

How Women Cope with Alcoholic Husbands

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"Mankind has used two powerful weapons to destroy its own powers and enjoyment, Wrong indulgence and wrong abstinence" - Sri Aurobindo

Alcoholism is one of the major health and social problems all over the world. The study on Global burden of disease (Murray & Lopez 1996a, 1996b) identified alcohol use as one of the global risk factors, accounting for 1.5% of all deaths in the world and 3.5% of disability adjusted life years and 4.0% of the global burden of disease (as cited in Jurgen Rehm, et al., 2004). The second national family survey (1998-1999) results indicate that among the Indian population, 17% of men and 2% of women aged 15 and above are consuming alcohol (as cited in Saibaba, 2001).

Addiction is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcoholism is linked to violence, disrupted family roles, impaired family communication and partly to physical and psychological illness. The consequences of alcoholism all too often result in chaotic, disorganised and dysfunctional families (Frisch & Frisch, 2002). Families of alcoholics experience guilt, shame, resentment, insecurity, delinquency, financial troubles, isolation, fear and violence (Stuart & Larcia, 2005).

National association for children of alcoholics, USA states that alcoholic families demon-

strate poorer problem solving abilities than non-alcoholic families both among the parents and within the family as a whole. These poor communication and problem solving skills may be mechanisms through which lack of cohesion and increased conflict develop and escalate in alcoholic families (SAMHSA's National Clearing House for Drug and Alcohol Information, 2000-2003).

Folkman & Lazarus (1988) viewed stressors as threats that tax or exceed personal resources and defined coping as constantly changing cognitive and behavioural efforts to manage specific external and internal demands. Sathyanarayana Rao & Kuruvilla (1992) found that discord, avoidance, indulgence and fearful withdrawal were the commonest coping behaviours and marital breakdown, taking special action, assertion and sexual withdrawal were least coping behaviours.

The family members of the chemically dependent person suffer in the background of the sick person. These victimised people are rarely treated as individuals who need help.

More research is needed for nurses to have the knowledge necessary to help the wives of alcoholics to cope with their stressors. In order to design the interventions to help these women to cope with the stress of being married to an alcoholic, nurses need to learn more about their experience

and coping strategies. So this study was designed to assess the ways of coping among wives of alcoholics.

Objectives

The objectives of this study were (i) to assess the ways of coping among the wives of alcoholics, and (ii) to determine the association between the ways of coping and background variables.

Methods: Design, Setting and Sample

A cross sectional, descriptive design was used to assess the ways of coping among the wives of alcoholics who were staying with their husbands during de-addiction treatment. Convenience sampling was done to select 200 wives of alcoholics (WOA) from the two de-addiction centres in Chennai, viz. TT Ranganathan Clinical Research Foundation and de-addiction ward of Sri Ramachandra Hospital.

The inclusion criteria include: the wives who were staying with their husbands during the first three days of deaddiction treatment and before the counselling / family therapy were undertaken for the wives by professionals. The wives who were legally married and living with their husbands with monogamous relationship and currently living with their husband and child / children for a minimum period of one year were included. Wives whose husbands were hospitalised for the first time for deaddiction (not the

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alcoholics with relapse condition) were only included. Wives whose husbands had poly substance abuse other than alcohol and nicotine were excluded. Wives of alcoholics who never consumed alcohol and without any kind of major medical or psychiatric illness were included.

Instrument and Data Collection: Coping among the WOAs was measured by ways of coping questionnaire, a 66-item scale (Folkman & Lazarus, 1988). This instrument measures the thoughts and actions used by the WOA to cope with stressful encounters of everyday living. Items were rated on a 4-point frequency scale as : Does not apply (0), Used somewhat (1), Used quite a bit (2), Used a great deal (3). The maximum score was 198. Ways of coping questionnaire consisted of eight subscales, which includes confrontive coping, distancing, self controlling, seeking social support, accepting responsibility, escape - avoidance, planful problem solving and positive reappraisal.

Reliability was established by split half reliability method

and Cronbach alpha coefficient for the over all coping scale was 0.72. The ethical permission was obtained from the two institutions. The oral consent was obtained from the study participants. The interview technique in local language (Tamil) was used to collect the data.

Data Analysis

Descriptive and inferential statistics were used to analyse the data. The independent 't' test and analysis of variance were used to assess the association between the mean scores of coping and the background variables of WOA.

Findings and Discussion

The first objective of the study was to assess the ways of coping among the WOAs. This study showed that all eight ways of coping were used by the WOA (Table 1).

Majority of the wives of alcoholics used positive reappraisal (83.5%), planful problem solving coping (82.5%), escaping avoidance (74.5%), accepting responsibility (72%), confrontive coping (68.5%), self controlling (64%), and seeking social sup-

port coping moderately (58.5%) to cope up with the stressful situations; 45% and 53.5% of them used distancing coping moderately and minimally respectively. Varghese (1998) and Sree Devi, et al. (2001) reported that discord, avoidance, assertion, fearful withdrawal and marital breakdown were most frequently used coping patterns among the wives of alcoholics at National Institute of Mental Health & Allied Sciences (NIMHANS), Bangalore.

The second objective of the study was to associate the ways of coping with the background variables of the WOA. The study revealed that there were significant associations between mean coping score and the wives' religion, husbands' education, total family income and husbands' age at marriage (Table 2).

The mean coping score was high among the wives of Christian religion than the wives of Hindu and Muslim religion. The mean coping score was high among the wives with illiterate husbands and with lower total family income. The coping score was high among the wives with

Table 1. Ways of Coping used by the Wives of the Alcoholics (n = 200)

Ways of Coping	Never Used		Minimal Use		Moderate Use		Maximum Use	
	n	%	n	%	n	%	n	%
Overall Coping	0	0.0	8	4.0	191	95.5	1	0.5
Confrontive Coping	0	0.0	52	26.0	137	68.5	11	5.5
Distancing	0	0.0	107	53.5	90	45.0	3	1.5
Self Controlling	3	1.5	67	33.5	128	64.0	2	1.0
Seeking Social Support	7	3.5	54	27.0	117	58.5	22	11.0
Accepting Responsibility	2	1.0	39	19.5	144	72.0	15	7.5
Escape Avoidance	0	0.0	51	25.5	149	74.5	0	0
Planful Problem Solving	0	0.0	25	12.5	165	82.5	10	5.0
Positive Reappraisal	0	0.0	26	13.0	167	83.5	7	3.5

Table 2. Association between the Coping and the Background Variables of the Wives of Alcoholics (n = 200)

S.No.	Background Variables	Coping		
		M	SD	t or F
1.	Wives' Religion			
	Hindu	88.86	12.73	6.32**
	Christian	97.90	12.78	
	Muslim	88.25	8.18	
2.	Husbands' Education			
	Illiterate	108.00	18.94	4.60***
	Primary	90.19	9.73	
	Secondary	89.93	13.72	
	Higher Secondary	90.96	11.08	
	College	87.74	10.70	
3.	Total Family Income (Rs./month)			
	2000	91.92	11.71	2.29*
	2001-4000	93.80	13.98	
	4001-6000	86.37	13.32	
	6001-8000	87.56	19.20	
	8001-10000	85.91	11.26	
	Above 10000	89.94	9.57	
4.	Husbands' Age at Marriage (in years)			
	15-20	98.23	13.17	2.95*
	21-25	91.51	12.63	
	26-30	87.86	12.43	
	31-35	89.62	14.55	
	Above 35	-	-	

*p<0.05, **p<0.01, ***p<0.001

their husbands' age at marriage in the 15-20 years when compared to other age groups. Similarly, a study by Meenakshi (2003) highlighted the significant association between coping and income, duration of disease and type of family.

Conclusions

Majority of the wives of alcoholics use all coping strategies during stressful situations. The findings of this study will help community health nurses, and psychiatric nurses to identify, various coping strategies adopted by wives of alcoholics and will help

them to strengthen the healthy adaptive coping strategies and rectify the maladaptive coping strategies and help the WOA to perceive the stressful situations as manageable, challenging and not threatening. An understanding of adaptive coping styles can be used in the prevention of distress and the promotion of well being.

Recommendations for Further Research: (1) A study can be carried out in the community settings to find any difference in the ways of coping. (2) Similar study can be conducted to compare the ways of coping with wives of non-alcoholics. (3) An experiment study can be carried

out to determine the effectiveness of counseling on adaptive ways of coping among the wives of alcoholics.

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