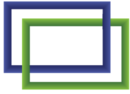

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# Marital quality in wives of persons with alcohol dependence syndrome

**Abstract**

**Background:** Marriage is a strong bond between couples with the promise of lifelong dedication and emotional wellbeing. The effects of alcoholism in husbands may lead to disturbances in marital life. Lack of understanding, unpredictable behaviour of the husbands, and their irresponsibility in family matters can often lead to poor quality of a couple's relationship. **Aim of the study:** The study is aimed to understand the marital quality of the wives of persons with alcohol dependence syndrome. **Material and methods:** Thirty wives of persons with alcohol dependence syndrome according to ICD-10 were taken as the sample, using purposive sample collection. Socio-demographic profile was assessed through semi-structured questionnaire while Marital Quality Scale (MQS-1995) was applied to assess the marital quality after taking their informed consent. Higher scores indicate poorer quality of marital life. Data analysis was done using SPSS for descriptive statistics. **Results:** The domain mean scores of rejection, understanding, and decision-making, and the total score of marital quality were high. Thus, indicating poorer quality of marital life among the wives of persons with alcohol dependence. **Conclusion:** Alcohol dependence is highly associated with poor marital quality as the person with alcohol dependence tends to adapt faulty communication patterns and behaviour which in turn leads to poor adjustment, unhappiness, and a high degree of dissatisfaction with relationships. Treatment plan for this group should be planned keeping these factors in consideration, as a priority.

**Keywords:** Rejection. Understanding. Decision-Making.

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## Introduction

Substance use whether it is abuse or dependence pattern is most common in males in India. This may start from pre-marital phase and extend to post-marital phase and beyond. In India, alcohol is the most common substance of abuse. These substances affect not only the person consuming it but also the people around who care for them. One of the most affected is the marital partners. In other words, it is the wives of substance abusing husbands who are the indirect victims.

Literature dating back to the mid-nineteenth and early 20th century reflects a moralistic view. Person with alcohol abuse were regarded as villains and families as victims. Approaches to assistance type cast the drinker as character defective. Helping efforts were geared toward other members of the family, wives, and children.[1]

During the period the person with alcohol dependence problem starts blaming others, forgets, and tells stories to defend and protest against humiliation, attacks and criticism from others in the family, spends money for day-to-day needs on alcohol, becomes unpredictable and impulsive in behaviour, resorts to verbal and physical abuse in place of honest, open talk, loses the trust of family, relatives, and friends, and shows deterioration of physical health. The person also experiences diminishing sexual drive, has feelings of despair and hopelessness, and thinks about suicide and often makes an attempt.

An individual is in a constant process of adjustment and adaptation to the various need requirements in their living context. Marital adjustment is defined as "the state in which there is an overall feeling between husband and wife, of happiness and satisfaction with their marriage and with each other."[2] It is evident that spousal relationship involves reciprocal care giving, emotional support, and a degree of choice and independence for the marital partners.

"Marital satisfaction and happiness both refer to subjective evaluations of positive affect in the marital relationship by one (or both) of the spouses. Marital adjustment signifies both behavioral and evaluative aspects of a marital relationship. These include dyadic cohesion, satisfaction, consensus, interpersonal tensions, and troublesome dyadic differences."[3] "A well-adjusted marriage is often characterised by high interaction and cohesion, low levels of disagreement, high levels of commitment to the relationship (i.e., a low likelihood of leaving the relationship), and good communication and problem-solving abilities.

Adjustment is clearly seen as multidimensional, composed of several distinct, but closely related concepts."[4]

Marriage is a strong bond between couples with the promise of lifelong dedication and emotional wellbeing. The effects of alcoholism in husbands may lead to disturbances in marital life. Due to lack of understanding, unexpected behaviour of the husbands, and their irresponsibility in family matters can often lead to separation or divorce between married couples. Wives often go through psychiatric disorders such as depression, anxiety, neurological disorders (stress-related), even substance use too. They may lose their physical health as a consequence. Further, alcoholism has been called the "family illness" because of its impact on the entire family unit and the prime victim is the wife as there is no way she can escape or ignore the alcohol dependent husband. The wives of persons with alcohol problems are known to face multiple traumatic and stressful situations that are often a prolonged struggle impacting their personality.

Disorganisation of the family system and reorganisation along other lines occur, to some extent in the majority of alcoholic families.[5] Sabhaney,[6] Dunn *et al.*,[7] Steinglass,[8] Farid *et al.*,[9] Leonard and Senchak,[10] and Orford *et al.*[11] found in their studies that the families of person with alcohol abuse were more disorganised. With regard to family interaction, a number of authors found that the alcoholic's family has more disharmony in terms of resentment, anger, arguments, and verbal or physical fights.[12-14] All these issues related to mental disharmony continued even during the abstinent period. Rogers *et al.*[15] and Nemeth *et al.*[16] found that communication of alcohol dependent person is more likely to be aggressive, impulsive, and they engage in disruptive behaviours. Feldhaus *et al.*,[17] Kogan *et al.*,[18] and Hopkins and White[19] also reported similar findings. Many authors in their studies,[20-22] reported lack of emotional expression, warmth in persons with alcohol abuse partners. Desai[23] in his empirical study on the efficiency of family therapy found that the wives of person with alcohol abuse commonly responded with complaining, disapproving, and insulting communication styles. Sexual dissatisfaction of wives of alcoholic husband and marital-conflict between couples was observed highly. Along with deceased sexual satisfaction in the wives,[24,25] also found was that alcohol dependence is associated with divorce. Many psychiatric conditions like anxiety, depression, mania, paranoia, psychosis, and neurosis are more common among wives of alcohol dependent individuals.[26-30]

Though this area have been explored to a larger extent in other parts of India, there is no evidence to show that studies have been done much in the north-eastern parts of India where addiction-related problems are reported to be at alarming levels. This study tries to find out how the above factors influence marital quality. This study can have implications in improving understanding and for providing necessary interventions.

### Aim of the study

The study is aimed to understand the marital quality of the wives of persons with alcohol dependence syndrome.

## Materials and methods

### Research design

The research design in the present study was descriptive in nature.

### Setting of the study

The study setting was the outpatient department and the family therapy centre of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam.

### Universe

The wives having husband with alcohol dependence syndrome and attending LGBRIMH during the period of February to July 2014 for admission or follow-up were taken as participants for the current study.

### Sample size

Total 30 participants were taken for the research study with their full consent.

### Sampling technique

For the recruitment of sample a criteria-based sampling procedure was followed.

### Inclusion criteria (patients)

Person, who has been diagnosed as alcohol dependence syndrome according to ICD-10[31] criteria, either admitted in the indoor of LGBRIMH or were on medication and attended outpatient department (OPD) for treatment.

### Exclusion criteria (patients)

Person with multiple substance uses (except tobacco) and other co-morbidity.

### Inclusion criteria (wives)

- The wives of persons with alcohol dependence syndrome and currently living with their husbands for a minimum period of three years.
- Persons giving consent for the interview.
- Age between 18 and 45 years.

### Exclusion criteria (wives)

Women having severe physical or mental illness.

### Tools for data collection

1. A socio-demographic information schedule was developed by the researcher for the current study. It consists of age, sex, religion, educational status, occupation, socioeconomic status, family type, and domicile. Number of admission of the husband in hospital and awareness of wife about husband's alcohol use/abuse before marriage was also included as a variable.
2. Marital Quality Scale (MQS-1995)[32] is a multi-dimensional self-report scale which assesses marital

quality of spouse (male/female) developed by Anisha Shah in 1995. The scale yields a total score on marital quality and 12 factor scores. The 12 dimensions of marital quality assessed are understanding, rejection, satisfaction, affection, despair, decision-making, discontent, dissolution potential, dominance, self-disclosure, trust, and role functioning. Total scores range from 50 to 200. Higher scores indicate poorer quality of marital life. The scale has a cut-off of 80 that discriminates distressed and non-distressed couples.

### Statistical analysis

An appropriate statistical measure was analysed using the SPSS 18 version. Descriptive statistics was used to analyse the socio-demographic and marital quality as mean and standard deviation (SD).

### Data collection procedure

All the subjects who fulfilled the inclusion criteria were included in the study. They were explained about the purpose of the study, its procedure, and also about the future use of the study. A written informed consent was obtained from all participants. Respondents were also informed about the confidentiality and they were given choice to withdraw from the study at any stage. Sufficient opportunity had been given to the participants to contact the investigator for any clarification if needed. Participants who were capable of filling out the questionnaires, completed them by themselves, and who were incapable of filling them were assisted by the researcher. Firstly socio-demographic datasheet was administered, and then marital quality scale was used.

### Ethical considerations

The study has been approved by the Institute Ethical Committee as well as Scientific Review Committees constituted by LGBRIMH.

## Results

The mean (±SD) age of the sample of 30 participants was 33.86 (±7.10) years. The gathered data and review suggests that alcohol dependent husbands' wives were mostly distressed at a later age as alcohol dependence-related problems usually start after many years of heavy drinking and mostly at the middle age. It is an indication that during this period of age women feel helpless due to husbands' alcohol problem and may have reported for treatment. The data also indicates that women in this age group suffered highly from marital dissatisfaction and poor familial adjustment.

Table 1 represents other socio-demographic profiles of the study sample. A large majority (90%) of the study respondents professed Hinduism as their faith. In education, it is observed that 67.7% studied up to class 12$^{th}$. More than half of the respondents (66.7%) of the sample were homemakers while 30% were found to be self-employed or involved in business. In socioeconomic strata, 36.7% were in low-middle followed by 33.3% of the respondents belonging to upper middle. In family type, 66.7% were found to belong to nuclear family type and 60% of the population was from a rural domicile.

**Table 1:** Distribution of socio-demographic variables of respondents (N=30)

| Sl. No. | Variables | N | % |
|---|---|---|---|
| I | Religion | | |
| 1 | Hinduism | 27 | 90 |
| 2 | Islam | 2 | 6.7 |
| 3 | Christianity | 1 | 3.3 |
| II | Education | | |
| 1 | Illiterate | 3 | 10 |
| 2 | Literate | 2 | 6.7 |
| 3 | Secondary | 23 | 76.7 |
| 4 | Graduate | 2 | 6.7 |
| III | Occupation | | |
| 1 | Homemaker | 20 | 66.7 |
| 2 | Self-employed/Business | 9 | 30 |
| 3 | Government employee | 1 | 3.3 |
| IV | Socioeconomic strata | | |
| 1 | Lower | 1 | 3.3 |
| 2 | Upper lower | 4 | 13.3 |
| 3 | Low middle | 11 | 36.7 |
| 4 | Upper middle | 10 | 33.3 |
| 5 | Upper | 4 | 13.3 |
| V | Family type | | |
| 1 | Nuclear | 20 | 66.7 |
| 2 | Joint | 9 | 30 |
| 3 | Extended | 1 | 3.3 |
| VI | Domicile | | |
| 1 | Rural | 18 | 60 |
| 2 | Urban | 3 | 10 |
| 3 | Semi-urban | 9 | 30 |

The clinical variables in Table 2 clearly shows the relapse of the respondents' husbands as 50% were admitted for second time while 23.3% were admitted for third time and 6.7% were admitted more than three times. The table data also depicted that 66.7% were not aware of alcohol abuse by their spouse before they got married.

Table 3 represents distribution of various domains of MQS. The result indicates that the mean score was high in the domain of rejection (24.96±3.56) followed by understanding (22.73±3.56) and decision making (22.36±2.32) domains of MQS. The total score of marital quality was significantly high (144.60±18.17) which indicates overall poorer quality of marital life among the wives of persons with alcohol dependence.

## Discussion

There are indications from research findings that the marital adjustment and the satisfaction between such couple are poorer compared to non-alcoholic husband. Marital

**Table 2:** Distribution of clinical variables of respondents (N=30)

| Sl. No. | Variables | N | % |
|---|---|---|---|
| I | No. of admission of husband | | |
| 1 | Nil | 6 | 20 |
| 2 | First time | 15 | 50 |
| 3 | Second time | 7 | 23.3 |
| 4 | More than two times | 2 | 6.7 |
| II | Awareness of alcohol abuse of the husband before marriage | | |
| 1 | Yes | 10 | 33.3 |
| 2 | No | 20 | 66.7 |

**Table 3:** Distribution of various domains of Marital Quality Scale

| Domains | Mean | SD | Minimum | Maximum |
|---|---|---|---|---|
| Understanding | 22.73 | 3.56 | 10 | 28 |
| Rejection | 24.96 | 3.56 | 13 | 36 |
| Satisfaction | 10.96 | 6.37 | 4 | 17 |
| Affection | 21.53 | 3.61 | 15 | 28 |
| Despair | 6.67 | 3.25 | 3 | 16 |
| Decision-making | 22.36 | 2.32 | 8 | 31 |
| Discontent | 6.50 | 1.04 | 5 | 8 |
| Dissolution potential | 2.76 | 0.85 | 1 | 4 |
| Dominance | 3.70 | 2.13 | 2 | 8 |
| Self-disclosure | 8.56 | 2.02 | 3 | 12 |
| Trust | 1.83 | 1.20 | 1 | 4 |
| Role functioning | 13.23 | 3.02 | 4 | 16 |
| Total score | 144.60 | 18.17 | 108 | 187 |

SD=standard deviation

quality is described often with both subjective and objective dimensions. In the present study, the marital quality was measured through objective dimensions by applying scale. It is interpreted from the results of various domains of the scale that wife of husband with alcohol dependency mostly faces problem in rejection, lack of understanding with husband, lack of mutual decision-making, and overall poor quality of marital life. Desai[23] in his empirical study on the efficiency of family therapy found that the wives of person with alcohol abuse commonly responded with complaining, disapproving, and insulting communication styles. Similarly, other studies like Steinglass,[8] Leonard and Senchak,[10] Hopkins and White[19] suggest that alcohol can have maladaptive consequences for the marriage and family life of person with alcohol abuse. Alcohol use has also been linked to aggressive behaviours and intimate partner violence.

The quality of the wives of spouse with alcohol dependence problem can be greatly improved and quality of the marital adjustment can be healthy by the intelligent use of various ways to handle the core problems which lead to the marital maladjustment. Hence, it is very essential to understand the various components of marital quality. In case of person with alcohol dependency, the wife has problem in the relationship resulting in poor coping, poor parental care, etc.

## Conclusion

Such findings demonstrate that intervention is necessary to improve the marital quality among the wives of persons with alcohol dependence. There should be routine assessment while treating persons with alcohol dependence. The wives can be also provided intervention to adapt positive coping pattern as well as awareness in terms of service availability for the person with alcohol dependence can be organised at the community level in order to enhance social support and sensitise the society with knowledge regarding alcohol use/abuse, its consequence, and the treatment availability. Thus, a family of a person with alcohol dependence can be helped and wife can be helped to manage the crisis situation with positive coping patterns. The research findings from the study can be put to use to replicate the study in various centres with similar background or even other backgrounds. Comparative studies on the same topic may be planned across various populations. These findings from the study can be used for planning experimental studies with psychosocial/psychiatric social work intervention focusing on positive coping mechanisms and family therapy. This could help in enhancing the wellbeing of wives of alcohol dependence and empirically testing the efficacy of psychiatric social work intervention.

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