Generalized Anxiety Disorder, 2(6.7%) among subjects had Suicidality, 14(46.7%) subjects showed Problem focused engagement and 8(26.7%) subjects showed Problem focused disengagement, 6(20%) subjects showed Emotion focused engagement and 2(6.7%) subjects showed Emotion focused disengagement. *Conclusion:* Wives of alcohol dependent men suffer more commonly from Major Depressive Disorder, Dysthymia, Suicidality and Generalized Anxiety disorders which are usually unattended.

Keywords: Alcohol dependent men, spouse, coping strategy, psychiatric morbidity

1. Introduction

Alcohol use is considered to be an ongoing stressor not only for the individual, but also for the family members as well. Spouses are particularly affected given the intimate nature of their relationship and the constant exposure to the behavior of the Alcohol dependents. They are exposed to high degrees of domestic violence, in addition to poor social support, economic burden and social stigma. All these stressful life events are likely to diminish the individual's ability to adapt, leading to emotional distress and psychological problems. Earlier only a few studies were carried out on wives of alcohol dependent individuals in the form of observation of wives who were directly involved in the treatment of alcohol dependent individuals in the family agency settings. On this background, this study was conducted for understanding and addressing the mental health issues of spouses of Alcohol dependents which will not only reduce their burden, improve their coping skills and overall quality of life but is also likely to have a bearing on the treatment and outcome of alcohol dependent men.

2. Literature Survey

The mid - nineteenth and early 20th century literature reflects a moralistic view. Alcohol dependents were regarded as villains and families as victims. Approaches to assistance type cast the drinker as character defective and thus incorrigible. Helping efforts were geared toward other members of the family, wives and children ⁽¹⁾. To date efforts to understand and explain the experiences of wives of Alcohol dependents have generated three different perspectives. The earliest published model ⁽⁶⁾ called the

"disturbed personality model" held the view that a woman who is in some way psychologically maladjusted, dependent, hostile, domineering, masochistic and sadistic marries the alcoholic to fulfill her own neurotic needs.

In the 1950's a second model was proposed which stated that wives of alcoholics may display maladaptive behavior in response to their husband's drinking ⁽⁷⁾. According to this position the wives' pathological behavior is an attempt to resolve the alcoholic crisis and to return the family to its former stability. The second model was called the "stress model".

Thus, a third model called "psychosocial model" ⁽⁸⁾ was evolved which stated that various other factors such as personality profile of an individual and their interaction with the social background seemed to be important ⁽⁹⁾. For the purpose of the present review, the significant findings and observations are written as follows:

- 1) Personality of wives of Alcohol dependents.
- 2) Coping behavior in wives of Alcohol dependents.
- 3) Stressful situations in wives of Alcohol dependents.
- 4) Anxiety, Depression, Adjustment, Self-concept and Assertiveness in wives of Alcohol dependents (wife's response).
- 5) Treatment.

Personality of Wives of Alcohol Dependents

After studying the personality of 20 wives of alcohol dependent individuals, Price ⁽¹¹⁾ concluded that they are basically dependent people who became hostile or aggressive towards their husbands on finding them also dependent.

Whalen⁽¹²⁾ placed wives of alcohol dependent individuals into four categories.

- 1) Suffering Susan: who, to punish herself, chooses a husband who would make her life miserable.
- 2) Controlling Catherine: who needed to dominate someone and choose a weak inept husband.
- 3) Wavering Winnifriend: who to be loved sought a weak inept husband who needed her desperately.
- 4) Punitive Polly: who needed an emasculated husband to control and punish.

Coping in Alcoholic Wives

Coping refers to both behavioral and cognitive strategies that can be used to deal with a stressful event. Coping has been studied in relation to how women learn to live with alcoholic husbands. While studying the determinants of coping behavior one has to consider both intrinsic and extrinsic factors. Studies by Oxford, et al.⁽⁸⁸⁾ showed a strong correlation between various coping behaviors and alcoholic symptoms, hardship, job status, wife's age and neuroticism score.

Stressful Situations in Wives of Alcohol Dependents

Asher, Ramona and Brissett, Dennis⁽⁶⁸⁾ interviewed 52 wives of Alcohol dependents, focusing on the wife's role in adopting a new identity as a means of interpreting and comprehending her thoughts, feelings, and behaviors as well as the use of her husband's. Levkovich and Zuskova⁽⁷⁰⁾ examined the influence of husband's habitual drinking on a family, resulting in disorganization of marital relations. Data are presented concerning conflicts in 50 families in which the husband was a habitual drinker. Conflicts were characterized by a sharp aggravation of the contradictions in the spouse's needs, lack of understanding by them of the relationship between drinking and destabilization of family relations and in appropriate choice of the methods to settle conflicts. Husband's drinking also adversely affected the wives' health, such that wives suffered from various disorders such as insomnia, depression and neurosis.

3. Treatment

Family member's importance in treatment process is getting momentum for many reasons. Most of the family members do not recognize the extent to which their responses to Alcohol dependents have resulted in dysfunctional behavior, i.e., isolation, enabling and depression, anxiety, personality problems or physical illness. Thus, treatment of the wives as well as the family members is important in and of itself regardless of whether or not the alcoholic is in a recovery program. Sisson and Azrin⁽⁹⁴⁾ evaluated a method of teaching distressed family members of problem drinkers, how to minimize their own distress, reduce the drinking, increase the motivation of the Alcohol dependents to obtain formal treatment and assist in the treatment program. Twelve family members were given either community reinforcement counseling or a traditional type of counselling (control group). The reinforcement counseling resulted in more alcoholic persons obtaining treatment than did the traditional type and a greater reduction in drinking before the formal treatment was obtained; drinking was

reduced further during the joint treatment of the family members and problem drinkers.

Mc Crady, et al,⁽⁹⁵⁾ provided treatment to 53 Alcohol dependents and their spouses in one of the following outpatient behavioral treatment conditions.

- 1) Minimal spouse involvement (MSI),
- 2) Alcohol-focused spouse involvement (AFSI), or
- 3) Alcohol focused spouse involvement plus behavioral marital therapy (ABMT).

Clients were followed-up for 6 months. All clients markedly decreased their drinking and reported increased life satisfaction. ABMT clients were more compliant than AFSI clients without conjoint homework assignments decreased their drinking more quickly during treatment; relapsed more slowly after treatment and maintained better marital satisfaction. ABMT clients were quicker to stay in the treatment process and maintain better marital satisfaction, the MSI clients after treatment.

4. Methodology

This is a cross sectional study, conducted at Chalmeda Anand Rao Institute of Medical Sciences. Consenting outpatient and inpatient male individuals aged 18 to 45 years, diagnosed with alcohol dependence syndrome as per ICD-10 criteria, along with their wives were included in the study. Males with mental retardation, other co-morbid mental illness, other substance use except nicotine use, neurological illness or chronic medical illness were excluded from this study. Spouses with primary psychiatric disorders and/or with chronic physical illness were also excluded.

The following scales and questionnaires are administered to alcohol dependent men and their spouses.

A. To alcohol dependent men:

- 1) A semi-structured proforma for socio-demographic details.
- 2) Severity of Alcohol Dependence Questionnaire (SADQ)

B. To their Spouses:

- 1) A semi-structured proforma for socio-demographic details.
- 2) General Health Questionnaire (GHQ) to screen for the presence of psychological Distress.
- 3) Mini International Neuropsychiatric Interview (MINI) to screen for psychiatric disorders.
- 4) Coping Strategies Inventory (CSI) to assess coping thoughts and behavior in response to a specific stressor.

Statistics

The data collected were analyzed using R software. The basic characteristics of the subjects were presented as a proportion. For categorical variables, association was tested by the chi square test and the fisher exact test. In some analysis, the groups were clubbed to meet the criteria for the chi square test. For continuous variables, an independent

sample t-test was used to determine the significance of the difference between the two means.

Probability value 'p' <0.05 was considered statistically significant. The following analyses were performed,

- 1) Comparison of SADQ in alcohol dependent men with GHQ in subjects (their wives)
- 2) Comparison of SADQ in alcohol dependent men with MINI in subjects (their wives)

- 3) Comparison of SADQ in alcohol dependent men with CSI in subjects (their wives)

In addition, demographic details namely education, occupation, income, religion and domicile were also compared between subjects and controls. Family income as a whole was considered.

5. Results

SADQ vs GHQ

General Health Questionnaire	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
<15 (No Distress)	4	57.1	5	35.7	4	44.4	13	43.3
15-20 (Evidence of Distress)	1	14.3	5	35.7	4	44.4	10	33.3
>20 (Severe Psychological Distress)	2	28.6	4	28.6	1	11.1	7	23.3
Total	7	100	14	100	9	100	30	100

SADQ vs MINI

MINI International Neuropsychiatric Interview Screening	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
MDD	1	14.30%	2	14.30%	1	11.10%	4	13.30%
Dysthymia	1	14.30%	1	7.10%	1	11.10%	3	10.00%
Suicidality	0	0.00%	1	7.10%	1	11.10%	2	6.70%
GAD	2	28.60%	0	0.00%	0	0.00%	2	6.70%
None	3	42.90%	10	71.40%	6	66.70%	19	63.30%
Total	7	100.00%	14	100.00%	9	100.00%	30	100.00%

SADQ vs CSI

Coping Strategies Inventory	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	1	14.30%	9	64.30%	4	44.40%	14	46.70%
Problem Focused Disengagement	4	57.10%	2	14.30%	2	22.20%	8	26.70%
Emotion Focused Engagement	2	28.60%	1	7.10%	3	33.30%	6	20.00%
Emotion Focused Disengagement	0	0.00%	2	14.30%	0	0.00%	2	6.70%
Total	7	100.00%	14	100.00%	9	100.00%	30	100.00%

Socio-demographic details of alcohol dependent men: Among 30 alcohol dependent men studied, 18 of (60%) were between 30-40 years of age. 5(16%) were less than 30 years and 7(23%) were more than 40 years.

Education: With regards to education level, 16(53%) men were in school for a period of 5-10 years. 10(33%) of them have studied for more than 10 years and 4(13%) less than 5 years.

Occupation: Of these 30 men, 14(46.7%) men were working and 16(53.3%) of them were not working.

Income: As far as family income is concerned, 14(46.7%) men were from families whose income was between Rs.1000 - 5000. Another 14(46.7%) were from families whose income was between Rs.5000-10000. 2(6.7%) were from families whose income was <Rs.1000. No family was making more than Rs.10000 a month.

Religion: 20(66.7%) men were Hindus, 7(23.3%) were Muslims and 3(10%) were Christians.

Domicile: 16(53.3%) men were from urban areas and 14(46.7%) were from rural areas.

Duration of alcohol: 2(6.7%) men were drinking alcohol for <5 years, 12(40%) were drinking for 5-10 years, 10(33.3%) were drinking for 10-15 years and 6 were drinking for >15years.

SADQ scale: 7(23.3%) men were suffering from mild dependence, 14(46.7%) from moderate dependence and 9(30%) of them were suffering from severe dependence.

Socio-demographic details of Spouses

Age: 12 (40%) were <30 years old. 16 (53.3%) were between 30-40 years of age. 2 (6.7%) were above 40 years.

Education: 5 (16.7%) subjects were in school for <5 years, 14 (46.7%) subjects for 5-10 years and 11 (36.7%) subjects controls for >10 years.

Occupation: 14(46.7%) subjects were employed and 16(53.3%) subjects were unemployed.

Income: 2(6.7%) subjects were from families whose monthly income was <Rs.1000. 14(46.7%) subjects had a monthly family income between Rs.1000-5000, 14(46.7%) subjects controls between Rs.5000-10000. None of the subjects had a monthly income above Rs.10000.

Religion: 20(66.7%) subjects were Hindus, 7(23.3%) subjects were Muslims and 3(10%) subjects were Christians.

Domicile: 16(53.3%) subjects were from urban areas and 14(46.7%) subjects were from rural areas.

After analysis we found out that the socio-demographic factors were equally distributed between the spouses of alcohol dependent men and spouses of men without alcohol dependence and none of them had any statistical significance This implies that subjects in our study are matched.

MINI International Neuropsychiatric Interview Screening: 4(13.3%) subjects had Major Depressive Disorder. 3(10%) subjects had Dysthymia. 2(6.7%) subjects had Generalized Anxiety Disorder. 2(6.7%) among subjects had Suicidality. Subjects were at increased risk of having mental illnesses.

Comparison of GHQ between subjects: The subjects were at increased risk of having evidence of distress (GHQ score 15-20) as well as severe psychological distress (GHQ score >20). 13(43.3%) subjects had a score of <15 showing no distress. 10(33.3%) subjects scored between 15-20 showing evidence of distress. 7(23.3%) subjects showed severe distress and psychological issues scoring above 20.

Coping Strategies Inventory: 14(46.7%) subjects showed Problem focused engagement and 8(26.7%) subjects showed Problem focused disengagement. 6(20%) subjects showed Emotion focused engagement and 2(6.7%) subjects showed Emotion focused disengagement. Subjects were more likely to adopt Problem focused engagement and Emotion focused engagement as their coping strategy.

Severity of Alcohol Dependence: Increase in severity of alcohol dependence in men was not associated with increased risk of psychological distress in spouses.

Severity of Alcohol Dependence Questionnaire: Increase in severity of alcohol dependence was not associated with increased risk of mental illness in spouses. There was no statistically significant association between increase in severity of alcohol dependence in men and different coping strategies adopted by their spouses.

6. Discussion

The current study is to find the various forms of coping skills spouses of alcohol dependent men adapt. The study is designed to find out the pattern of psychiatric morbidities in wives of men with alcohol dependence syndrome and to study the association between the severity of alcohol

dependence in men and coping strategies and psychiatric morbidities among their spouses.

Age: We discovered that a high percentage of patients in our study belonged to the age group between 30-40 years of age(53.3%), followed by the age group less than 30 years of age(40%) and finally by the age group greater than 40 years of age(6.7%) . An Indian study done by Ponnu mary et. al the selected age was between 18-50 years. Similar finding were not found in our study. Majority of the participants belonged to the age group of 30-40 years.⁽¹⁰⁵⁾

In a study done in north east India by Ghosh.p.et.al wives of 69 alcohol dependent cases were taken, The age of the alcohol dependent cases was found to be in the range of 26-62 years with the mean age of 40.75(±8.21)⁽¹⁰⁹⁾.

Majority of the cases were from the age range of 40-49 years (40.57%) followed by 30-39 years (31.88%), and 10.14% were between the age group of 20-29 years,14.49% were between 50-59 years of age and 2.89% were between 60-70 years of age. Among the wives of alcohol dependent cases, majority of the wives were ranging between the age group of 30-39 years(47.82%), followed by 20-29 years (28.98%), followed by 40-79 years (21.73%) and with the least number of wives belonging to 60-70 years(1.44%). Similar finding were found in our study with the high percentage of the participants belonging to the age group of 30-40 years.

Education: In our study, five (16.7%) subjects were in school for <5 years, 14 (46.7%) subjects for 5-10 years and 11 (36.7%) subjects for >10 years.

In a study done outside India by Srijana Pandey et. al, illiterate respondents were found to be 40.12% constituting the majority respondents, followed by 25.92% respondents completed their primary education,24.69% respondents completed their secondary education and only 9.25% could complete their higher secondary education⁽¹⁰⁴⁾. Similar finding were not found in our study with the majority of the participants belonging to the group receiving education greater than 5 years and less than 10 years. This could be attributed to the country the study was conducted, as Nepal has lower literacy rates in comparison with India.

Occupation: We have discovered in our study that 16(53.3%) subjects were unemployed followed by 14(46.7%) subjects were employed. A study was done in Chennai by Ottilingam Somasundaram Ravindran et. al. Majority of the individuals(27) were unemployed (54%), only 23 individuals were employed(46%)⁽¹⁰⁶⁾. Similar results were emulated in our study with majority of the participants belonging to unemployed section.

Income: In our study we have discovered that two (6.7%) subjects were from families whose monthly income was <Rs.1000. 14 (46.7%) subjects had a monthly family income between Rs.1000-5000, 14 (46.7%) subjects controls between Rs.5000- 10000. A study was done in Chennai by Ottilingam Somasundaram Ravindran et. al. In their study fifty spouses of men with alcohol-dependence syndrome diagnosed according to the ICD-10 criteria⁽¹⁰⁶⁾.

They were divided into two groups on the basis of duration of partner alcohol use, out of which 35 had a monthly income greater than 7000 Indian rupees (70%) and the remaining received a monthly income less than 7000 Indian rupees (30%).

Religion: We have observed in our study that 20(66.7%) subjects were Hindus, seven (23.3%) subjects were Muslims and three (10%) subjects were Christians. In a study done in north east India by Ghosh.p.et.al, majority of the respondents belonged to Hindu religion (88.40%) followed by Muslim religion (11.59%)⁽¹⁰⁹⁾. Similar results were observed in our study.

Domicile: In our study we have discovered that majority of the subjects 16 (53.3%) were from urban areas and 14 (46.7%) subjects were from rural areas. In a study done in north east India by Ghosh.p.et.al wives of 69 alcohol dependent cases were taken, they were divided on the basis of domicile. Majority of the subjects belonged to rural area (69.56%), followed by urban area (30.43%)⁽¹⁰⁹⁾. Results were different from our study and could be attributed to the geographic location where the study was conducted.

Psychiatric Morbidity

In our study, women whose husbands were alcohol dependent were more likely to suffer from mental disorders. The diagnoses were primarily mood and anxiety disorders. Major depressive disorder was the most common followed by Dysthymia, Suicidality and GAD.

A study done in Chennai by Ottilingam Somasundaram Ravindran et. al, out of 50 Spouses of men with alcohol dependence who have longer duration of drinking experienced higher levels of depression, anxiety, and stress than the other group⁽¹⁰⁶⁾. Similar results were found in our study with majority of the participants having mood disorders.

In a study done in north east India by Ghosh.p.et.al wives of 69 alcohol dependent cases were taken, looking at the individual diagnosis of their, we found that majority of the cases were suffering from depressive disorder F32 (30.43%; n=21) followed by persistent mood disorder F34 (17.39%; n=12). Other anxiety disorder F41 was present in 7.24% (n=5) of the cases while recurrent depressive disorder F33 was present in 5.7% (n=4) of the cases⁽¹⁰⁹⁾. Similar results were found in our study.

Psychological Distress

In our study we have discovered that there is association between alcohol dependence in men and psychological distress in their spouses which is in agreement with previous studies. But increase in severity of dependence is not associated with increase in psychological distress among spouses. There are no earlier Indian studies available in this regard. Study done by Margaret Bailey in 1967 shows that the husbands' responsibilities taken over by the wives caused more psychological distress in addition to their drinking behavior.

Evidence of psychological distress in wives is not associated with the negative consequences in various domains of alcohol dependence. This is dissimilar to previous Indian studies (Kishor and Lakshmi, 2012) which show that female spouses were distressed more if their husbands scored more on interpersonal, intrapersonal and social domains⁽¹⁰⁷⁾.

Coping Strategies: Regarding coping, in our study the wives adopted Engagement strategies which were either Problem focused or Emotion focused. Among these, Problem focused engagement was more which includes problem solving and cognitive restructuring followed by Emotion focused engagement which includes social support and expressed emotions. Severity of alcohol dependence was associated with consequences in the physical domain, according to our study. Whereas earlier studies (Kishor, et al) have shown an association with two other domains in Drinkers Inventory of Consequences namely interpersonal and intrapersonal⁽¹⁰⁷⁾. No studies have demonstrated any association with the remaining two domains - impulse control and social responsibility, like ours.

Severity of Alcohol Dependence: In our study we have discovered that majority of the alcohol dependent men belonged to moderate dependence - 14(46.7%), followed by 9(30%) of them were suffering from severe dependence and 7(23.3%) men were suffering from mild dependence. A study done by M. kishore.et.al from south India, duration of alcohol dependence ranged from 1 to 20 years for the sample of 60 subjects, with a mean duration of 4 years (± 3.4). Scores on the SADD ranged from 5 to 39, with a mean score of 19.9, indicating significant dependence. Equal numbers were found in the moderate (45%) and high dependence range (46.7%) with very few in the low dependence range (8.3%). Similar results were emulated in our study.⁽¹⁰⁷⁾

7. Conclusion

- 1) Wives of alcohol dependent men suffer more commonly from Major Depressive Disorder, Dysthymia, Suicidality and Generalized Anxiety Disorders which are usually unattended.
- 2) Increasing severity of alcohol dependence is associated with physical consequences in alcohol dependent men.
- 3) Spouses of alcohol dependent men deal with the stressful situation actively by problem focused engagement or emotion focused engagement.
- 4) The alcohol dependence itself causes distress to the spouses and increasing severity of alcohol dependence in men is not associated with increasing psychological distress in their wives.
- 5) The severity of alcohol dependence in husbands neither altered the psychiatric diagnosis among their spouses nor was associated with any specific diagnosis.
- 6) The degree of severity of alcohol dependence in husbands did not change the coping patterns of their wives.
- 7) Whatever may be the severity of consequences of alcohol dependence of husbands in five domains namely physical, interpersonal, intrapersonal, social

responsibility, impulse control their wives had the same psychological distress.

- 8) The consequences of alcohol dependence in various domains in men did not change the coping behaviors or psychiatric diagnosis in their wives.

8. Future Directions

- The psychological distress and the resulting psychiatric disorders which the spouses of alcohol dependent men face are considerable and these women express suicide wishes at some point of time. The high rates of distress and morbidity have to be addressed either as a part of alcohol treatment or independently. More over these females have to take up the additional responsibility of their husbands, for which they have to be mentally healthy.
- Such an initiative will not only address the needs of this marginalized population, but also enhance their effective engagement in the alcohol treatment process.
- A longitudinal study can be done after alcohol treatment, to compare the changes in coping behaviors and presence of psychiatric diagnosis.

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