



## COMPARATIVE STUDY OF MARITAL ADJUSTMENT BETWEEN SPOUSES OF PERSONS WITH ALCOHOL DEPENDENCE SYNDROME AND SPOUSES OF PERSONS WHO DO NOT ABUSE ALCOHOL

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### ABSTRACT

**Background:** Alcohol dependence is a major problem worldwide, India being no exception. Alcohol which was once used as the part of rituals and medicaments now has become a worldwide problem that attracts high attention of mental health professionals. Alcoholism is a common illness (Haglund & Schuckit, 1992). Spouses of individual with alcohol dependence syndrome are affected on many different levels. Several studies have shown that spouses of individual with alcohol dependence syndrome often present significant rates of mental and physical problems, communication problems, low social activity and poor marital satisfaction (Moos et al., 1990; Halford et al., 2001). The spouses develop ways of dealing with the concomitant stress, a coping behavior which seems to be rather uniform even though spouses of individual with alcohol dependence syndrome are, of course a heterogeneous group with varying backgrounds (Orford, 1990, 1992).

**Aim Of The Study:** The aim of the study is to assess and compare the marital adjustment among the Spouse of Person with and without Alcohol Dependence (normal control).

**Methods And Material:** Spouses who have given informed consent will be administered with marital adjustment inventory scale. The study will be cross-sectional hospital. The present study will be comprised of 80 samples, among which 40 samples will be the spouses of person with alcohol dependence and 40 samples will be of spouses whose other spouse is not taking alcohol (normal control). Sample will be chosen purposely in OPD of RINPAS, Kanke, Ranchi.

**Results:** Result is discussed below.

**KEYWORDS :** Spouses, Alcohol dependence syndrome, Marital adjustment.

### INTRODUCTION:

Alcohol dependence is considered to be a severe form of the disease. In simple words, if an individual's drinking is affecting his health, occupation or social functioning and in spite of that he continues to drink, we say he is dependent on alcohol. The Alcohol Dependence in some form or other has been universal phenomenon and has eventually become a human tragedy resulting in enormous toll in deaths, more crime and accident, marital disharmony, interpersonal disturbances and maladjustment at home and work place. Alcoholism is like a disease which does not only affect the individual but the whole family. Man has always been known to get entangled in the hazy web of chemical substances among which alcohol is the most common one. Alcohol has more social sanction than any other substance and has come to serve certain functions in the society. It is a relaxant for a few, a bad for a few others, while it symbolized the pride and the status of manhood for the youth. Thus alcohol has come to mean certain things for certain groups in the society.

Alcohol dependence is a major problem worldwide, India being no exception. Alcohol which was once used as the part of rituals and medicaments now has become a worldwide problem that attracts high attention of mental health professionals. Alcoholism is a common illness (Haglund & Schuckit, 1992). Alcohol is an addictive phenomenon, is not yet fully conceptualized by the society, therefore the patients are not worried about their addiction, and majority of the referral are not serious to identify the situation. Ethyl alcohol is one of the ten most dangerous drugs for human health. Its marked ability to induce physical dependence (Nutt et al., 2007) and abuse affect the whole organism particularly serious damage to the digestive, central nervous and cardiovascular system. Alcoholism is the third largest health care problem in India today (Murthy & Bharathi, 1995). It hampers socio-economic-political arena of human being. Patients often approach to the treatment facilities when situation become grave enough that they themselves might not be able to handle their behavior and pattern of addiction.

According to ICD-10 "Dependence Syndrome" it is defined as a cluster of physiological, behavioral and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviors that once had great value. A central descriptive characteristic of the dependence syndrome is the desire to take psychoactive drugs, alcohol or tobacco. There may be evidence that return to substance use after a period of abstinence leads to a more rapid appearance of the syndrome than occurs with non dependent individuals.

### Alcohol Dependence as Psychiatric Condition and Current Nosology:

The tenth revision of international classification of diseases-ICD-10, DCR (WHO, 1993) criteria for substance dependence states that a diagnosis for dependence should be made if three or more of the following have occurred together for at least 1 month or, if persisting for periods of less than 1 month, should have occurred together repeatedly within a 12 month period:

- (a) A strong desire or sense of compulsion to take the substance.
- (b) Impaired capacity to control substance taking behavior in terms of its onset, termination, or levels of use, as evidenced by: the substance being often taken in larger amounts or over a longer period than intended; or by a persistent desire or unsuccessful efforts to reduce or control substance use;
- (c) A physiological withdrawal state when substance use is reduced or ceased, as evidenced by the characteristic withdrawal syndrome for the substance, or by use of the same substance with the intention of relieving or avoiding withdrawal symptoms;
- (d) Evidence of tolerance to the effects of the substance, such that there is a need for significantly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance;
- (e) Preoccupation with substance use, as manifested by important alternative pleasures or interests being given up or

reduced because of substance use; or a great deal of time being spent in activities necessary to obtain, take, or recover from the effects of the substance;

(f) Persistent substance use despite clear evidence of harmful consequences as evidenced by continued use when the individual is actually aware, or may be expected to be aware, of the nature and extent of harm.

#### **MARITAL ADJUSTMENT:**

Marital adjustment is a degree to which an individual's needs, expectations, and desires are being satisfied in their marriage; a subjective condition which can only be described by the individual spouse; and the individual's personal evaluation of their marriage. Most similar to the concept of marital happiness because only the individual is able to say how happy or satisfied they are.

Happiness in life is linked with successful marriage. A review of the literature reveals that most people are happier attached than unattached. A close, nurturing, equitable, intimate, lifelong companionship with one's best friend is a very strong predictor of happiness than any other. In India, Family Planning Association of India based on all India sample of over 3,800 youngsters, made a survey. The survey throws some light on their expectations from marriage partner. It was noticed that men marry for companionship, sexual satisfaction, to have a life of their own to please parent and for security. Women marry for companionship, security, independent life, social pressures and sexual satisfaction. Marriage and family are not optional, they are necessary; they meet man's deepest needs (Landis, 1954).

#### **Alcohol Use Disorders and Implications for Marriage (National Healthy Marriage Resource Center)**

**Increased Of Divorce:** Alcohol problems are related to increased rates of marital violence, poor communication, and feelings of marital distress that lead to a greater risk of divorce. Differences between spouses in their drinking behaviors decrease marital quality and increase the likelihood of divorce. Alcohol use disorders increase the psychological distress of the nondrinking spouse. An adult's alcohol abuse also is related to children's increased social, emotional, behavioral, and academic problems, which, in turn, is associated with more stress in the family and less marital satisfaction. **Marital Distress:** Alcohol use disorders increase the feelings of marital distress. Individuals in marriages in which one or both spouses has an alcohol use disorder report higher levels of marital distress or trouble than do married individuals whose spouses do not have drinking problems. **Anger:** Marital satisfaction is related strongly to a couple's ability to communicate effectively. **Damaging Communication:** Spouses with alcohol use disorders tend to use more negative and damaging communication (e.g., criticizing, blaming), express more anger, and show lower levels of warmth when trying to solve a problem than do spouses who do not have an alcohol use disorder. This kind of negative communication discourages the use of positive problem solving skills such as open discussion and encouragement. **Less Problem Solving:** Couples in which one partner has an alcohol use disorder engage in problem solving less often than do other couples. Partners in such marriages may lose the desire to engage in problem solving and give up when alcohol is involved because they anticipate that the conversation will soon become negative. As this pattern continues, important issues such as family finances, sexual intimacy, and childrearing decisions go unresolved because it is easier to avoid communicating than it is to deal with the stress and negative emotions that are associated with alcohol-related communication problems.

**Personality Characteristics:** Personality characteristics

common among people with alcohol use disorders also can affect communication. People with alcohol use disorders tend to be less conscientious, less agreeable, more anxious, and hypersensitive than are non-drinkers. These personality characteristics make effective communication and problem solving more difficult. **Effects on the brain:** Researchers believe that alcohol's effect on the brain may contribute to the increase in the negative communication. Alcohol appears to impair a person's ability to understand and properly interpret what a spouse is saying. Individuals with an alcohol use disorder tend to interpret things their partners say in negative ways, leading them to respond with greater anger and negative emotions. **Increased potential for marital violence:** Alcohol use disorders are frequently related to marital violence, among battered women, 40-60 percent reported that their husbands were heavy or problem drinkers. Among married men admitted to alcohol treatment centers, 50-70 percent reported participating in partner violence, with 20-30 percent of these men reporting having engaged in severe violence towards their spouses, the more frequently men are intoxicated, the more likely they are to be verbally and physically violent toward their spouses. Alcohol use disorders are associated with increased aggression and severe marital violence, likely to result in injury. Spouses under the influence of alcohol tend to act more aggressively. Alcohol tends to make individuals more impulsive and less able to restrain their aggression. This pattern is particularly evident amongst individuals who display aggressive personality traits while sober. **Potential effects on sexual intimacy:** Alcohol use disorders are related to sexual problems, such as lower sexual satisfaction and erectile dysfunction among men. For women, alcohol abuse may impede orgasm.

A considerable number of studies have been done to find out the effect of alcohol dependence syndrome on individual, their spouses, their children or the entire family separately. But there is hardly such study available which intends to study the Marital Adjustment among the Spouses of Individual with and without Alcohol Dependence Syndrome. Most of us want to live fullest of our life's. Thus, main focus is upon helping them to improve their overall adjustment (marital adjustment) in life. This study would help to pin point exactly the areas of difficulties of spouses of individual with alcohol dependence syndrome and would open new vistas for the elaborate understanding of the problems faced by them.

#### **Review Of Literature:**

Spouses of individual with alcohol dependence syndrome are affected on many different levels. Several studies have shown that spouses of individual with alcohol dependence syndrome often present significant rates of mental and physical problems, communication problems, low social activity and poor marital satisfaction (Moos et al., 1990; Halford et al., 2001). The spouses develop ways of dealing with the concomitant stress, a coping behavior which seems to be rather uniform even though spouses of individual with alcohol dependence syndrome are, of course a heterogeneous group with varying backgrounds (Orford, 1990, 1992). Divergent perceptions between the alcoholic and their spouse play an important role in day-to-day life stress. Level of stress may be dependent upon the extent to which the patient and their spouse hold dissimilar perceptions about problems (Bamford et al., 2007). According to Raitasalo and Holmila (2005), the links between the drinker's own concerns and the pressure exerted by the spouse can be particularly troublesome when the individual's own evaluation is not supported by the partner. Notably, this is the case when a person thinks that his drinking is not a problem, but the partner thinks differently and tries to manage his behavior in various ways; all these are directly related with the spouse's own feeling of strain. Several other studies have also proved that spouses of actively drinking alcoholics experience considerable psychological

distress (Kogan & Jackson, 1965; Orford et al., 2001). Tanwar & Ranga Swamy (2010) studied the effects of alcohol dependents on the dimensions of marital satisfaction, family environment and quality of life on sample of 30 wives under the influence of their partner's alcohol dependence. They found that excessive drinking and alcohol dependence can exert severe negative effects on the life partners in terms of marital satisfaction, family environment and quality of life perceived by them, and concluded that alcohol dependent have significantly adverse effects on their spouses in terms of marital satisfaction, family environment and quality of life. Kishor M., Lakshmi V. Pandit & Raguram R. (2013) studied on psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence on sample of 60 spouses of alcoholics. They found that more than half of the spouses (65%) had a psychiatric disorder. Primarily mood and anxiety disorder were present. Major depressive disorder was present in 43%. Psychiatric morbidity, marital dissatisfaction in spouses and higher adverse consequences alcohol dependence in their husbands, were found to be significantly correlated with each other and their association was robust particularly when problems in the physical, interpersonal and intrapersonal domains were high. Tiwari et al., (2010) identity of alcoholics spouse seems to lie solely in their status as wives of alcoholics. They have to endure years of isolation, blame of relatives, lack of friends, little money, violence, unsatisfactory sexual relations, (Wiseman, J., 1991). The spouses of drinkers suffer from elevated rates of depression, anxiety and somatic complaints, report low levels of relationship satisfaction (Halford et al., 1999), and often are subjected to verbal and physical abuse (Leonard & Jacob, 1988; Van-Hasselt, Morrison & Bellack, 1985; Leonard & Senchak, 1993). They often present to treatment agencies reporting that the man refuses to seek treatment, and that there are frequent marital disagreements about the man's drinking (Halford & Osgarby, 1993). These women often seek assistance to cope with the impact of the man's drinking (Liepman, 1993; Thomas & Ager, 1993). There is a strong association between males' alcohol abuse and their relationship problems. The marriages of men with diagnosed alcoholism are similar to those of other distressed couples, with low relationship satisfaction (Jacob, Dunn & Leonard, 1983; O'Farrell & Birchler, 1987), high levels of desired change by both spouses (Jacob et al., 1983; O'Farrell & Birchler, 1987) and marked deficits in communication (Frankenstein, Hay & Nathan, 1985; Hersen, Miller & Eisler, 1973; O'Farrell & Birchler, 1987).

**METHODOLOGY:**

**Objective:** objective of the study is to compare the marital adjustment of spouse of person with alcohol dependence and without alcohol dependence (normal control).

**Research Design:** This is hospital base cross-sectional comparative study designed to assess and compare the marital adjustment between the spouses of person with and without alcohol dependence (normal control).

**Sampling:** Samples was selected by using the purposive sampling method, from RINPAS OPD. Total 80 spouses were recruited which were further divided in two groups, 40 spouses of the person with alcohol dependence and 40 spouses of person without alcohol dependence (normal control).

**Inclusion And Exclusion Criteria:**

1. Spouse of the person with Alcohol Dependence.
2. Person married for at least 2 years and living together.
3. History of person's alcohol dependent for at least 2 years to 10 years.
4. Patient's spouse in the age range of 20 to 45 years.

**Procedure:**

Spouses of the people with and without alcohol dependence

(normal control) were selected from the outpatient department as well as ward on the basis of inclusion and exclusion criteria. Informed consent was obtained from them after explaining the details of study. The objectives of the study were explained to the participants. After establishing rapport and explaining the purpose of the study the details of the socio-demographic data, clinical variables were gathered from the informants, case record files and the patients themselves. The Marital Adjustment Inventory Scale was administered one by one on the spouse. Finally study group was compare with the normal controls being matched by the parameters like 'age', 'sex' & 'educational status' of the study group. Normal controls were selected after completing the data collection of the study group. The collected data was tabulated, analyzed and assessed properly with appropriate use of statistics.

**Statistical Analysis:** The data were subjected to computerized statistical analysis using statistical package for social sciences (SPSS) version 16.0 was used. In this study T test were used for statistical analysis.

**Tools Used In The Study:**

1. Socio-demographic & clinical data sheet
2. Marital Adjustment Questionnaire

**Socio-demographic & Clinical Data Sheet:**

The socio-demographic data sheet consist of information of the patient and his spouse, it included, age, gender, education, occupation, monthly income, religion, domicile, family type, marital status, duration of marriage, duration of illness, duration of alcohol intake.

**Marital Adjustment Questionnaire** – Pramod Kr. & Km. Kanchan Rohatgi, (1999)

MAQ is used to identify couples who are making poor marriage. The questionnaire is developed in a way as to provide a more meaningful single composite marital adjustment score for the couple unlike other available scales which give separate marital adjustment scores for the two. It consists of 25 highly discrimination yes-no type items. (Yes-1, No-0). The questionnaire has good test-retest reliability and the face validity appears to be fairly high. The split-half reliability, correlating odd-even items, applying the Spearman-Brown formula for doubling the test length, was found to be .49 (n=60) with an index of reliability of .70.

**RESULTS:**

**Table 1: Socio-demographic Details Of Spouses Of Individual With And Without Alcohol Dependence Syndrome.**

Variable		Group		df	χ <sup>2</sup>
		Spouses of ADS	Spouses of Control		
Spouses Education	Primary	18(45.0%)	15(37.5%)	3	.611NS
	Middle	9(22.5%)	10(25.0%)		
	Secondary	7(17.5%)	7(17.5%)		
	Other	6(15.0%)	8(20.0%)		
Spouses Occupation	House wife	29(72.5%)	32(80.0%)	1	.621NS
	Private job	11(27.5%)	8(20.0%)		
Place of residence	Rural	19(47.5%)	36(90.0%)	2	21.36NS
	Urban	16(40.0%)	0(0%)		
	Semi-urban	5(12.5%)	4(10.0%)		
Type of family	Nuclear	19(47.5%)	22(55.0%)	1	.450NS
	Joint	21(52.5%)	18(45.0%)		
Patient's education	Primary	5(12.5%)	7(17.5%)	3	4.117NS
	Middle	8(20.0%)	5(7.5%)		
	Secondary	8(20.0%)	3(7.5%)		
	Inter	19(47.5%)	25(62.5%)		

Patient's Occupation	Farmer	10(25.0%)	7(17.5%)	4	7.249NS
	Business	6(15.0%)	7(17.5%)		
	Private Job	9(22.5%)	19(47.5%)		
	Govt. Job	5(12.5%)	3(7.5%)		
	Unemployed	10(25.0%)	4(10.0%)		

Table 1 shows socio-demographic variable between spouses of person with and without alcohol dependence syndrome. In education of spouses majority of respondents in both groups were educated up to primary level 18(45.0%) with alcohol dependence and without alcohol dependence syndrome 15(37.5%). In domicile majority of rural respondents from the sample of both groups 19(47.5%) spouses of person with alcohol dependence and 36(90.0%) spouses of person without alcohol dependence. In occupation of spouses majority respondents were housewives in both groups of person with 29(72.5%) and without alcohol dependence syndrome 32(80.0%). In type of family majority of them belonging to joint family in the spouses of ADS group 21(52.5%) and 18(45.0%) spouses of control, and majority spouses of control group belonging to nuclear family 22(55.0%).

**Table-2: Comparison Of Marital Adjustment Among The Spouses Of Individual With And Without Alcohol Dependence Syndrome.**

Variable	Group		t
	ADS (N=40) Mean ± SD	Normal (N=40) Mean ± SD	
Marital	14.17±3.64	18.67±2.80	6.190**
Social	6.15±1.96	6.62±1.42	1.236 NS
Emotional	6.55±2.49	8.72±1.48	4.744**
Sexual	1.47±.93	3.32±.82	9.375**
Total Marital Adjustment	28.60±7.30	36.60±4.90	5.751**

NS- Not Significant, \*\* = Significant at 0.01 level

Table 2 shows the comparison of marital adjustment among the spouses of person with and without alcohol dependence. These are domains of marital adjustment scale and in this scale higher scores indicate very good adjustment and low score indicate poor adjustment.

**DISCUSSION:**

No significant difference was found among socio demographic variables. However significant difference was found However in marital adjustment scale, in domain marital adjustment, significant difference was found which indicates that, the marital adjustment of spouses whose other spouse is not taking alcohol show good marital adjustment as compared to that of spouses whose spouse is suffering from ADS (Alcohol dependence syndrome). In social domain of marital adjustment scale no significant difference was found between the two groups. In emotional domain of the marital adjustment scale, significant difference was found indicating that spouses whose other partner is not alcoholic show good emotional understanding as compared with the spouses whose one partner is suffering from ADS. In sexual domain of marital adjustment scale, significant difference was found indicating that spouses whose other partner is not taking alcohol are enjoying good sexual life as compared to that spouses whose other partner is suffering from ADS. Over all in the scale of marital adjustment significant difference was found, indicating better marital adjustment between spouses whose other partner is not taking alcohol as compared to that of spouse whose other partner is suffering from ADS Similar results were found by Rishi Pandey et al.,(2005) in their study titled "Comparative study of marital adjustment and life satisfaction among spouses of patients with alcohol dependence and normal healthy control: a case control study" were they found significant difference in marital adjustment indicating that spouses whose partner is taking alcohol

indicating poor marital adjustment as compared to that of spouses whose other partner is not taking alcohol.

**CONCLUSION:**

There is a significant difference in marital adjustment between spouses of individuals who are having ADS and spouses of individuals who do not abuse alcohol.

Spouses of individuals whose other spouse is not taking alcohol are having good marital adjustment. Spouses whose other spouse is having ADS are having poor marital adjustment

**Limitations:**

The limitations of present study are as follows:

1. Sample size was not large enough on the basis of which generalization of the results are somehow questionable.
2. Spouses assessment of psychopathology could not be done.
3. Duration of marriage was 5 years and above which could have been lowered.

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