

## Coping Behavior, Psychological Distress, and Marital Satisfaction Among the Wives of Men with Alcohol Dependence

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### Abstract:

Alcoholism is considered as an ongoing stressor, not only for the individual, but for family members as well. Spouses are particularly affected given the intimate nature of their relationship and are known to be exposed to high rates of domestic violence. The negative social consequences of alcohol consumption may diminish the individual's ability to adapt leading to emotional distress and thereby increasing the likelihood of psychological problems. The present study aimed to examine the psychological distress, marital satisfaction and coping behaviours among the wives of alcohol dependent men. This was a hospital based cross sectional study conducted at SRM Medical College Hospital and Research Centre, Kancheepuram in the Department of Psychiatry and Purposive sampling method was used. The sample consists of 70 Participants (wives of men with alcohol dependence) fulfilling the inclusion and exclusion criteria. Written informed consent was taken from the participants after explaining the objectives and procedure of the study. Subsequently socio demographic data sheet, general health questionnaire, coping with drinking questionnaire and marital satisfaction scale, were administered to all participants. Data was analyzed using SPSS 16.0 version. The Spearman Correlation was used to assess the relationship between coping behaviours, psychological distress and marital satisfaction. Result showed that higher coping behaviour of discordance, avoidance and taking special action in the wives of alcohol dependence men is associated with higher psychological distress. Furthermore, higher coping behaviour of discordance, avoidance and competition are associated with lower marital satisfaction. Likewise, the current paper also found that higher psychological distress is associated with lower marital satisfaction.

**Keywords:** Alcohol Dependence, Marital Satisfaction, Coping Behaviour, Psychological Distress

### I. INTRODUCTION

Alcoholism is a major public health problem all over the world (WHO, 2004) and it has been frequently referred to as a 'family disease' to underline the fact that excessive drinking affects not just the drinker but others in the family as well. WHO Global Strategy (2010) stated that special attention needs to be given to people other than the drinkers such as spouse or partner, as they may be affected by the harmful use of the drinking. Alcoholism is considered as an ongoing stressor, not only for the individual, but for family members as well (Steinglass, 1981; Tomori, 1994). Spouses are particularly affected given the intimate nature of their relationship and are known to be exposed to high rates of domestic violence (Hurcom, Copello & Orford, 2000). The negative social consequences of alcohol consumption may diminish the individual's ability to adapt leading to emotional distress and thereby increasing the likelihood of psychological problems (Kahler, McCrady & Epstein, 2003).

The adverse impact of substance use on families, usually on women caregiver, is immense. The burden on the women due to substance abusing family member can be related to problems occurring when the user is under intoxication, behavioural consequences such as domestic violence, high-risk behaviours, social consequences like stigma, isolation, legal consequences such as crime, arrests, emotional breakdown due to lack of support from spouse (Halford et al., 2001).

The spouse may become prone to stress related diagnosable psychiatric disorders (Cobb, 1974). Several studies have also shown that spouses of alcoholics often present significant rates of mental and physical problems, communication problems, low social activity and poor marital satisfaction (Moos et al., 1990). Spouses of alcohol dependent persons have higher rates of psychological, stress-related medical problems, make greater use of health care systems and run a higher risk of developing own abuse than other people (Schnurr & Green, 2004). In a recent study done by Kishor et al. (2013) he reported 43% of spouses of men with alcohol related problems had major depressive disorder (MDD) and the depression had significant correlation with the severity of the alcohol related problems.

Alcohol is associated with marital dissatisfaction, negative interaction patterns and higher levels of marital violence (Marshall, 2003). Women with alcoholic partners report significantly lower marital satisfaction than their male partners (O'Farrell & Birchler, 1987) and much of this marital dissatisfaction appears to be related to the extent to which alcohol use impairs family functioning (Zweben, 1986). Marital distress and individual psychopathology may exacerbate each other (Halford et al., 1999). Given the association between excessive alcohol use and both psychological and marital distress, an important question becomes "what types of behavioral responses from

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spouses of alcoholics are associated with relatively better functioning for the relationship and the individual? The coping concept in alcohol research was initially used by Orford et al. (1975) and was later developed by Moos et al. (1990). Alcohol-specific coping and its relation to psychological distress and familial conflict has been examined in a series of studies by Orford and colleagues. Orford showed that the use of active coping styles, e.g. family members taking action in abuse situations creates stronger bonds in the family than if inactive coping styles (avoidance coping) are used. It has also been shown that there is a correlation between coping strategy and mental health (Moos et al., 1990). Coping efforts are strongly associated with emotional distress and avoidance coping is generally linked to more depressive symptoms (Holahan et al., 2005).

Accumulating evidence suggests that the coping skills of the spouse of an alcoholic may be predictive of the level of the functioning of both the identified alcoholic and the spouse (Ditrich & Traplod, 1984). Identification and change in the maladaptive coping behaviour of the spouse may not only improve the functioning of the spouse, but may prompt the alcoholic to seek treatment more quickly, deal more effectively with a relapse or maintain abstinence.

Examination of the relative frequency of different coping behaviours may shed further light on the behaviours that are most closely associated with both psychological and relationship distress. Examining the relationship between the specific coping behaviours and marital satisfaction and psychological distress would help to identify the adaptive coping behaviours so that it can be used to improve the better functioning of the wives of alcoholics which would also indeed help recovery of their husbands (Kahler, McCrady & Epstein, 2003). Hence, the current study aimed to examine the psychological distress, marital satisfaction and coping behaviours among the wives of alcohol dependent men.

## II. METHOD

### Participants and procedure

This was a hospital based cross sectional study conducted at SRM Medical College Hospital and Research Centre, Kancheepuram in the Department of Psychiatry and Purposive sampling method was used. The sample consists of 70 Participants (wives of men with alcohol dependence) fulfilling the inclusion and exclusion criteria. Written informed consent was taken from the participants after explaining the objectives and procedure of the study. Subsequently socio demographic data sheet, general health questionnaire, coping with drinking questionnaire and marital satisfaction scale, were administered to all participants.

### Measures

#### Socio Demographic Data Sheet

A socio demographic and clinical data sheet was specifically designed for the study to record relevant details of each case. This semi-structured Performa contained socio-demographic characteristics which include age, education, number of years

of marriage, number of children, religion, occupation, domicile, socio economic status and family type.

#### GHQ-28 (Goldberg, 1978)

The General Health Questionnaire-28 is a screening tool used to detect the possible presence of psychological distress. It consists of four subscales. They are somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. Each item is scored on 0 to 3 scale and the total possible score range from 0 to 84.

#### Coping with drinking questionnaire (Orford et al., 1976)

It consists of 56 items of ten coping typologies, they are, discord, avoidance, anti-drink, sexual withdrawal, taking specific action, indulgence, competition, assertion, fearful withdrawal and marital breakdown.

#### Marital Satisfaction Scale (Amruthraj & Jaiprakash, 1985)

It assesses the level of marital satisfaction. It consists of 30 questions, the maximum score possible is 60 and minimum score is 0. The scale consists of social, emotional, interpersonal and sexual sources of satisfaction in marriage. Higher the score indicates higher the marital satisfaction.

#### Data Analysis

The statistical package for social science (SPSS) 16 .0 version was used for statistical analysis. Descriptive statistics were done for socio demographic data. Nonparametric test was used since the population is not uniformly distributed. The Spearman Correlation was used to assess the relationship between the variables which includes coping behaviours, psychological distress and marital satisfaction.

## III. RESULTS

**Table 1:** Shows Socio Demographic Characteristics of the Wives of patients with alcohol dependence syndrome (N=70)

Variable	Mean ± SD n(n%)	Range
Age	32.8±7.82	19-53
Education (years)	9.8±3.14	4-17
Years of marriage	12.9±8.05	1-34
No of Children	1.67±0.73	0-3
Occupation	Working	29 (41.4)
	Not working	41 (58.6)
Religion	Hindu	63 (90)
	Muslim	4 (5.7)
	Christian	3 (4.3)
Domicile	Rural	25 (35.7)
	Urban	26 (37.1)
	Semi-Urban	19 (27.1)
Socioeconomic status	Lower	39 (55.7)
	Middle	31 (44.3)
Family type	Nuclear	41 (58.6)
	Joint	29 (41.4)

Table 1 shows descriptive statistics of socio demographic and clinical variables. Mean age of the participants was found to be 32.8±7.82 years. It was observed that mean years of education was 9.8±3.14 years, the mean Years of marriage was 12.9±8.05 years and mean year of No of Children was 1.67±0.73 years.

**Table 2:** Shows the Correlations between domains of coping and GHQ

Variable	GHQ	P
<b>Coping domains</b>		
Discordance	.436**	0.000 **
Indulgence	.054	.659
Assertion	.106	.383
Antidrink	.063	.607
Fearful withdrawal	.234	.052
Sexual withdrawal	.023	.850
Marital breakdown	.162	.181
Avoidance	.287*	0.016*
Competition	.191	.112
Taking special action	.276*	.021*

\* Correlation is significant at 0.05 level

\*\* Correlation is significant at 0.01 level

Table 2 shows the Spearman's rho correlation of domains of coping and GHQ which measures psychological distress. There is a positive correlation between discordance and psychological distress ( $\rho = 0.436, p < 0.01$ ) which indicates that higher coping of discordance is associated with higher psychological distress. Similarly, coping behaviour of avoidance has positive correlation with psychological distress ( $\rho = 0.287, p < 0.05$ ) which shows that higher the coping behaviour of avoidance higher the psychological distress and there is also positive correlation between taking special action and psychological distress ( $\rho = 0.276, p < 0.05$ ) which indicates higher the coping of taking special action is associated with higher psychological distress

**Table 3:** shows the Correlations between domains of coping and marital satisfaction

Variable	Marital satisfaction	P
<b>Coping domains</b>		
Discordance	-.455**	0.000 **
Indulgence	-.012	.921
Assertion	-.035	.777
Antidrink	-.013	.914
Fearful withdrawal	-.051	.677
Sexual withdrawal	-.204	.091
Marital breakdown	-.235	.050
Avoidance	-.299*	0.012*
Competition	-.293*	.014*
Taking special action	-.153	.205

\* Correlation is significant at 0.05 level

\*\* Correlation is significant at 0.01 level

Table 3 shows Spearman's rho correlations between domains of coping and marital satisfaction, there is a negative correlation between discordance and marital satisfaction, ( $\rho = -0.455, p < 0.01$ ) which indicates higher discordance is associated with lower marital satisfaction. Similarly marital satisfaction has a negative correlation with avoidance ( $\rho = -0.299, p < 0.05$ ) which indicates higher avoidance coping behaviour is associated with lower marital satisfaction. Furthermore, negative correlation was also found between competition and marital satisfaction ( $\rho = -0.293, p < 0.05$ ) which indicates higher competition was associated with lower marital satisfaction.

**Table 4:** shows the Correlations between GHQ and marital satisfaction

Variable	Marital satisfaction
GHQ	-.583**

\*\* Correlation is significant at the 0.01 level

Table 4 shows the Spearman's rho Correlations between psychological distress and marital satisfaction and found to have a negative correlation ( $\rho = -0.583, p < 0.01$ ) which indicates higher psychological distress is associated with lower marital satisfaction.

#### IV. DISCUSSION

The key objective of the present study was to examine the psychological distress, marital satisfaction and coping behaviours among the wives of alcohol dependent men. The present study showed a positive correlation between psychological distress and coping behaviours such as discordance, avoidance, and taking special action. These findings are in agreement with the earlier research reported by Zetterlind & Berglund (2007) in which he documented that female spouses, having tendency towards more avoidant coping behaviour reported symptoms of depression. Similarly, Moos et al. (1992) also found that greater use of avoidant coping behaviours was associated with anxiety and depression among spouse of alcoholics. Furthermore, Kahler et al. (2003) has also reported that greater psychological distress was associated with greater use of attempts to confront and control the partner's drinking suggesting that the aggressive coping attempts may reflect increasing desperation. Likewise, taking special action was also significant in our study. The behaviours such as seeing doctors, and paying the debts and bills are significant because their role is multidimensional, have to take her husband's role and responsibilities, going to work to look after her children and meeting the financial demands of the family. This in turn will increase the spouse's burden and increase her stress. The present study also showed a significant negative correlation between the coping behaviour of discordance and marital satisfaction which indicates that higher discordance is associated with lower marital dissatisfaction. Similarly, the coping behaviour of avoidance and competition also correlated negatively with marital satisfaction which indicates higher avoidance and competition was associated with lower marital satisfaction. These findings are in accord with previous study (Houser, Konstam and Ham, 1990). In another study by Belanger et al. (2014) reported that women

who use avoidance, distancing, confrontation or seek social support as ways of coping all express less marital adjustment.

The present paper also observed a significant negative correlation between psychological distress and marital satisfaction which indicates higher psychological distress is associated with lower marital satisfaction. This replicated the previous findings by Whisman & Uebelacker (2004) reported that marital satisfaction was predicted by the person's own level of anxiety and depression. One possible explanation is that, heavy drinking leads to poor marital satisfaction which may in turn lead to depression on the other partner (Homish et al., 2006)

In addition, Williams (2003) reported that marital quality is also an important determining factor in an individual's psychological well-being. He further stated that those with poor marital quality, experience more psychological distress than their non-married peers. It is robust that marital relationship is marked by domestic violence among spouses of alcohol dependent men which may be a significant source of distress for them. Similar finding is also reported in Indian study done by Bagul et al. (2015) that psychiatric morbidity, poor marital quality in spouses of men with alcohol dependence were significantly correlated with each other. These findings implicate that clinicians who are working with couples, particularly those who indicate marital distress as a presenting problem, should assess for psychological disorders, especially depression and anxiety which is reported in many studies. Apart from the presence of identifiable psychiatric disorders the general level of stress may be more in this group due to impact of alcohol dependence and consequent complications in all spheres of life.

## V. CONCLUSION

The present study indicates that higher coping of discordance, avoidance and taking special action in the wives of alcohol dependence men is associated with higher psychological distress. Furthermore, higher discordance, avoidance and competition are associated with lower marital satisfaction. Likewise, the current paper also found that higher psychological distress is associated with lower marital satisfaction. The level of psychological distress the spouses undergoing was clearly evident in this study which emphasizes that the focus on the wives of alcohol dependent men should be identified and appropriate interventions should be given to them along with the treatment to alcohol dependent men.

## VI. LIMITATIONS

Some of the key limitations of the study were the sampling was done from the patients who visited the general hospital seeking help for their alcohol problem, therefore a community based study will help in generalizing this issue. Randomization of the sample was not done. A longitudinal study should have given a deep understanding of this issue.

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