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A STUDY OF QUALITY OF MARITAL LIFE AMONG SPOUSES OF PATIENTS DIAGNOSED WITH ALCOHOL DEPENDENCE SYNDROME

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ABSTRACT Alcohol dependence syndrome is a very common condition affecting the general population. Alcohol abuse can result in several diseases and can result in significant phenomena like violence, road traffic accidents, and psychiatric disorders like anxiety, depression, and family disharmony. These problems are much more common in countries like India. In this single stage cross-sectional case control study, the degree of marital disharmony was grossly affected in spouses of patients with alcohol dependence in comparison to those who had spouses without alcohol dependence syndrome. Those in the study group scored higher mean scores in marital quality total score as well as 12 domain mean scores. Statistical analysis in study group showed a higher mean value (170.5) with a SD of 20.3 than the control group whose mean value was 73.4 with a SD of 10.0. Thus the study showed high degree of marital maladjustment in spouses of patients with alcohol dependence syndrome.

KEYWORDS : Alcohol, dependence, spouses, marital quality

Introduction:
Alcohol has a significant negative impact on the individual as well as family. Most affected people are the spouse and children of alcohol dependent males[1]. But this problem in female spouses often goes unrecognised. The affected spouses often seek help from others to cope up with the stress created by their respective alcohol dependent husbands[2] . These effects on the spouse are directly related to degree of violence which is linked to high risk behaviour in the form of self injury, dysregulated sexual behaviour like rape, or a fatal accident[3].

Need for this study: There are limited studies in India which are focussing on the current clinical context in question. Few studies have revealed problem to an extent which is insufficient. If the psychiatric morbidity in the spouse of patients with alcohol dependence syndrome is identified early, effective treatment strategies can be planned accordingly which can have significant positive outcomes not only for the spouse but for the whole family as well.

Aim: To study the marital adjustment, among spouses of patients with alcohol dependence syndrome.

Objective: To study and compare the marital quality, among spouses of patients with alcohol dependence syndrome with spouses of individuals who reportedly don't consume alcohol.

Hypothesis: There is no significant statistical difference in marital quality between study and control groups (Assuming N_0 hypothesis).

Methodology: A single stage cross-sectional study was carried out on subjects attending Government Hospital for Mental Care (GHMC), a tertiary care hospital in Visakhapatnam for a period of 1 year (September 2017- August 2018). The spouses of patients who have been diagnosed under ICD 10-Classification of Mental and behavioural disorders diagnostic criteria for research by the consultant psychiatrist as F10: MENTAL AND BEHAVIOURAL DISORDERS DUE TO USE OF ALCOHOL and those who fall in the category F10.2 DEPENDENCE SYNDROME and subcategories (F10.20 to F10.26) were enrolled for the study group. The spouses of the visitors who come to see the patients of alcohol dependence syndrome admitted to the hospital or those who accompany such patients to the general or review outpatient department during their follow up visits at Government Hospital for Mental Care were enrolled for the control group. Control group is recruited from the spouses of individuals who reportedly don't consume alcohol. Informed consent was obtained from the patient as well as from spouses of both groups before enrolling them into study. Prior permission was taken from the Institutional Ethics committee, Andhra Medical College for this study.

Inclusion criteria-For spouses of both Study and Control Group
1. Age Group of Spouse: 20 to 45 years.
2. Duration of marriage –6 months or above.
3. Living together for at least 1 month.
4. Informed Consent.
5. Spouses of patients who have been diagnosed under ICD 10 diagnostic criteria as F10.2 Dependence syndrome falling in any of the subcategories from F10.20-F10.26 [F10.20-Currently abstinent (in either early or partial or total remission), F10.21-Currently abstinent but in a protected environment, F10.22-Currently on a clinically supervised or replacement regime (controlled dependence), F10.23-Currently abstinent, but receiving treatment with aversive or blocking drugs, F10.24- Currently using the substance (active dependence with or without physical features), F10.25-Continuous use, F10.26-Episodic use] were taken for the study group.

Exclusion criteria-For spouses of both Study and Control Group. Those with a history of the following;
1. Psychiatric disorders like Schizophrenia, Mood disorders, other psychiatric disorders etc.
2. Comorbid acute, chronic medical or surgical disorders, substance abuse or dependence disorders.
3. Spouses of control group who were either close relatives to the patient of alcohol dependence syndrome or those who were living in the same family as that of the patient.
4. Study group spouses of those patients falling in other categories of F10 as diagnosed by the consultant psychiatrist, ie., F10.0, F10.1 and F10.3 to F10.7 as F10.0 (Acute Intoxication), F10.1 (Harmful use), F10.3 (Withdrawal state), F10.4 (Withdrawal state with delirium), F10.5 (Psychotic disorder), F10.6 (Amnesic syndrome) and F10.7 (Residual disorders and late-onset psychotic disorder).
5. Not willing to give consent for participation in the study.

Sample size: Initially a sample size of 162 comprising 81 each from study group and control group spouses was considered by the way of purposive random sampling. Out of these 21 from each group were excluded from the study due to several factors. In study group: 4 spouses failed to give the consent, 4 exceeded the inclusion age criteria, 4 had spouses with comorbid polysubstance use/dependence, 3 left the interview midway, 3 had spouses with comorbid liver disease, 2 have fallen short of the criteria for minimum duration of marriage, 1 had depressive disorder. In control group: 6 failed to give consent, 4 have fallen short of the criteria for minimum duration of marriage, 4 left the interview midway, 2 spouses had chronic severe medical disorders in the form of peptic ulcer disease and bronchial asthma, 2 currently not living together with spouse for more than 1 year, 3 were voluntarily dropped from the interview. The final sample size completely matching both inclusion and exclusion criteria were found to be 120 with (60 each in study and control group) were recruited for the study.

Procedure of study: After appropriate screening, the eligible participants of both study and control groups were administered MARITAL QUALITY SCALE. The responses were noted down and appropriate statistical analysis was carried out using IBM SPSS version 23.

Marital Quality Scale (MQS)[4]: This scale was designed by Dr. Anisha Shah, Professor of Psychology, NIMHANS. It is a 50 item scale with 28 positive and 22 negative items and 12 sub scales. It is rated on a 4 point likert scale of usually, sometimes, rarely and never corresponding to 1, 2, 3, 4 for positively coded items and 4,3,2,1 for

negatively coded items. Score is inversely proportional to marital quality. Positively coded items are 5 in number. They are-satisfaction, decision making, trust, understanding and role functioning. Negatively coded items are 5 in number. They are- rejection, despair, discontent, dissolution potential and dominance. Affection and Self-disclosure contain both positively and negatively coded items. Scale has high internal consistency (Cronbach's alpha @=0.91) and a high test-retest reliability (r=0.83).

Results and Observations:

Table 1: Comparison of MQS means between study and control groups

Group	Mean	S.D	Statistical inference	
Study group (n=60)	170.5	20.3	Mann WhitneyU 2.00	Asymp.Sig (2-tailed) 0.001
Control group(n=60)	73.4	10.0		
S.D; Standard Deviation. The mean MQS is higher in study group than in control group. Results are statistically significant at p value 0.001.				

Figure 1: Comparison of MQS means between study and control groups

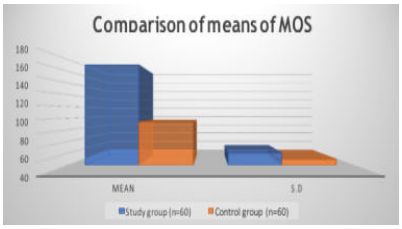

Table 2: Comparison of MQS domain means between study and control groups

MQS SUB SCALES	Study Group		Control Group		Statistical inference	
	Mean	S.D	Mean	S.D	Mann Whitney U	Asymp. Sig.(2tailed)
Understand	32.2	5.0	10.5	3.3	10.0	0.001
Satisfaction	17.2	2.8	8.4	2.3	41.0	0.001
Decision making	20.0	3.5	10.1	2.8	61.5	0.001
Trust	3.3	0.6	1.5	0.5	115.5	0.001
Role functioning	13.6	2.5	6.1	2.0	80.0	0.001
Rejection	29.5	5.2	12.4	8.0	46.0	0.001
Despair	6.5	1.2	2.9	9.0	65.0	0.001
Discontent	6.6	1.3	2.9	2.0	87.0	0.001
Dominance	6.7	1.1	2.7	2.5	21.0	0.001
Dissolution potential	3.5	0.6	1.7	2.0	88.0	0.001
Affection	20.5	3.6	9.3	12.0	49.5	0.001
Self disclosure	10.1	1.8	4.6	6.0	64.0	0.001
Total MQS	170.5	20.3	73.4	10.0	2.00	0.001
MQS: Marital Quality Scale. Mean scores of all domains of MQS are higher in the study group than in the control group. Results are statistically significant at p value 0.001.						

Discussion:

Alcohol dependence has a significant negative impact on the family members. The majority of the stress is borne by the spouses of these patients who ultimately disrupt the family dynamics owning to psychological malfunctioning in them. To test the Null hypothesis Marital quality scale (MQS) was administered to both study and control groups. Statistical analysis in study group showed a higher mean value (170.5) with a SD of 20.3 than the control group whose mean value was 73.4 with a SD of 10.0. Hence the null hypothesis was rejected. Further analysis of sub scales also showed a significant difference in all 12 domains. The means of all these domains were comparatively lower in the control group indicating better marital adjustment in them. Spouses of study group have specifically scored high in domains like understanding (mean value 32.2 +/- 5.0) followed by rejection (mean value 29.5 +/- 5.2), affection (value 20.5 +/- 3.6) and decision making (20.5 +/- 3.5) when compared to control group spouses indicating a significant disruption in these zones of marital adjustment.

Marital understanding is a direct indicator of the degree of intimacy between the partners. It contributes to their emotional well-being and mutual appreciation. A rejection indicates significant dominance of one spouse over the other resulting in criticism, humiliation and expressions of hostility in the affected spouses. Decision making reflects nature of involvement of spouses i.e., a unilateral or bilateral process. In Indian families degree of autonomy usually rests with a male spouse who often disturbs the marital adjustment between them. Thus these dimensions indicate high degree of suffering, lack of love and affection in them. It also indicates that suggestions of female spouses are not well received or recognised by her husband of alcohol dependence leading to overall marital distress.

The study findings were similar to those of Dunn et al. (1987)[5] which suggests that discordances in marital relationship was the main issue among spouses of patients with alcohol dependence syndrome and Zweben (1986)[6] who is a pioneer in motivation enhancement therapy, from Columbia University in his study between problematic alcohol drinking and marital adjustment in spouses, found a greater level of marital disruption in female spouses whose husbands had heavy alcohol drinking pattern in comparison with those who don't have this pattern of drinking. Likewise significant negative association was found between heavy usage of alcohol and marital adjustment in spouses of patients with alcohol dependence according to a study conducted by Homish and Leonard (2007)[7]. Marital adjustment of spouses of patients with alcohol dependence can thus be made healthy by careful evaluation of various domains of marital quality and by choosing appropriate ways to handle them.

Limitations of study: This is a cross sectional study which was conducted in a tertiary care hospital in an urban setting. Therefore it cannot be considered as a representative of the general population as the sample was not taken from the community, by generalisation of the results. Personality structure of spouses was not considered.

Conclusion: This study showed high degree of marital maladjustment in spouses of patients with alcohol dependence syndrome.

Future recommendations: Larger sample size randomly drawn from the community should be considered. Prospective studies are required to study the association between study variables.

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