

A STUDY OF MARITAL ADJUSTMENT, PSYCHOLOGICAL WELL-BEING AND COPING AMONG FEMALE SPOUSES OF PATIENTS WITH ALCOHOL DEPENDENCE

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ABSTRACT

BACKGROUND

Alcohol use in a family member causes significant adverse effects not only to the abuser but also to the family members. The most affected among them were the spouses, who have been prone to physical and mental stress due to the alcoholic behaviour of their husband. We wanted to assess the level of marital adjustment, psychological well-being and coping mechanisms among the spouses of patients with alcohol dependence.

METHODS

This is a case control study done in 30 spouses of alcoholics and 30 spouses of controls in a tertiary care center in urban region in Tamil Nadu by using Marital Quality Scale, Psychological General Well-being Index and Brief Cope Scale.

RESULTS

There is a significant difference in marital adjustment and psychological well-being among the two groups with spouses of alcoholics showing poor marital quality and psychological well-being. Regarding their coping mechanism, there is significant difference in using adaptive coping styles like planning, positive reframing, and acceptance between the two groups. The spouses of alcoholics were using less adaptive coping styles than controls.

CONCLUSIONS

The inferences from this study can be summarized that there is a significant level of less adaptive coping style, poor marital quality of life and psychological well-being in spouses of alcohol dependent patients than controls. The potential implication of this study is that while treating alcohol dependent patient we should also focus on spouses and family members to psychoeducate them about mental well-being and coping mechanism.

KEY WORDS

Alcohol Dependence, Marital Quality, Psychological Well-Being, Coping Style

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BACKGROUND

Alcohol use is a very common problem all over the world, attributing to 3.3 million (5.9%) deaths globally and 139 million of DALY disability-adjusted life events.¹ The morbidity and mortality occurring in alcoholism is in part related to the link between alcohol use and high-risk behaviour for which there is a positive correlation. The high-risk behaviour includes violence, criminal acts,^{2,3} high risk sexual act,⁴ self-injury⁵ and fatal injury ⁶ including motor vehicle accident. Alcoholism has a significant impact on the individual as well as the family members affecting their physical, psychological and social wellbeing. Among the family members of alcoholics, the wives were the one affected very much,⁷ who undergoes various forms of verbal and physical abuse from alcoholic husband leading to marital

disharmony and sometimes can go for separation. In the literatures of the past, most of the studies were being focused towards the alcoholism and its impact on the abusers, and only few studies were focused towards the caregivers, especially the spouses. Thus, this study focused on the spouses of alcoholics to assess their level of marital adjustment and psychological well-being and the coping styles.

Aims and Objectives

1. To assess the level of marital adjustment, psychological well-being and coping mechanisms in spouses of alcoholics and control group.
2. To compare the level of marital adjustment and psychological well-being and the coping mechanisms in spouses of alcoholics and control group.

METHODS

This is a case-control study done in a tertiary care center at Psychiatry department of Thanjavur Medical College. After getting approval from the Ethical committee the study was done. The alcoholics attending the psychiatric outpatient department, diagnosed under ICD 10 classification as F10 - Mental and behavioural disorder due to the use of alcohol, whose spouses were considered as Cases. Controls were the spouses of non-alcoholics, selected from visitors and distant

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relatives of inpatients admitted in psychiatry ward. After getting informed consent from both the groups, the study was proceeded.

Inclusion Criteria

- Age - 25 and above.
- Marriage duration - 2 years and above.

Exclusion Criteria

- Psychiatric illness.
- Chronic physical/ neurological illness.
- Drug dependence.

The study was conducted with sample size of 50 cases on convenience, among them only 41 given informed consent. Among the 41 cases, 30 were qualified for the study and 11 were excluded from the study (6- physical illness, 3-marriage duration less than 1 year, 2-on medication for mental illness). To match the cases only 30 controls were included in the study. To the above samples following assessment tools socio demographic data, marital quality scale, brief cope scale, psychological general well-being Index were administered orally by the interviewer and their response was noted.

Description of Tools

Socio Demographic Data Sheet

A semi structured proforma designed for the study includes age, education, religion, duration of marriage, socio economic status.

Marital Quality Scale

Marital Quality Scale is a multidimensional scale in English developed by Shah (1995).⁸ This scale is a 50-item scale which includes 28 positive items and 22 negative items about the marital life. It includes twelve factors such as trust, affection, understanding, satisfaction, decision making, role functioning, rejection, despair, discontent, dissolution potential, dominance, and self- disclosure. The following five factors have only positively worded items: understanding, satisfaction, decision making, trust and role functioning. Factors of rejection, despair, discontent, dissolution potential, and dominance have only negatively worded items. Factors of affection and self-disclosure consist of both positively and negatively worded items. For the positively worded items 'usually' got a score of 1, 'sometimes' a score of 2, 'rarely' a score of 3, 'never' a score of 4. The reverse scoring was followed for the negatively worded items. The total score is obtained by the summation of scores of individual items. The range for total score is 50- 200. High score indicate poor quality of marital life. The scale has high internal consistency (coefficient alpha= 0.91) and high test-retest reliability (r = 0.83).

Psychological General Well-Being Index

The Psychological General Well-Being Index (PGWBI) was developed for the evaluation of perceived well-being and distress. It includes six dimensions: Anxiety, Depression, Positive Well-Being, Self-Control, General Health, and Vitality. As the subscales are internally consistent, the 22 items have been frequently used to form an overall Index (Total Score) for general well-being.

RESULTS

Variables	Spouses of Alcoholics	Controls	Total	Statistical Inference
Age				
25 -30 yrs.	7	4	11	X2 =3.348 Df=4 .501>0.05
30-35 yrs.	10	7	17	
35-40 yrs.	6	10	16	
40-45 yrs.	6	6	12	
>45 yrs.	1	3	4	
Education				
Illiterate	5	7	12	X2=2.239 Df=4 .692>0.05
Primary	6	4	10	
Middle school	6	7	13	
High school	12	9	21	
Diploma	1	3	4	
Occupation				
Unemployed	6	3	9	X2=6.783 Df=3 .079>0.05
Unskilled	17	13	30	
Semi-skilled	7	9	16	
Skilled	-	5	5	
Religion				
Hindu	21	24	45	X2=1.018 Df=2 .601>0.05
Christian	7	4	11	
Muslim	2	2	4	
Residence				
Rural	19	17	36	X2=.278 Df=1 .598>0.05
Urban	11	13	24	
Duration of Marriage				
<5 years	1	1	2	X2=2.458 Df=5 .783>0.05
5-10 years	7	5	12	
11-15 years	11	10	21	
16-20 years	5	5	10	
21-25 years	6	7	13	
>25 years	-	2	2	

Table 1. Socio-Demographic Data of both the Samples

Marital Quality Scale	Mean	SD	SI
Spouses of alcoholics	132.60	20.471	T=9.918 P<0.001
Controls	90.37	11.177	

Table 2. Mean, Standard Deviation, and t Value of Marital Quality Score of Both Groups

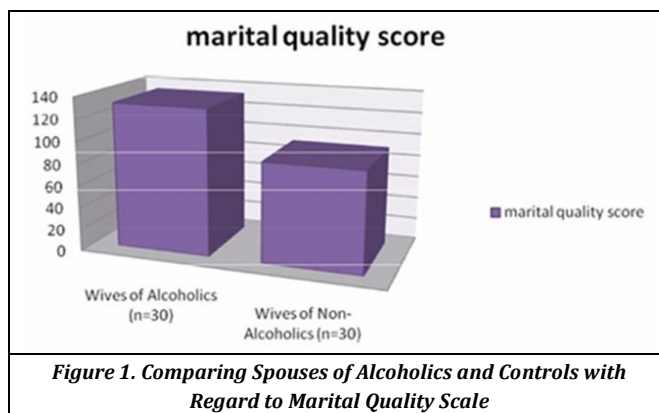


Figure 1. Comparing Spouses of Alcoholics and Controls with Regard to Marital Quality Scale

Psychological General Well-Being Index	Mean	S.D	Statistical Inference
Spouses of Alcoholics (n=30)	47.87	13.972	T=-10.419 P<0.001 Significant
controls(n=30)	78.00	7.465	

Table 3. Mean, Standard Deviation, and t Value of Psychological General Well-Being Index Scores of Spouses of Alcoholics and Controls

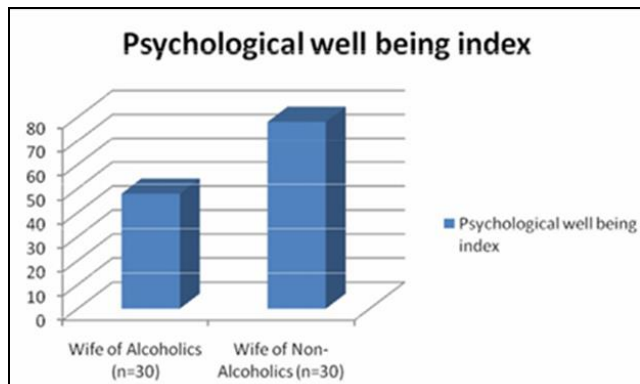


Figure 2. Comparing Spouses of Alcoholics and Controls with Regard to PGWBI Scale

Brief Cope Scales	Spouses of Alcoholics		Controls		T Value	Statistical Inference
	Mean	S.D.	Mean	S.D.		
Self-Distracton	4.63	.890	5.10	1.213	-1.699	.095
Active Coping	5.47	1.408	5.67	1.093	-.615	.541
Denial	3.90	1.517	4.60	1.380	-1.870	.067
Substance Use	2.00	.000 (a)	2.00	.000 (a)	Nil	Nil
Use of ES	6.40	1.192	6.17	1.117	-.782	.437
Use of IS	6.77	1.073	6.60	1.276	.548	.586
Behavioural Disengagement	5.80	1.562	6.20	.805	-1.246	.218
Venting	6.13	1.383	5.57	.817	1.932	.058
Positive Reframing	4.73	1.552	5.47	1.252	-2.014	.049*
Planning	4.73	1.552	5.47	1.252	-2.014	.049*
Humour	5.33	1.184	5.60	1.037	-.928	.357
Acceptance	3.17	1.234	4.73	1.112	-5.165	.000*
Religion	6.43	1.223	6.67	.884	-.847	.401
Self-Blame	5.03	1.650	5.23	.935	-.578	.566

Table 4. Means, Standard Deviations, and t Value of Brief Cope Inventory Subscales Scores of Spouses of Alcoholics and Controls

Df=58 p<0.05 is significant

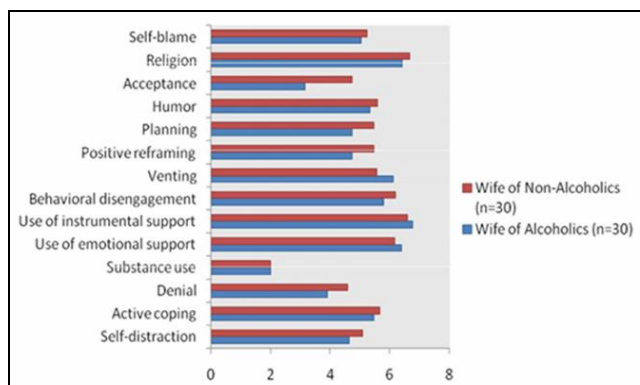


Figure 3. Comparing Spouses of Alcoholics and Controls with Regard to their Coping Style

Variables	Marital Quality Scale
Psychological well-being index	-0.464(**)

Table 5. Correlations Between Marital Quality Scale and Psychological Well-Being Index Among Spouses of Alcoholics

** Correlation is highly significant at the 0.01 level * Correlation is significant at the 0.05 level

Variables	Marital Quality Scale
Brief cope scale	
Self-distracton	-.171
Active coping	-.177
Denial	-.105
Substance use	.(a)
Use of emotional support	.096
Use of instrumental support	.108
Behavioural disengagement	-.146
Venting	.343(**)
Positive reframing	-.352(**)
Planning	-.352(**)
Humour	-.196
Acceptance	-.486(**)
Religion	-.174
Self-blame	-.060

Table 6. Correlations Between Marital Quality Scale and Brief Cope Scale Among Spouses of Alcoholics

** Correlation is highly significant at the 0.01 level * Correlation is significant at the 0.05 level

Variables	PGWBI index
Brief Cope Scale	
Self-distracton	.141
Active coping	.036
Denial	.228
Substance use	.(a)
Use of emotional support	-.153
Use of instrumental support	-.178
Behavioural disengagement	.270(*)
Venting	-.258(*)
Positive reframing	.309(*)
Planning	.309(*)
Humour	-.003
Acceptance	.541(**)
Religion	.165
Self-blame	-.017

Table 7. Correlation Between Psychological General Well-Being Index and Brief Cope Scale

** Correlation is highly significant at the 0.01 level * Correlation is significant at the 0.05 level

The original scoring by item was 0-5, giving a maximal score of 110. In several studies, the scoring has been changed to 1-6, giving a score range of 22-132. Although it is primarily self-administered it has also been administered by an interviewer or completed by relatives. Measurements of well-being have also been made on normal population and during health examination programme. It is a general measure of subjective well-being and hence not condition specific.⁹

Brief Cope Scale

The Brief COPE is a self-completed questionnaire measuring coping strategies. It is the abridged version of the COPE inventory and presents fourteen scales all assessing different coping dimensions: 1) active coping, 2) planning, 3) using instrumental support, 4) using emotional support, 5) venting, 6) behavioural disengagement, 7) self-distracton, 8) self-blame, 9) positive reframing, 10) humour, 11) denial, 12) acceptance, 13) religion, and 14) substance use. Each scale contains two items (28 altogether). Three composite subscales measuring emotion-focused, problem-focused, and dysfunctional coping have proved useful in clinical research and have content validity. Internal consistency alphas for the scales provided for in the Brief COPE ranged from 0.52 to

0.90 (Carver, 1997), which were considered to be acceptable internal reliabilities as supported by the data.

This scale can also be interpreted in two dimensions as Adaptive and maladaptive coping styles. The Adaptive Coping subscale contains 16 items with a possible range of 0 to 48, such that higher scores indicate greater use of adaptive coping. The Adaptive Coping subscale includes Active Coping, Planning, Positive Reframing, Acceptance, Humour, Religion, Using Emotional Support, and Using Instrumental Support. The Maladaptive Coping subscale contains 12 items with a possible range of 0 to 36, such that higher scores indicate greater use of maladaptive coping. The Maladaptive Coping subscale includes Self-Distraction, Denial, Venting, Substance Use, Behavioural Disengagement, and Self-Blame.¹⁰

Statistical Analysis

Descriptive statistics were computed. Categorical variables were described as frequencies and percentages. The Chi-Square test was used to compare categorical variables. Comparison of continuous variables was analysed with independent sample test. ANOVA and Pearson correlation coefficient was also used. Data was managed and analysed using SPSS software version 12.0.

DISCUSSION

Socio demographic profile of spouses of alcoholics and controls showed that there was no significant difference between the two groups with respect to their age, education, duration of marriage, religion, residence.

On assessing the level of marital quality, there is a significant difference between the two groups with spouses of alcoholics showing poor marital quality (132.60) than controls (90.37). This is similar to study done by Edward et al 1978, Billiards et al 1979 & Dunn et al 1987.¹¹⁻¹³ Zweben (1986)¹⁴ has conducted a study between heavy drinkers of alcohol and non-heavy drinkers and assessed the marital disharmony with different patterns of alcohol use and concluded that there was no significant difference in heavy drinkers with that of non-heavy drinkers. But has found that the level of marital disruption was higher in heavy drinkers than non-heavy drinkers of alcohol. Farid et al 1989,¹⁵ in his study showed that strong relationship occurs between alcoholic severity and dissatisfaction in the role of house wife. There is negative association between heavy users of alcohol and marital satisfaction (Homish & Leonard 2007).¹⁶

On assessing the Psychological General Well-Being Index among the two groups, the spouses of alcoholics scored higher mean value (78.0) than controls (47.87) with significant difference. Manskalenko and Gun's KO (1994)¹⁷ studied samples of 215, which included wives of alcoholics and wives of alcoholic's who divorced their husbands. In their result, borderline psychopathological conditions were diagnosed in 174 women married to alcoholics or in living together relationship with them. Of them psychopathy, neurotic personality, neurosis, and reactive depression were identified in 27%, 24.7%, 23% and 15% respectively. 41 divorced women living separately from their alcoholic husbands had no psychopathology. Rae and Forbes (1966)¹⁸ also showed the deviation on the psychopathic deviance scale and reactions of depression and anxiety in stress full situations, by wives of alcoholics. Levkovlch and Zuskova (1991)¹⁹ presented the data, concerning conflicts in 50 families

of alcoholics. The result showed disharmony in marital relationships and adverse effect of drinking in wives of alcoholics such as insomnia, depression and neurosis.

There is significant difference in usage of coping style between spouses of alcoholics and controls, in some of the problem focused coping mechanism. The spouses of alcoholics have used less planning, positive reframing than spouses of non-alcoholics. Acceptance, an emotion based coping mechanism is also lower in spouses of alcoholics than controls which might have contributed to their poor adjustment in their marital life. The coping mechanism contributing to the most was use of instrumental support (mean of 6.77), followed by religion (6.43), use of emotional support (6.40) and venting (6.13). The least coping mechanism used by the spouses of alcoholics was acceptance (3.17) and denial (3.90). Revaty, et al. (2009)²⁰ in her study found spouses of alcoholics were using positive reappraisal (83.5%), problem solving (82.5%), escaping avoidance (74.5%), accepting responsibility (72%), confrontive coping (68.5%), self-controlling (64%), and seeking social support (58.5%) of the coping mechanisms. Varghese (1998)²¹ and Sree Devi, et al. (2001)²² reported that discord, avoidance, assertion, fearful withdrawal and marital breakdown were most frequently used coping patterns among the spouses of alcoholics.

On assessing the correlation factor, there is a significant negative correlation between marital quality score and psychological well-being index in spouses of alcoholics, thus poor marital quality of life would have a negative impact on psychological well-being of individual.

There is significant positive correlation between marital quality and venting, and a significant negative correlation is present between positive reframing, planning and acceptance with the marital quality. Thus, those with poor marital quality of life would be using more venting and less positive reframing, planning and acceptance as their coping mechanism. As the alcoholic husband might be the reason for the above coping strategy, who might cause physical injury to the partner, verbal abuse, may cause financial problem which would cause to lesser acceptance and go for venting out her emotions. There is a significant positive correlation between psychological well-being and positive reframing, behavioural disengagement, planning and acceptance. There is a significant negative correlation between psychological well-being and venting. Thus, those with good psychological well-being will be using positive reframing, planning, behavioural disengagement and acceptance more likely, venting is less likely. Those with poor psychological well-being will be using venting more likely and less positive reframing, behavioural disengagement, planning and acceptance.

Limitations

The present study was done in a tertiary hospital, in an urban setting and hence the results cannot be generalised. The sample population was small in number. Most of the sample reported to the outpatient department were belonging to low socio-economic status and studied up to high school education hence it cannot be generalized to all socio-economic and high literacy people.

CONCLUSIONS

There is a significant level of less adaptive coping style, poor marital quality of life and psychological well-being in spouses of alcohol dependent patients. While treating alcohol dependent patients we should also focus on spouses and family members to psychoeducate them about mental well-being and coping mechanisms.

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