

# Psychiatric Morbidity & Coping Strategies among Wives of Alcohol Dependence Syndrome

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## Abstract

**Background:** Alcohol dependence has adverse social and health impacts. Alcohol related issues mostly affect families, with spouses feeling the maximum effects mostly because of the closeness of their bond. In alcohol treatment programs, spouses are key participants. Therefore, in order to comprehend and manage such concerns, it is necessary to examine psychiatric morbidity and coping mechanisms in partners of alcohol dependent individuals.

**Aim:** To compare the pattern of coping strategies and psychiatric morbidity in spouses of men with alcohol dependence syndrome and controls.

**Materials and Methods:** Using the MINI Questionnaire, 60 controls and 30 spouses of men with alcohol dependence syndrome were compared for psychiatric morbidity. Using the General Health Questionnaire, psychological distress was evaluated. The Coping Strategies Inventory was used to evaluate coping mechanisms. Severity of alcohol dependence was assessed using Severity of Alcohol Dependence Questionnaire and consequences of drinking was assessed by Drinkers Inventory of Consequences.

**Results:** 33.3% of spouses suffered from a mental illness. Mood and anxiety disorders predominated. Major depressive disorder was present in 13.3% of cases, as were dysthymia in 10%, generalised anxiety disorder in 6.7%, and suicidality in 6.7%. The two main coping techniques used were problem focused engagement and emotion focused engagement. The degree of alcohol dependence severity or its effects in any particular area were not substantially correlated with any psychiatric disease and did not affect the coping strategy used.

**Discussion:** In wives of alcohol dependent men, psychological distress and psychiatric morbidity are common. As spouses are known to play a significant role in the treatment of

alcohol dependence syndrome, addressing these issues will be beneficial.

**Keywords:** Spouses of Alcohol Dependent Men; Psychiatric Comorbidities and Coping Strategies.

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## INTRODUCTION

Alcohol dependence has adverse health and social consequences. Alcoholism is considered to be an ongoing stressor not only for

the individual but for the family members as well.<sup>1</sup> Wives are affected the most due to the intimacy between a couple, as they are being exposed to the alcoholic behavior of husbands because of co-dependency.<sup>2</sup> They are exposed to high degrees of domestic violence, in addition to poor social support, economic burden and social stigma.<sup>3</sup> All these stressful life events are likely to diminish the individual's ability to adapt, leading to emotional distress and psychological problems.<sup>4</sup> In India, only a few studies have been done on these factors although considerable levels of psychological distress seem to be manifest.<sup>5</sup> Some studies have been done on wives of alcoholics by observing them. Wives who are directly involved in the treatment of alcohol dependent individuals in the family agency settings.<sup>6</sup>

On this background, I intend to do this study, as understanding and addressing the mental health issues of spouses of alcoholics will not only reduce their burden but also improve their mental ability to recover quickly and improve their overall quality of life and it is also likely to have a bearing on the treatment and outcome of alcohol dependent men.

## AIMS AND OBJECTIVES

The present study set out to find out the pattern of psychiatric morbidities in the wives of men with alcohol dependence syndrome and various forms of coping skills adapted by their wives to study the severity of alcohol dependence and various consequences of drinking in alcohol dependent men.

## MATERIALS AND METHODS

This is a cross sectional study, conducted at Mamata medical college and hospital, Khammam, Mamata Academy of Medical Sciences, Bachupally, Hyderabad, Telangana. The Consecutive male patients attending both outpatient department and inpatient department were screened for diagnosis of alcohol dependence syndrome using ICD 10 diagnostic criteria. The following scales and questionnaires are administered to alcohol dependent men and their wives.

### A. To Alcohol-dependent men

A semi-structured proforma for socio-demographic details.

Severity of Alcohol Dependence Questionnaire (SADQ)<sup>7</sup>

Drinker's Inventory of Consequences (DrInC)<sup>8</sup> for consequences of drinking.

### B. To their Spouses:

A semi-structured proforma for socio-demographic details.

General Health Questionnaire (GHQ)<sup>9</sup> for the presence of psychological distress.

Mini International Neuropsychiatric Interview (MINI) to screen for psychiatric disorders.<sup>10</sup>

Coping Strategies Inventory (CSI)<sup>11</sup> to assess coping thoughts and behavior in response to a specific stressor.

Wives of all male patients who were between 18- 45 yrs of age, who fulfil the criteria for alcohol dependence syndrome according to ICD-10 and willing to participate in the study. Patients not willing to participate, those men with mental retardation, those men diagnosed to have other comorbid mental illness, other substance use except nicotine use, neurological illness or chronic medical illness. Spouses with primary psychiatric disorders and/or with chronic physical illness are excluded.

## RESULTS

### Socio-Demographic Details of Alcohol Dependent Men:

**Age:** 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 >15 years.

**Socio-Demographic Details of Cases:**

**Age:** 12 (40%) cases and 17 (28.3%) controls were <30 years old. 16 (53.3%) cases and 38 (63.3%) controls were between 30-40 years of age. 2 (6.7%) cases and 5 (8.3%) controls were above 40 years.

**Education:** 5 (16.7%) cases and 21 (35%) controls were in school for <5 years, 14 (46.7%) cases and 25 (41.7%) controls for 5-10 years and 11 (36.7%) cases and 14 (23.3%) controls for >10 years.

**Occupation:** 14(46.7%) cases and 25(41.7%) controls were employed and 16(53.3%) cases and 35(58.3%) controls were unemployed.

**Income:** 2(6.7%) cases and 9(15%) controls were from families whose monthly income was <Rs. 1000. 14(46.7%) cases and 17(28.3%) controls had a monthly family income between Rs. 1000-5000, 14(46.7%) cases and 28(46.7%) controls between Rs. 5000-10000. None of the cases and 6(10%) controls had a monthly income above Rs. 10000.

**Religion:** 20(66.7%) cases and 41(68.3%) controls were Hindus, 7(23.3%) cases and 13(21.7%) controls were Muslims and 3(10%) cases and 6(10%) controls were Christians.

**Domicile:** 16(53.3%) cases and 24(40%) controls were from urban areas and 14(46.7%) cases and 36(60%) controls were from rural areas.

**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.

**DrInC Scale:**

- **Physical domain:** 2(2.2%) men scored very low, 8(8.9%) men scored low, 10(11.1%) men scored medium, 6(6.7%) men scored high and 4(4.4%) men scored very high.
- **Interpersonal domain:** 5(5.6%) men scored low, 12(13.3%) men scored medium, 11(12.2%) men scored high and 2(2.2%) men scored very high.
- **Intrapersonal Domain:** 2(2.2%) men scored

very low, 10(11.1%) men scored low, 7(7.8%) men scored medium, 8(8.9%) men scored high and 3(3.3%) scored very high.

- **Impulse Control Domain:** 8(8.95) men scored low, 14(15.6) men scored medium and 8(8.95) men scored high.
- **Social Responsibility Domain:** 1(1.1%) men scored low, 3(3.3%) men scored medium, 16(17.8%) men scored high, 10(11.1%) men scored very high.

**Comparison of SADQ with DrInC in Alcohol Dependent men:** There was a statistically significant association between severity of alcohol dependence and physical domain in DrInC scale. Other domains like interpersonal, intrapersonal, impulse control and social responsibility were not statistically significant.

**MINI Scale:** 4(13.3%) cases and 1(1.7%) control had Major Depressive Disorder. 3(10%) cases and 3(5%) controls had Dysthymia. 2(6.7%) cases and 1(1.7%) control had Generalized Anxiety Disorder. 2(6.7%) among cases and none of the control had Suicidality. 1(1.7%) control and none of the cases had Psychosis.

**Comparison of MINI Scale:** Cases were at increased risk of having mental illnesses.

**GHQ Scale:** 13(43.3%) cases and had a score of <15 showing no distress. 10(33.3%) cases scored between 15-20 showing evidence of distress. 7(23.3%) cases showed severe distress and psychological issues scoring above 20.

**CSI:** 14(46.7%) cases showed Problem focused engagement and 8(26.7%) cases showed Problem focused disengagement. 6(20%) cases showed Emotion focused engagement and 2(6.7%) cases showed Emotion focused disengagement.

**Comparison of CSI between Cases:** Cases were more likely to adopt Problem focused engagement and Emotion focused engagement as their coping strategy.

Coping Strategy Inventory	Count	Percentage
Problem focused engagement	14	46.7%
Problem focused disengagement	8	26.7%
Emotion focused engagement	6	20.0%
Emotion focused disengagement	2	6.7%
Total	30	100%

**Comparison of SADQ in alcohol dependent men and GHQ in wives:**

Increase in severity of alcohol dependence in men was not associated with increased risk of psychological distress in wives.

#### *Comparison of SADQ in alcohol dependent men and MINI in wives*

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Increase in severity of alcohol dependence was not associated with increased risk of mental illness in wives.

#### *Comparison of SADQ in alcohol dependent men and CSI in wives*

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There was no statistically significant association between increase in severity of alcohol dependence in men and different coping strategies adopted by their wives.

#### *Comparison of DrInC in alcohol dependent men and GHQ in wives*

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Consequences in various domains caused by alcohol dependence in men did not show any statistically significant association with psychological distress in their wives.

#### *Comparison of DrInC in alcohol dependent men with MINI in wives*

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Consequences of alcohol dependence in various domains did not show statistically significant association with mental illnesses in their wives.

#### *Comparison of DrInC in alcohol dependent men with CSI in wives*

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Consequences of alcohol dependence in various domains did not show any statistically significant association with various coping strategies adopted by their wives.

## DISCUSSION

### *Psychiatric Morbidity*

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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. There are very few Indian studies and even fewer have specifically examined the psychiatric disorders among wives of alcohol dependent men. These studies show that husband's drinking affected wives' health

adversely, such that they suffered from various disorders like insomnia, depression and neurosis (Rae and Forbes, 1966). High incidence of mood and anxiety disorders is similar to those reported in western literature. One striking finding in this study is the absence of substance abuse among spouses, (Ino, *et al* 1992 and James and Goldmann, 1971) which was found in the west. The occurrence of mental illness in female wives is not associated with increasing severity of alcohol dependence in this study. But available literature suggests that wives who have mental illness had husbands who were more severely dependent. No significance is found between the consequences of dependence in men and psychiatric diagnoses in their wives. A study done by Kishor, *et al* in 2012, shows spouses who were diagnosed to have mental illness were having husbands with greater negative consequences in various domains (physical, interpersonal, intrapersonal) attributable to alcohol consumption.

### *Psychological Distress*

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There is association between alcohol dependence in men and psychological distress in their wives which is in agreement with previous studies. But increase in severity of dependence is not associated with increase in psychological distress among wives. 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.

### *Coping Strategies*

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Regarding coping, 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. This is in contrast to the previous studies (Orford and Guthrie, 1975 and Sathyanarayana Rao and

Kuruville, 1992) which show discord, avoidance, indulgence and fearful withdrawal as the common coping behaviors, while taking special action and assertion were less common. Irrespective of the severity of alcohol dependence in husband's wives adopted the same coping mechanisms. This is in disagreement with previous studies which report progressive increase in all types of coping in female spouses depending on the intensity and frequency of alcoholism (James and Goldmann, 1971). They also reported high frequency of coping behavior was associated with poor outcomes in alcohol dependent men. 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. No studies have demonstrated any association with the remaining two domains impulse control and social responsibility, like ours. From this study it is evident that when a husband is alcohol dependent, his wife is subjected to emotional distress and she either develops a mental illness or adopts a coping mechanism by which they take an upper hand, get employed or share their emotions and run their family.

## CONCLUSION

Wives of alcohol dependent men suffer more commonly from Major Depressive. Disorder, Dysthymia, Suicidality and Generalized Anxiety disorders which are usually unattended. Increasing severity of alcohol dependence is associated with physical consequences in alcohol dependent men. Wives of alcohol dependent men deal with the stressful situation actively by problem focused engagement or emotion focused engagement. The alcohol dependence itself causes distress to the wives and increasing severity of alcohol dependence in men is not associated with increasing psychological distress in their wives. The severity of alcohol dependence in husbands neither altered the psychiatric diagnosis among their wives nor was associated with any specific diagnosis. The degree of severity of alcohol dependence in husbands did not change the coping patterns of their wives. 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. The consequences of alcohol dependence in various domains in men did not change the coping behaviors or psychiatric diagnosis in their wives.

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