

An Analysis of How Wives of Individuals with Alcohol Addiction Manage and Adapt to Challenges

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Abstract:

Wives of alcoholics' coping mechanisms are an important part of negotiating the difficulties in homes where alcoholism is prevalent. These women adopt a variety of techniques to deal with the practical, psychological, emotional, and other stresses brought on by their spouse's addiction. These people use a variety of intricate coping strategies, ranging from self-care activities and social support seeking to denial and enabling. In order to meet the needs of alcoholic spouses and provide focused interventions that aim to build resilience, encourage healthy coping mechanisms, and improve family well-being overall, it is essential to comprehend these coping habits. Researchers examined the coping mechanisms used by alcoholics' spouses in this publication.

Keywords: Coping, Behaviours, Wives, Alcohol, Family, Well-Being, Households.

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Introduction

In a study that was carried out all over the world by the World Health Organisation (WHO), it was discovered that out of almost 140 million people who use alcohol, 76.3% of them had a problem that could be classified as alcohol consumption. In the majority of regions around the world, alcohol use is a significant factor in the development of sickness and mortality, which is a major cause for worry from the perspective of public health. Alcohol use may have a variety of physiological effects, including intoxication, alcohol dependence, and other manifestations, which can have social and health implications. The impacts of alcoholism on marriage and family functioning, as well as the role of marital and family interactions in the beginning and maintenance of alcoholism, provide severe hurdles for academics and therapists alike. These obstacles are difficult to overcome. The stress model and the psychosocial model are two approaches that have been adopted in research on the experiences of alcoholic spouses. These approaches are distinct from the "disturbed personality model" that the wives have utilised. [1]

This adds years to the loss of life due to disability or death, in addition to the chronic diseases that heavy drinkers may acquire after years of use. Alcohol generates traumatic consequences that kill or impair individuals at very early ages, which adds extra years to the loss of life due to disability or death. According to the growing body of evidence,

the pattern of alcohol use, in addition to the quantity of alcohol ingested, is linked to more than sixty distinct illnesses and injuries. A common description of alcoholism is "a chronic disease or disorder of behaviour characterised by the repeated consumption of alcoholic beverages to an extent that exceeds customary use or ordinary compliance with the social drinking customs of the community and which interferes with drinker's health, interpersonal relations and economic functioning." This indicates that the individual consumes alcohol more often than what is seen as typical or within the norm in the community. [2] A person is more accurately said to be abusing alcohol if they consume excessive amounts of it too often, since this may result in dependence and a variety of other issues on a social, psychological, and physical level. [3]

One of the most important public health and medical concerns in the world today is alcoholism. Twenty to thirty percent of Indians, according to research on the frequency of alcohol use, drink regularly. drinking's impact on the functioning of married families as well as the ways in which relationships within married families both encourage and exacerbate drinking are challenging and complicated topics. When a family member battles alcoholism, it affects every aspect of the group. This covers social connections, family dynamics, recreational activities, and financial

stability. [5] The term "coping" is used by psychological stress theory to emphasise the many ways in which individuals, whether consciously or unconsciously, deal with stress and anxiety when they perceive a danger to their psychological integrity. Rather than implying control over challenging circumstances in life, it speaks to the actions made to confront and, ideally, overcome such problems. [6]

When examining the factors that impact coping behaviour, it is important to include both external and internal factors. [7] The investigations found a correlation between a variety of coping strategies, wife's age, difficulty job position, neuroticism score, and alcoholic symptoms. [8] Numerous coping strategies are taught to us in daily life to assist us manage stress and anxiety. The foundation for the formation of lifestyles is reaction patterns that are developed in response to stressful circumstances. Both individualism and silence are fundamental to these lifestyles, which are necessary to maintain equilibrium. [9]

When presented with a problem, people often turn to their pre-existing coping mechanisms. They might talk to a friend or try to relax by sitting down and giving it some thought. Some individuals weep to convey how they feel, while others kick chairs or smash doors to get away from their anger and hate. [10] Some individuals could vocally dispute with their friends. Reactions from some individuals may include stepping aside from the matter for a little in order to get a clearer perspective. Humans use a vast range of coping methods to reduce stress and anxiety; these are just a few. Every one of them has been used at some time in the person's developmental history as a part of her life style to deal with the challenges of daily living. They have helped to maintain emotional equilibrium. [11]

There is growing evidence that alcoholic spouses who have minimal social support are more prone to think and act in ways that are maladaptive. Spouses' employment of acceptable or unsuitable coping techniques to handle stress depends on their social adjustment and the severity of their alcoholism. Among their coping strategies include pleading, threatening, fighting, ignoring, and retreating sexually. Other coping strategies include overindulging, assuming more responsibility or authority, asking for help from others, and even moving towards divorce.

Everyone in the family is affected by the presence of an alcoholic in the home, but the primary caretaker is the one who receives the brunt of the consequences. When one partner in a relationship is struggling with alcoholism, the other partner's daily life, energy, and thoughts change to concentrate on the other, while the individuals in the relationship deny their own needs, creativity, and sexual

impulses. This causes a person's mental, emotional, and spiritual growth to be stunted, which is a consequence of the situation. It is also possible that the woman may, over the course of time, acquire a mental disorder that can be diagnosed and is associated with stress. It has been shown that providing care has a significant impact on the life of the family member who bears the most responsibility (Cooper, 1996). It is possible that the stress and effort required to care for a mentally ill relative will have a negative impact on the mental health of other members of the family. Peptic ulcers, asthma, and tension headaches are examples of psychosomatic illnesses that have an influence on the intimate relationships of a significant percentage of patients. [12]

Review of Literature

Jackson (1954) [13] On the other hand, a second model, which was published in the 1950s, claimed that alcoholic women could behave in ways that are detrimental to their health. According to this point of view, the wife's pathological conduct is an attempt to conquer her alcoholism and bring peace back into the family. What this indicates is that the woman is just responding to the tensions that are coming from the outside. The "stress model" is one concept that might be used to describe the opposite point of view.

Kogan et al. (1963) [14] focused on alcoholic spouses and identified three ways in which they were distinct from women who did not drink alcohol for personal reasons. Some of the ways in which alcoholic wives saw themselves were as follows: first, they were extremely feminine; second, they were submissive; and third, they want to be led and dominated. There were three defining traits that women of alcoholics saw their husbands to possess: first, a lack of appealing features; second, an absence of emotional warmth; and third, a quality that was marked by suspicion and distrust. The portion of the findings that was the most alarming was the fact that fifty percent of the women perceived their husband in an unexpected way, regardless of whether the alcoholic was sober or very drunk.

Smith (1969) [15] It is of great interest to the therapeutic community to get an understanding of the ways in which the wife's coping methods are connected to the effects that her husband's drinking has had on her. In the event that we are able to demonstrate that some patterns of behaviour assist their husbands in becoming clean while others act as obstacles, there must be a more effective method of providing advice to the wives of alcoholics. There have been some research that have identified a link between the repercussions of a husband's drinking and the activities of his wife; however, there have been no studies that have specified the

specific acts that lead to a successful recovery from an alcoholic spouse.

James (1971) [16] The behaviours of wives whose husbands suffer from alcoholism have been the focus of two different hypotheses, both of which are contending with one another. According to one point of view, the wife's behaviours are determined by the fundamental character faults that she has, and she believes that these flaws are the root reason of her husband's excessive drinking. Another possible explanation is that the wife's behaviours are contingent on the drinking habits of her husband as well as the general environment in which they find themselves. An inference may be drawn from this that the behaviour of the wife changes in a manner that is pretty predictable in connection to the stages of alcoholism that the husband experiences. With the intention of providing a justification for his continuing drinking, the alcoholic can appeal to the changing behaviour of his wife.

Bhowmick et al. (2001) [17] In order to study the conditions that contributed to their suicidal behaviour, interviews were conducted with 157 women who had tried suicide and were the wives of drug addicts. To do this, the researchers used a questionnaire that they had developed themselves. It was claimed by them that the acts of their spouses generated a range of personal and family issues, including but not limited to the following: financial difficulties (77.1%), emotional support and affection deprivation (51%), neglected chores (44.6%), and strained relationships with relatives (84.7%). Some of the women, who accounted for 58.6% of the total, took their own lives because their husbands had helped to spread dissension in society by instigating disputes with other people.

As a consequence of the husband's inconsistent work attendance and subsequent suspension from the job, there were instances in which the husband had suicidal ideation in 14% of cases and self-harming behaviour in 24.8% of cases. In addition, the sickness of the spouse, which was caused by injuries to internal organs such as the stomach and liver, was a source of worry for twenty-six percent of the women.

Methodology

Study sample: Wives of alcoholics who were admitted to the drug de-addiction centre of the department of psychiatry at Assam Medical College and Hospital in Dibrugarh were selected for the sample.

Sample size: A systematic random sample procedure was used to choose the wives of fifty alcoholic patients who matched the inclusion criteria.

Duration of study: August 2005 to July 2006.

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Inclusion Criteria:

1. Only alcoholic wives seek therapy for their husbands in the Department of Psychiatry at Assam Medical College and Hospital.
2. The patient was diagnosed with alcohol dependence based on the diagnostic criteria outlined in ICD - 10 (World Health Organisation, 1992).
3. Marriage duration: one year and more

Exclusion Criteria:

1. Exclusion criteria for alcoholics included the following:
 - a. Syndromal disorders of the brain
 - b. Severe mental illness both concurrently,
 - c. A chronic medical condition
2. We did not include wives who had not lived with their husbands for six months or more before the research.
3. Wives who suffered from mental illness or were considered to be subnormal were not included.

Assessment Tools

1. The sociodemographic characteristics of the wife were noted in a semi-structured proforma and included in the research.
2. Burden Assessment Schedule (Thara et al. 1998): Thara et al.'s Burden Assessment Schedule (BAS), created at the Schizophrenia Research Foundation (SCARF), is founded on the idea of "stepwise ethnographic exploration," which Sell and Nagpal first described in 1992 while researching families to determine what "meaning" meant in providing care for a chronically psychotic individual. This 40-item, semi-quantitative measure assesses nine distinct domains of the objective and subjective stress of caregiving. Every item has a three-point rating system. Higher scores indicate a larger load. The score scales from 40 to 120. The alpha coefficient indicates that the whole scale's inter-rater reliability is 0.8. Its validity is similar to that of Pai and Kapur's (1981) family burden schedule (FBS).
3. Orford-Guthrie's approach of managing alcohol questionnaires: In 1975, Orford et al. created the "coping with Drinking" Questionnaire in collaboration with Guthrie. The purpose of this evaluation was to determine how each partner dealt with their alcoholism and the abuse issue. Each of the 79 questions on the main measure assessed a different facet of coping behaviors. They categorized the five interpretable components that emerged from the analysis as follows: assault, retreat, acting out, and protecting family interest. This investigation makes use of the condensed form of the same questionnaire that Orford and Guthrie used back in 1976. There were 56 items kept in this edition because they had loadings of at

least ± 30 on one of the five criteria they found. After running the numbers, they settled on 10 variables that together explained 55.3% of the variation.

Discord, avoidance, anti-drink, sexual withdrawal, taking special action, indulgence, competitiveness, assertion, terrified withdrawal, and marital dissolution are the ten typologies that Orford used to construct his scale. In order to meet the criteria of this research, a score of 3 (i.e., "yes, sometimes") was considered significant for each coping behavior component.

Procedure of Interview

Using a systematic random sample technique, individuals with a history of alcohol misuse were chosen, and those who satisfied the inclusion criteria had a full evaluation and diagnosis in accordance with ICD-10 guidelines. Then, at least one senior psychiatrist verified the alcoholism diagnosis. The study's technique and objectives

were described to the spouses who met the inclusion criteria and those who did not meet the exclusion criteria. Informed permission was obtained from those who agreed to participate in the research before they were recruited.

Next, a proforma including sociodemographic information was completed. After reading the Burden Assessment Schedule and Coping Behavior Scale to each wife, scoring was completed. A statistical analysis was performed on the family burden and coping behavior variables that were so acquired.

Results

In the present study, the participants were the spouses of alcoholics who were seeking treatment for drug addiction at the Department of Psychiatry at the Assam Medical College and Hospital in Dibrugarh. The investigation was conducted with fifty spouses of alcoholics as participants. There is a summary of the results in Tables 1 and 2.

Table 1: Wives' Age Distribution

Age (in yrs)	No. of wives Total (N = 50)	Percentage (%)	Mean Age (in yrs)	Standard Deviation
18 -29	17	34	26.58	± 13.82
30 - 41	23	46	34.78	± 15.88
42 - 53	8	16	43.87	± 18.29
≥ 54	2	4	54.5	± 21.56

Based on the information shown in the table, it is clear that the bulk of the spouses, who number 23 individuals, are in the age range of 30 to 41 years old, with an average age of 34.78 years old (standard deviation of 15.88 years). There is a very

modest proportion of married women who are older than 54 years old, which accounts for around 4% of the total (Fig-1). There was an average age of forty years among the wives in the whole group that was studied.

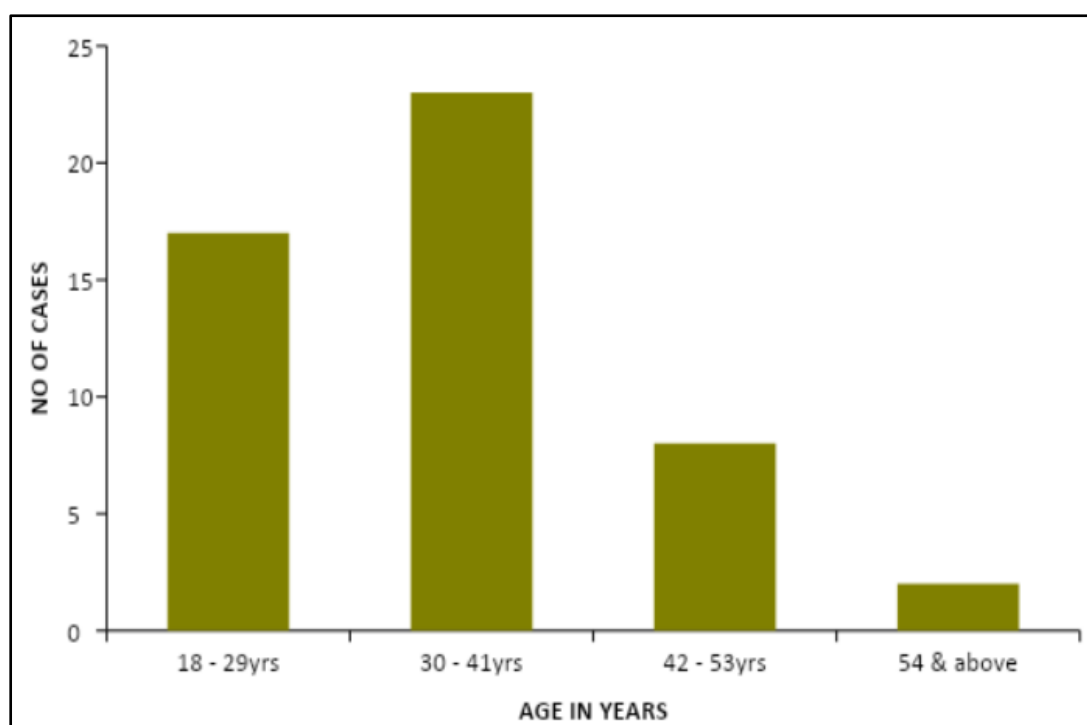


Figure 1: Wives' Age Distribution

Table 2: The distribution of spouses by religion

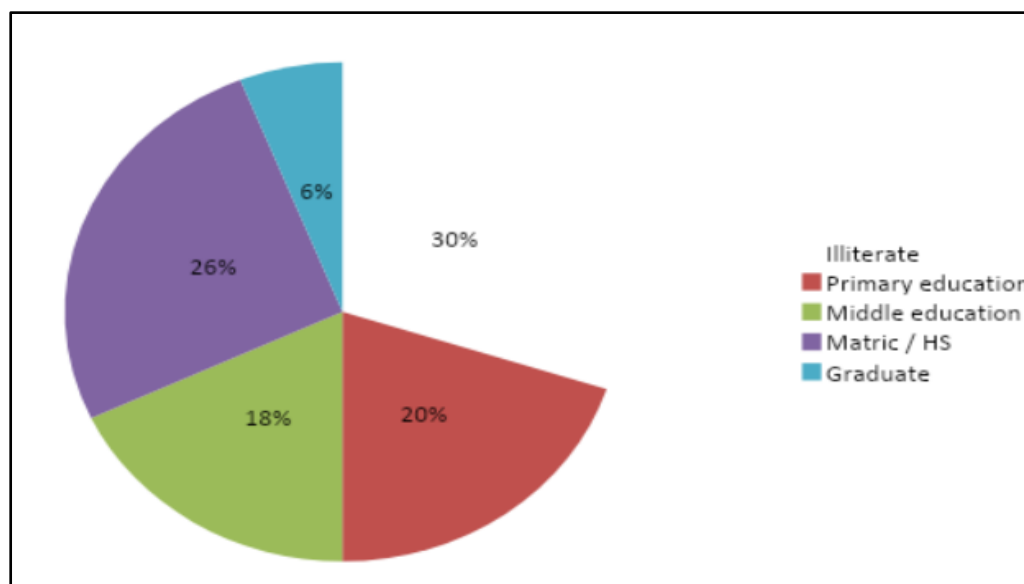
Religion	No. of wives (N=50)	Percentage (%)
Hindu	49	98
Muslim	0	0
Christian	0	0
Sikh	1	2
Others	0	0

A whopping 98% of the study's spouses identified as Hindu. There was just one Sikh wife; no Muslims, Christians, or anybody else's spouses were there.

Table 9: Wives' Educational Levels

Education level	No. of wives (N=50)	Percentage (%)
Illiterate	15	30
Primary education	10	20
Middle education	9	18
Metric/ H.S.	13	26
Graduate	3	6

The data in the table show that thirty percent of the sample is illiterate. Only thirteen of the women, or 26 percent, had completed secondary school or were matriculated. At the 0.01% level of significance, only 6% of the spouses were able to graduate. The chi-square value was 15.25 with 4 degrees of freedom. As a result, the uneducated bear the most load, while college-educated spouses bear the lightest.

**Figure 2: Wives' Educational Levels****Table 3: Wives' Distribution Based on Marital Length**

Duration of marriage (in yrs)	No. of wives (N=50)	Percentage (%)	Mean duration (in yrs)	SD
1-5	2	4	3.00	± 1.25
6-10	9	18	7.77	± 3.89
11-15	15	30	13.26	± 8.37
16-20	8	16	18.37	± 10.82
21-25	11	22	22.63	± 12.07
≥ 26	5	10	35.4	± 16.81

In the table, it can be seen that the majority of the wives' marital durations were between eleven and fifteen years, with an average of thirteen and a half years (standard deviation = 8.37). Out of all the wives, only two had a duration of one to five years.

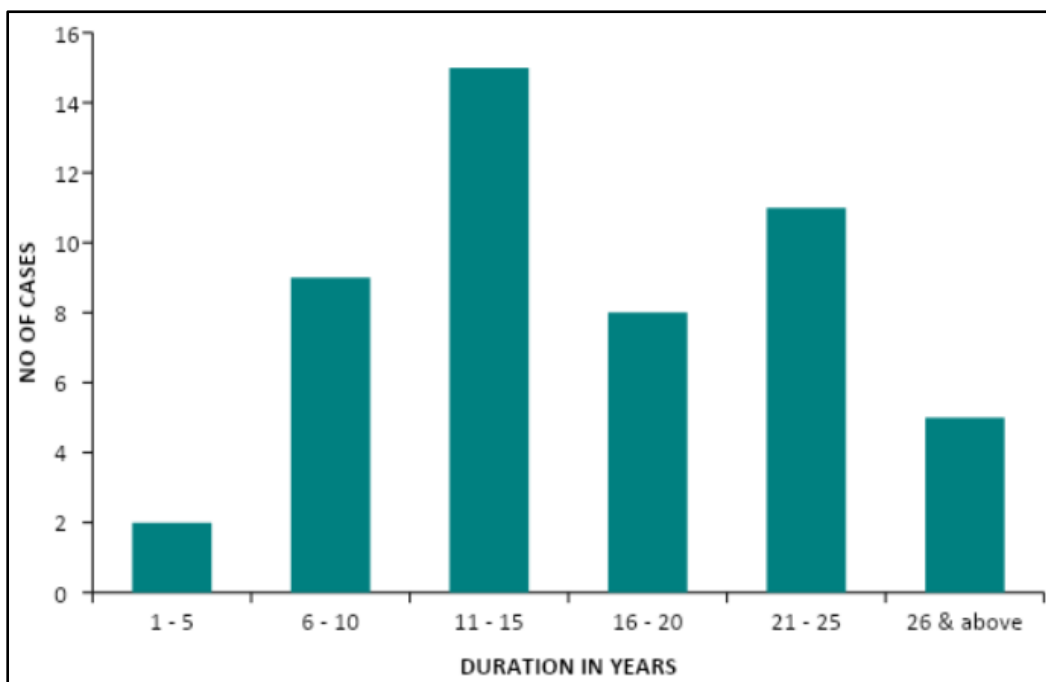


Figure 3: Wives' Distribution Based on Marital Length

Table 4: Wives' distribution according to family income

Income group (in Rs)	No. of wives N=50	Percentage (%)	Mean Family Income (in Rs)	SD
< 2040	11	22	1150	± 439.83
2041 - 6100	20	40	4300	± 656.29
6101 - 10160	13	26	7600	± 799.23
10161 - 15280	6	12	10600	± 1892.38

A total of 62% of the spouses were from families with monthly incomes below 6,100 rupees, according to the data in the table. Forty percent of these individuals earn between 2041 and 6100 rupees, with a mean family income of 4300 rupees (standard deviation = 656.29).

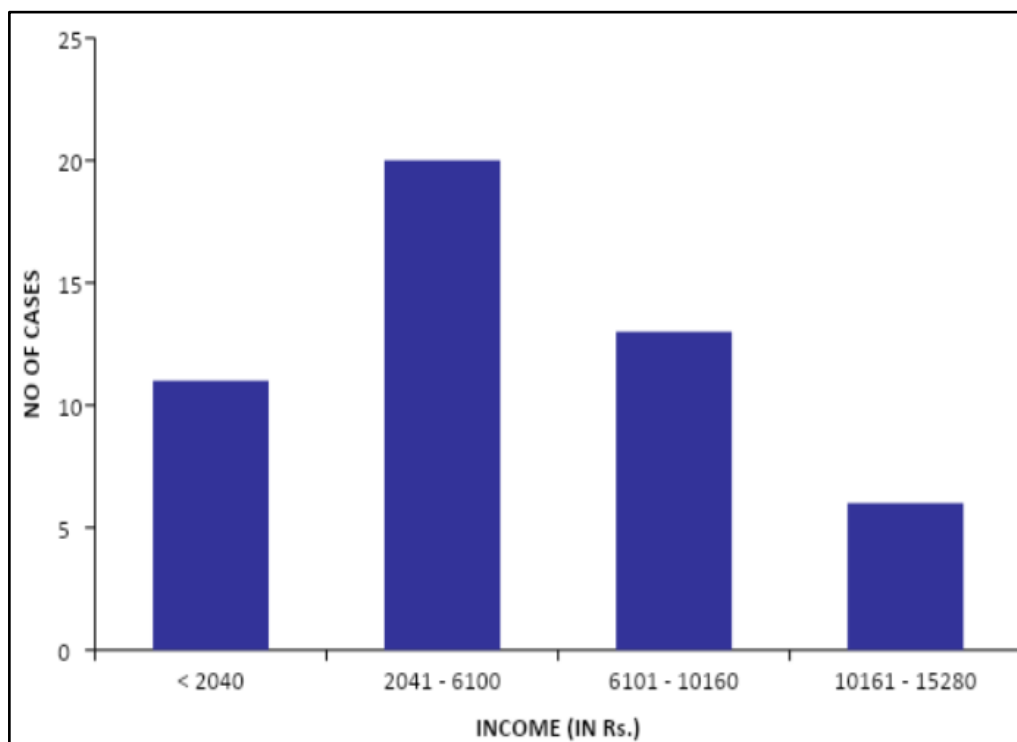


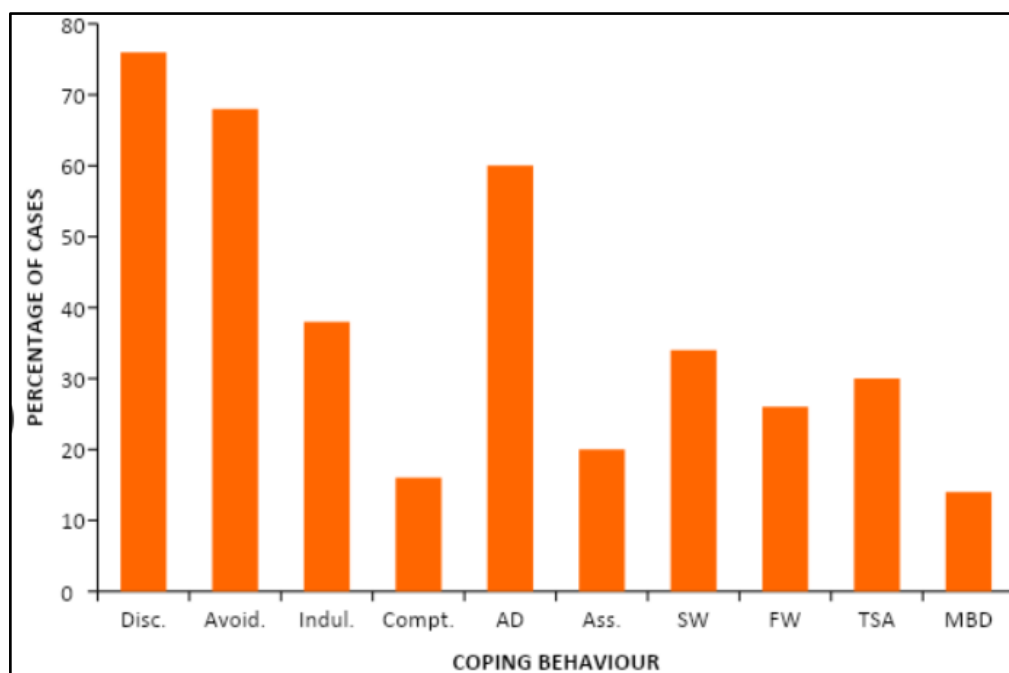
Figure 4: Wives' distribution according to family income

Table 5: Distribution of spouses according to a certain coping behaviour component

Coping Behaviors		No. of wives	Percentage (%)	Mean coping score	Standard Deviation
I	Discord	38	76	13.81	± 2.47
II	Avoidance	34	68	13.08	± 2.36
III	Indulgence	19	38	6.68	± 0.69
IV	Competition	8	16	10.50	± 1.97
V	Anti-Drink	30	60	13.03	± 2.35
VI	Assertion	10	20	9.50	± 1.61
VII	Sexual withdrawal	17	34	7.23	± 0.98
VIII	Fearful withdrawal	13	26	7.38	± 1.02
IX	Taking special action	15	30	10.40	± 1.95
X	Marital breakdown	7	14	9.42	± 1.53

It is impossible to find a single woman who has not used more than one method of dealing with her situation.

Seventy-six percent of the couples who were polled used "Discord" as a method of coping, 64 percent used "Avoidance," and sixty percent used "Anti drink."

**Figure 5: Distribution of spouses according to a certain coping behaviour component****Table 6: Distribution of spouses according to a certain coping mechanism**

Coping Behaviors		No. of wives	Mean coping score (A)	SD	P value
I	Discord	38	13.81	± 2.47	0.26
II	Avoidance	34	13.08	± 2.36	0.0062*
III	Indulgence	19	6.68	± 0.69	0.131
IV	Competition	8	10.50	± 1.97	0.028
V	Anti-Drink	30	13.03	± 2.35	0.036
VI	Assertion	10	9.50	± 1.61	0.0015*
VII	Sexual withdrawal	17	7.23	± 0.98	0.004*
VIII	Fearful withdrawal	13	7.38	± 1.02	0.12
IX	Taking special action	15	10.40	± 1.95	0.003*
X	Marital breakdown	7	9.42	± 1.53	0.007*

The described coping behaviours show a positive link, according to statistical research. What makes them:

1. The fact that the avoidance P value is less than 0.01 indicates that spouses often use avoidance as a coping mechanism.
2. Husbands who use high levels of assertiveness as a coping mechanism are considered noteworthy.
3. Coping strategies include sexual withdrawal, taking special action, and marital breakdown also have a favourable impact.

Conclusion

Every single one of the ladies who participated in the research project has used a variety of different coping techniques. Thirty percent of the participants reported taking specific actions, sixty-eight percent avoided circumstances that may potentially lead to conflict, sixty-eight percent abstained from alcohol, thirty-eight percent indulged, thirty-four percent disengaged sexually, twenty-six percent avoided confrontation, and twenty percent asserted themselves.

In addition to fourteen percent of the individuals experiencing a breakdown in their marriage, one sixteenth of the participants participated in competitive conduct. Avoidance, assertiveness, sexual withdrawal, and taking particular action are some of the coping methods that have been demonstrated to have a strong correlation with the dissolution of a marriage.

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