CHAPTER II

REVIEW OF LITERATURE

- Biological Effects of Alcoholism
- Effects of Alcoholism on Children
- Psychosocial effects of Alcoholism
- Effects of Alcoholism on Marriage and Family
The existing literature about alcohol and alcoholism is so vast and varied. But a review of the available ones reveal that studies related to the spouses of alcoholics are very few.

For designing the present study the significant findings and observations of earlier studies are critically looked into. Though the major theoretical approaches and landmark studies were cited in the first chapter itself, the present chapter gives a review of empirical studies conducted on various aspects related to alcoholism and observations by a few researchers in this area. However, the review primarily includes studies reported during the past five years apart from the very significant older ones. Studies are classified and presented under four major sections:

1. Biological effects of alcoholism
2. Effects of Alcoholism on children
3. Psycho social effects of Alcoholism.
4. Effects of alcoholism on marriage and family

**Biological effects of alcoholism**

Sabhesan and Natarajan (1988) found posttraumatic amnesia (PTA) to be prolonged in subjects who were alcohol dependents prior to head injury. A comparison with controls indicated that the PTA in the alcoholics was significantly longer.
Shankar, Ray and Desai (1986) analyzed liver tissue from 41 male alcoholics and blood samples from the alcoholics and from 52 male nonalcoholic controls. Mean consumption of alcohol among alcoholic subjects was 183.1 g of ethanol for an average of 9.7 years. Only 5 subjects had normal livers. Six subjects had fatty livers, 23 had alcoholic hepatitis, and 4 had precirrhosis and cirrhosis. Biochemical analysis showed that alcoholics had elevated values of SGOT, SGPT and GGT compared to controls.

Ravindran (1995) explores the psychodiagnostic ability of the Bender Visual Motor Gestalt Test (BVMGT) in detecting perceptuomotor dysfunction due to chronic alcoholism. 30 chronic alcoholic males and 30 male controls were individually administered the BVMGT. Both groups had been matched on age and education. The scoring proposed by Pascal and Suttell (1951) was used to analyze the data. Results reveal that alcoholic subjects performed poorly on 5 of the 8 designs. Frequencies of deviations were consistently higher for alcoholic subjects.

Kurup and Kurup (2003) assessed the pathway in patients with alcoholic addiction, alcoholic cirrhosis, and acquired hepatocerebral degeneration. The role of hemispheric dominance in their pathogenesis also was studied. In the patient group there was elevated digoxin synthesis, increased dolichol and glycoconjugate levels, and low ubiquinone and
elevated free radical levels. There was an increase in tryptophan catabolites and a reduction in tyrosine catabolites, as well as reduced endogenous morphine synthesis from tyrosine. There was an increase in cholesterol; phospholipid ratio and a reduction in glycoconjugate level of RBC membrane in these groups of patients. Alcoholic cirrhosis, alcoholic addiction, and acquired hepatocerebral degeneration were associated with an upregulated isolprenoid pathway and elevated digoxin secretion from the hypothalamus. This can contribute to NMDA excitotoxicity and altered connective tissue/lipid metabolism important in its pathogenesis. Alcoholic addiction, alcoholic cirrhosis, and acquired hepatocerebral degeneration occurred in right hemispheric, chemically dominant individuals.

Moore, Endo and Carter (2003) investigated the relationship between (1) two thresholds of excessive alcohol drinking, (2) binge drinking, and (3) impairment in functional status in older drinkers. In this cross sectional study, ten internal medicine practices affiliated with an academic medical centre. One hundred sixty-one persons aged 60 and older who reported drinking one or more drinks in the previous 3 months. Two commonly used thresholds of excessive drinking: (1) eight to 14 drinks per week for women and men (lower threshold) and (2) more than 14 drinks per week for women and men (higher threshold); a measure of binge drinking (> or = 3 drinks per occasion for women or > or = 4 drinks per occasion for men); and self-reported instrumental activities of daily living (IADLs) and advanced activities of daily
living (AADLs). Results showed that older persons consuming seven or fewer drinks per week, those exceeding the higher threshold of excessive drinking were more likely to have impairments in IADLs (adjusted odds ratio (AOR) = 8.4) and, to a lesser extent, AADLs (AOR = 3.7); those exceeding the lower threshold were more likely to have impairments in IADLs (AOR 56.0) but not in AADLs (AOR = 1.7). Binge drinkers were also more likely to have impairments in IADLs (AOR = 3.0) but not in AADLs (AOR = 1.5).

In this group of older men and women, drinking more than seven drinks per week was associated with impairments in IADLs and, to a lesser extent, AADLs. Drinking more than three drinks per occasion was associated with impairments in IADLs.

Schweinsburg, Omar and Michael et al. (2003) used proton magnetic resonance spectroscopy to evaluate gender influences on alcohol-associated changes in brain metabolism. Concentrations of N-acetylaspartate, choline-containing compounds, myo-inositol, and creatine plus phosphocreatine in frontal lobe gray matter and white matter were estimated in eight women and 17 men who were recently detoxified from long-term alcoholism. Twelve women and 13 men with no history of alcoholism were used as a comparison group. Results showed that lower concentrations of white matter N-acetylaspartate, which may indicate neuronal loss or dysfunction, is equally severe in men and women with comparable alcohol abuse histories. However, female alcoholics exhibited significantly less N-acetylaspartate in
frontal gray matter relative to female nonalcoholic comparison subjects, which could mean that female alcoholics are more susceptible to gray matter injury than their male counterparts.

**Effects of Alcoholism on Children**

Brown and Sunshine (1982) in their study suggests that children of alcoholics, like their parents are isolated and typically bear shame, confusion, and quite alone. Groups can provide children with a feeling that their experiences are not unique.

Ambrozik (1983) diagnosed the social situation of 91 children from 34 alcoholic families. Generally, Ss lacked parental care and control, lived in difficult financial and housing conditions, and were involved in disturbed and often pathological family relations. They witnessed incest, seductions, suicides, fights, and their mothers prostituting themselves, resulting in developmental disturbances. They showed poor health; unsatisfactory progress at school; lack of educational aspirations; disturbed relations with their parents, teachers, and other children; and socially unaccepted or even criminal behaviour.

Callan and Jackson (1986) compared 21 adolescent children (mean age 13.6 yrs) of recovered alcoholic fathers and 14 children (mean age 13.6 yrs) of alcoholic fathers with 35 socio demographically matched controls (mean age 13.5 yrs) on aspects of family and personal adjustment (Rosenberg Self-
Esteem Scale and Rotter’s Internal-External Locus of Control Scale), the parent-child relationship, and perceptions of alcoholism. Children of recovered alcoholics and controls rated their families as happier and more trusting, cohesive, secure, and affectionate than did children of families in which fathers still drank. Adolescents scored similarly on measures of self-esteem and locus of control, but children of alcoholics were less happy with their lives. The 3 groups did not differ in their relationships with either parent. Children of alcoholic or recovered alcoholic fathers were less likely to attribute alcoholism to internal causes than controls, however, and were more positive about alcoholics and their recovery.

Throwe (1986) discusses alcoholism as a multifaceted affliction that directly affects the family as a total unit and each member as an interacting individual of that system. Four prevalent problems shared by alcoholic families include altered communication patterns, role difficulties, poor sexual interaction, and aggressive behaviours. In process that families use to deal with an alcohol problem involves 5 stages: (1) denial behaviour, (2) control attempts, (3) disorganization of the family, (4) disassociation, and (5) making choices on whether to stay with or separate from the family unit. Anger and guilt are the 2 most common family reactions to the crisis of hospitalisation of an alcoholic family member. Assessment and intervention strategies that must be offered by health care providers to deal with these 2 reactions are described.
Kondandaram (1995) studied the adjustment problems of 30 adolescent children of alcohol dependent fathers and 30 adolescent children of non-alcohol dependent fathers. Results indicate that the children of alcoholics have more adjustment problems than their counterparts in the areas of home, health, social and emotional. Children of alcoholic fathers had problems of parental rejection, persistent tension at home, and inability to identify with or relate to one or both parents.

Jacob and Windle (2000) conducted a study on 128 adult children of alcoholic fathers and found out serious problem in the areas of drinking, personality, psychopathology, educational and social functioning. 128 adult offspring of alcoholic fathers (COAs), 138 adult offspring of normal control fathers and 127 adult offspring of depressed fathers shows that significantly more COAs than comparison offspring were experiencing serious problems in these areas. According to the authors, these findings indicate that the risks for COAs might relate specifically to parental alcoholism and its impact on offspring development and not to the combiner effects of various parent psychopathologies and/or extreme form of family instability.

Skibbee (2001) studied the relationship between parental mental health, family rituals, family environment, and the resiliency of adolescents of alcoholic parents. A significant correlation was found among adolescent offspring regarding family disruption and low family rituals/closeness. The
study data suggested that adolescents boys, not girls, may be experiencing more stress due to being raised by an alcoholic parent, regardless of the gender of the alcoholic parent, as reflected by lower self-esteem scores, higher depression, greater perceived family disruption, and lower levels of family rituals.

El-Sheikh (2001) investigated parent drinking problems and children’s adjustment in a sample of 6 to 12 years old, found that children are vulnerable to increased anger and fear.

Orford, Krishnan and Velleman (2003) explored through the use of simple family diagrams constructed during personal interviews, the childhood families of young adult 'offspring' of parents with drinking problems and to compare them with those of nonproblem-drinking parents ('comparisons') using Cross-sectional interview. Fifty 'offspring' and 50 'comparisons', aged between 16 and 35 years were matched by sex and number of siblings. Quantitative data obtained through assigning value to bonds drawn on family diagrams, during semistructured interviews. Results revealed that families of offspring of parents with drinking problems may be comparatively deficient in positive aspects of family cohesion, although relationship with the nonproblem-drinking parent are mostly well preserved. One new finding that requires replication is that relationships between siblings, rather than
receiving compensatory strengthening, are often adversely affected by having a parent with a drinking problem.

Walsh, MacMillan and Jamieson (2003) examined the relationship between reported exposure to child abuse and a history of parental substance abuse (alcohol and drugs) in a community sample in Ontario, Canada. The sample consisted of 8,472 respondents to the Ontario Mental Health Supplement (OHSUP), a comprehensive population survey of mental health. The association of self-reported retrospective childhood physical and sexual abuse and parental histories of drug or alcohol abuse was examined. Results showed that the rates of physical and sexual abuse were significantly higher, with a more than two fold increased risk among those reporting parental substance abuse histories. In conclusion, parental substance abuse is associated with a more than two fold increase in the risk of exposure to both childhood physical and sexual abuse.

Haugland (2003) examined possible risk factors associated with child adjustment in a sample of children with alcohol abusing fathers in Norway (N=37) which showed strong effects of childhood aggression (men only) and poor family functioning on enhanced levels of problem drinking in young adulthood. Further, the combination of high levels of aggression and low levels of family functioning were related to problem drinking in men, whereas
the combination of low parental control and low levels of affection expression were related to problem drinking in women.

Kelley and Fals-Stewart (2004) examined lifetime psychiatric disorders and current emotional and behavioural problems of 8- to 12-year-old children living with drug-abusing (DA) fathers compared to children living in demographically matched homes with alcohol-abusing (AA) or non-substance-abusing fathers. Children's lifetime psychiatric diagnoses were determined using the Schedule for Affective Disorders and Schizophrenia for School-Age Children, Present and Lifetime Version. In addition, both parents completed the Pediatric Symptom Checklist. Substance-abusing fathers were recruited from an outpatient treatment program. Compared to children in the other groups, children in DA homes were more than twice as likely to exhibit clinical levels of behavioural symptoms. Children living with DA fathers were more likely to experience a lifetime psychiatric disorder and more negative behaviours compared to children living with an AA father or non-substance-abusing parents.

Ohannessian, Hesselbrock and Kramer (2004) studied the relationship between parental alcohol dependence (with and without comorbid psychopathology) and adolescent psychopathology examined in a sample of 665 13–7 year old adolescents and their parents. Results indicated that adolescents who had parents diagnosed with alcohol dependence only did not
significantly differ from adolescents who had parents with no psychopathology in regard to any of the measures of psychological symptomatology (substance use, conduct disorder, and depression) or clinical diagnoses (alcohol dependence, marijuana dependence, conduct disorder, or depression) assessed. In contrast, adolescents who had parents diagnosed with alcohol dependence and either comorbid drug dependence or depression were more likely to exhibit higher levels of psychological symptomatology. In addition, adolescents who had parents diagnosed with alcohol dependence, depression, and drug dependence were most likely to exhibit psychological problems. These findings underscore the importance of considering parental comorbid psychopathology when examining the relationship between parental alcoholism and offspring adjustment.

Grekin, Brennan and Hammen (2005) in their study examined the relationship between parental alcohol use disorders (AUDs) and child violent and nonviolent delinquency. It also explored the mediating effects of executive functioning and chronic family stress on the parental AUD/child delinquency relationship. Participants were 816 families with children (414 boys and 402 girls) born between 1981 and 1984. Parents and children completed semistructured interviews, questionnaires and neuropsychological tests that assessed parental alcohol use, family psychiatric history, chronic family stress, child delinquency and child executive functioning. Results support a biosocial conceptualization of the paternal AUD/delinquency
relationship. They suggest that paternal AUDs may be associated with child executive functioning and family stress, which may in turn lead to child delinquency.

Kuendig and Kuntsche (2006) studied the relationship between excessive drinking parents to adolescent alcohol use and family bonding. They used equation models for multiple group comparisons estimated based on a national representative sample of 3,448 eight and ninth graders in Switzerland (mean age 14.77; SD 0.89). Results reveal excessive parental drinking to be positively related to adolescent alcohol used and family bonding negatively related.

Keller, Cummings and Davies (2005) in their research studied the problems of children exposed to parental drinking problems. Model tests indicate that problem drinking was associated with greater marital conflict, and that marital conflict was related to ineffective parenting which was in turn related to poorer child adjustment. Even in a community sample, parental problem drinking behaviours are associated with reduced family functioning that relates to child outcomes.

Peiponen, Laukkanen and Korhonen (2006) in their study aimed to determine whether parental psychiatric problems are associated with problems and problem behaviour in adolescents in a clinical sample of 70 outpatient adolescents (age 13-18 years, boys 30%) and their parents. The adolescents
were assessed using the structural clinical interview for DSM-III-R (SCID) and a semi-structured questionnaire, and the parents were interviewed using a semi-structured questionnaire. The findings indicate that parental psychiatric problems and alcohol abuse are correlated with adolescent psychological problems and should be considered and assessed when studying adolescents.

**Psycho social effects of Alcoholism**

Bakshi, Mehra and Sigh (1984) compared the level of aspiration in 50 male alcoholics and 50 male non alcoholics, as measured by the Self Anchoring Striving Scale. Alcoholic subjects were defined as consuming at least a half bottle of liquor at a time and at least once or twice a week over the course of a year. Results reveal higher levels of aspiration among non alcoholics. Growth motivation in alcoholics was reduced over a 5-year period, suggesting stagnation.

Trivedi and Raghavan (1980) in their study, 30 chronic alcoholics (aged 25-55 years) were subjected to psychological tests to explore the influence of regular alcohol intake on their cognitive functioning and its relationship with prognosis. The functions chosen were arousal and maintenance of attention, verbal intelligence, and performance intelligence. Level of education was positively correlated with attention span and verbal intelligence but not with performance intelligence. Poor performance quotient scorers sought medial consultation before their mid-thirties and had earlier
onset of alcoholism. Older alcohol abusers (aged 35+ years) showed a greater deficiency in abstraction.

Suman and Nagalakshmi (1987) in their study of self concept, anxiety and adjustment among anxiety neurotics, alcoholics and normals. Twenty male Indian subjects (aged 18-45 years) were divided into 3 groups: anxiety neurotics, alcoholics, and normals. Data show that normals had higher self-concept, lower anxiety, and better adjustment. Both alcoholics and anxiety neurotics had low self-concept, high anxiety, and personal and social maladjustment.

Pande (1987) administered the Eysenck Personality Questionnaire to 50 alcoholic and 50 non alcoholic adult males matched for age, education, and socio-economic status (SES). Alcoholics had significantly higher scores on the Neuroticism and Psychoticism scales.

Kannappan and Cherian (1989) investigated whether 79 male alcoholics (aged 20-50+ years) would differ from the norm on the extraversion and neuroticism dimensions of the Eysenck Personality Inventory (EPI) and whether a relationship would exist between EPI scores and age, religion, and duration of drinking. Scores on both dimensions were high, indicating that subjects were more extraverted and neurotic. Age, religion and duration of drinking and excessive drinking did not differ significantly on the personality dimensions.
Trivedi and Raghavan (1991) determined the personality of 30 alcoholic inpatients (aged 25-55 years), using the Multi-Phasic Questionnaire (MPQ), and the role of age of onset of drinking, age of problem drinking before mid-30s and after crossing mid-30s, chronicity, and performance quotient (P) in relation to the MPQ profile. Results show highest loading on depression (85%) and lowest on anxiety (3%). A significant correlation was found between scales of psychopathic deviance and hysteria. Age of problem drinking under 35 years and poor PQ level were associated with depression and psychopathic deviance. Clinical diagnosis was corroborated by the findings of the MPQ.

Shylaja and SanandaRaj (1994) examined the basic hypothesis that there will be significant differences between alcohol as well as drug addicts and nonaddicts in Mental Health Status and Value Orientation on the Mental Health Status Scale and Study of Values Scale; a general data sheet was also used. Subjects were 30 alcohol addicts and 15 drug addicts selected from a de-addiction centre where they were undergoing treatment; all were male and aged 15-20 yrs. For comparative purpose, a sample of 30 non addict matched controls was selected. Results indicated that alcohol addicts differ from normal controls in the theoretical value and attitudes towards the self, environmental mastery, and total mental health status variables. Drug addicts differ significantly from controls on integration, autonomy, environmental mastery, and total mental health status.
Singh, Mehta and Ahmad (1997) assessed the quantitative changes in the degree of depression and anxiety among alcohol dependent cases during and after detoxification. 112, 30-60 year old alcohol-dependent inpatients of the Drug De-addiction unit of a hospital in New Delhi, India were rated based on the Hamilton Anxiety and Depression Scales, and the Beck Depression Inventory 1 week after admission to avoid the impact of withdrawal symptoms on assessment. Reassessment was conducted on patients who completed the treatment after 3 months. Results showed that the scores on the anxiety and depression scales were considerably lower during postdetoxification period assessment than during admission. Findings suggest that alcohol dependents who manifest depressive and anxiety features during admission for detoxification benefitted from the treatment targeted at their alcohol abuse rather than at their depression and anxiety.

Langeland, Draijer and VandenBrink (2004) in their study among treatment-seeking alcoholics examined the relationship between childhood abuse (sexual abuse only [CSA], physical abuse only [CPA], or dual abuse [CDA] and the presence of comorbid affective disorders, anxiety disorders, and suicide attempts, controlling for the potential confounding effects of other childhood adversities (early parental loss, witnessing domestic violence, parental alcoholism, and/or dysfunction) and adult assault histories. They assessed 155 (33 females, 122 males) treatment-seeking alcoholics using the European Addiction Severity Index, the Structural Trauma Interview, and the
Composite International Diagnostic Interview. Results revealed that the severity of childhood abuse was associated with posttraumatic stress disorder (PTSD) and suicide attempts in females and with PTSD, social phobia, agoraphobia, and dysthymia in males. Among men, multiple logistic regression models showed that CPA and CDA were not independently associated with any of the examined comorbid disorders or with suicide attempts. However, CSA independently predicted comorbid social phobia, agoraphobia, and PTSD. For the presence of comorbid affective disorders (mainly major depression) and suicide attempts, maternal dysfunctioning was particularly important. CSA also independently contributed to the number of comorbid diagnoses. For females, small sample size precluded the use of multivariate analyses.

Maharajh and Ali (2005) studied the aggressive sexual behaviour of alcohol-dependent men and its implications in clinical practice. A total of thirty women of male alcohol-dependent partners were taken from a psychiatric clinic and matched with a control group of spouses of healthy non-drinking men for the variables of age, gender, ethnicity and social class. These groups were tested for sexually induced marks over a one month period, areas of the body that were marked, duration of body marks and lovemaking experiences. Our findings indicate that the spouses of alcohol-dependent men are subjected to more aggressive and painful sexual experiences, more body marks in more regions that lasted an average of 7
days and more biting of body surfaces than wives of non-alcohol-dependent men. These behaviours are interpreted as subtle signs of domestic violence.

Ostermann, Sloan and Taylor (2005) using the fist five waves of the US Health and Retirement Study, a nationally representative survey of middle-aged persons in the USA conducted between 1992 and 2000, assessed the association between alcohol consumption and separation and divorce (combined as divorced in the analysis) for 4589 married couples during up to four repeated 2 year follow-up periods. They found that drinking status was positively correlated between spouses. The correlations did not increase over the follow-up period. Discrepancies in alcohol consumption between spouses were more closely related to the probability of subsequent divorce than consumption levels per se. Couples with two abstainers and couples with two heavy drinkers had the lowest rates of divorce. Couples with one heavy drinker were most likely to divorce. Controlling for current consumption levels, a history of problem drinking by either spouse was not significantly associated with an increased probability of divorce. Our findings on alcohol use and marital dissolution were highly robust in alternative specifications.

Plant, Miller and Plant (2005) investigated the possible association between alcohol consumption and eight types of problem behaviour in the lives of a sample of 2027 British adults. It also examines gender differences
in the prevalence of these problems. The problems considered were related to working, eating, shopping, use of the internet, sexual activity, exercise, gambling and dieting. Last occasion's alcohol consumption was significantly associated with having experienced problems related to work, gambling, dieting and sexual activity. Total previous week's drinking was only associated with two of these problems – gambling and sexual activity. There were a number of distinct gender differences in the levels of specific problems reported. Females were significantly more likely than males to report having experienced problems related to eating and dieting. Conversely, males were more likely than females to report having had problems related to work, use of the Internet, sexual activity and gambling. These findings do indicate that adult drinking was associated with several forms of "problem behaviour". Even so, they do not support the conclusion that all such behaviours are necessarily interconnected. The gender differences that emerged were not unexpected in view of prevailing social norms and stereotypes concerning the behaviour of the sexes.

Akvardar, Arkar, Akdede and Bagimlik (2005) determined the discriminating personality characteristics of patients with alcohol use disorders compared to healthy control subjects. Cloninger's Temperament and Character Inventory (TCI) was employed to the patients with a diagnosis of alcohol use disorder meeting the DSM-IV criteria (n=31) and their personality profiles were compared with age and gender matched non-
psychiatric healthy control subjects (n=31). Results showed that patients with alcohol use disorder were characterized by higher rates of novelty-seeking and harm avoidance. Higher novelty-seeking is related to impulsivity, and is considered to be important at the onset of drug taking behaviour. High harm avoidance is related to shyness, social inhibition, fear of uncertainty, and pessimistic worry in anticipation of problems. These negative feelings may be comforted by alcohol, whereas heavy alcohol use may lead to dependence. Individuals with low persistence tend to give up easily when faced with frustration. Lower self-directedness was reported as indicating a higher probability of personality disorder.

Alcoholism is a major risk factor for suicide (Murphy & Wetzel, 1990). Hufford (2001) suggested 4 possible mechanisms for alcohol's ability to increase the proximal risk for suicidal behaviour (1) increase psychological distress (2) increase aggressiveness (3) propel suicidal ideation into action through suicide specific alcohol expectancies, and (4) constrict cognition, which impairs the generation and implementation of alternative coping strategies.

Pirkola, Marttunen, Henriksson et al. (1999) reported more precipitating life-events in adolescent suicide attempters with comorbid alcohol use disorder/diagnostically subthreshold alcohol misuse than other adolescent suicides.
Other possible causal links between alcoholism and suicidal ideation/behaviour include depression and hopelessness, which are likely to have been induced by toxic effects of alcohol (Miller, Mahler & Gold, 1991). There is a strong suggestion from literature that recent adverse life events (divorce, separation, family arguments) are important factors in alcoholic suicide. Modestin (1986) reported adverse life events to be more common among nine alcoholic suicide victims than among 24 alcoholic inpatients.

Some interview studies have compared interpersonal life events between alcoholic suicides and non-abusing depressive suicides (Murphy & Robins, 1967), between alcoholic/other substance abuser suicides and non-abusing depressive suicides (Rich, Fowler, Fogarty & Young, 1988a), and among victims with alcohol/substance dependence relative to those with mood/anxiety disorders (Duberstein, Conwell & Caine, 1993). These studies have demonstrated that disruption of interpersonal relationship has been more common among alcohol and substance abusers before suicide typically clustering within the last 6 weeks. The types of interpersonal stressors were conflicts/arguments and attachment disruptions. The excess of recent interpersonal crisis in relation to the alcoholics has been demonstrated in other studies as well (Murphy, Armstrong, Hermele, et al., 1979; Beskov, 1979; Berglund, Krantz, Landqvist, 1987; Berglund & Moberg, 1990).
Effects of alcoholism on marriage and family

Chakravarthy and Ranganathan (1985) examined the coping behavior of the wives of alcoholic men who were admitted into a therapeutic program for giving up alcohol drinking. The study reveal that discord, fearful withdrawal, and avoidance were the styles used most by the wives of alcoholics men. The combination of styles used by wives at a particular time seemed dependent on the age, extraversion, and neuroticism in the wife and the duration of the husband’s drinking.

Kutty and Sharma (1988) investigated the characteristics of 35 wives of alcoholics (WOAs) and wives of non-alcoholics using a Malayalam version of a temperament scale that measures maladjustment, gregariousness, and thoughtfulness. WOAs scored high in maladjustment and low in gregariousness and thoughtfulness compared with controls.

Weinberg and Vogler (1990) examined how 38 women, married to alcoholics, managed the stigma resulting from the behavior of their husbands and adjusted to this behavior. Questionnaire data reveal that Ss learned about their husbands' drinking early in the relationship and responded to this with anger, hostility, and resentment. Fears included concerns for the husband’s health and effects on their children and his job. Over time, fears have decreased, but problems in the marriages remain. Most Ss had participated in their husband’s drinking. Although one-third of the Ss rated their marriages
as happy, most Ss reported unsatisfactory sexual adjustments. Support group membership helped Ss cope with their situation and develop self-esteem. Self-esteem was related to attitudes toward husband’s drinking. Feelings of control were related to coping ability.

Sommer, Barnes and Murray (1992) investigated the relationship between Alcohol consumption, alcohol abuse, personality and female perpetuated spouse abuse. This study examined the problem of female perpetuated spouse abuse and its relationship to alcohol consumption and personality. Data from the subsample of 452 female Ss who were married or cohabiting were drawn from a random sample of 1,257 Winnipeg residents of the Health and Drinking Survey (aged 18-65 yrs). Results show that more than 39% of female Ss participated in some form of spouse abuse with their male partners. Being young and having high scores on the Eysenck Personality Questionnaire (EPQ) psychoticism scale, the Neuroticism Index, and the MacAndrew Scale (a subscale of the MMPT) were significant risk factors in the occurrence of partner abuse among females. Also, the interaction between alcohol consumption and the Psychoticism scale was a weak but significant predictor for this form of violence.

Suman and Nagalakshmi (1993) examined the personality dimension of alcohol dependent individuals (ADI) and their spouses on the Eysenck Personality Questionnaire. Forty alcohol dependent individuals and their
spouses and 10 normal couples in India with an age range from 25 to 45 yrs were studied. Results reveal high Neuroticism and Psychoticism in ADIs and low Extraversion and high Neuroticism in spouses of ADIs. The spouses of ADIs were significantly less extraverted than normal wives, who were more sociable, carefree and relaxed in interpersonal relationships. The spouses of ADIs were more inhibited, more withdrawn, and less assertive in interpersonal relationships. Results are discussed in terms of implications for influences, such as higher level of parents’ education, parental discord, family size, and paternal domination. Alcoholics showed greater tolerance of criticism and were more likely to be eldest children.

McLeod (1993) estimated levels of spouse concordance for life time and current alcohol dependence and heavy drinking, using data from a community sample of 586 married couples. In addition, marital quality ratings in concordant and discordant couples were compared. Spouse concordance was significant for lifetime alcohol dependence and for both lifetime and current heavy drinking. Marital quality varied as a function of current heavy drinking and alcohol dependence such that members of couples in which neither spouse drank heavily reported better marital quality than other couples. Further more, although marital quality does not differ significantly between concordant and discordant couples, couples concordant for current heavy drinking consistently reported poorer marital quality than other couples.
Casey, Criffin and Googins (1993) investigated the role of work for wives of alcoholics. They collected questionnaire and interview data from 60 employed wives aged 23–62 yrs whose husbands received inpatient treatment for alcoholism. The majority of working wives reported minimal negative impact of their husbands' drinking on all areas of their work functioning, with a small subset indicating impairment attributable to the drinking. These Ss were very satisfied with their current positions and described work as a positive experience. However, there were several indirect signs that the family alcohol problem spilled over into the workplace. These included changing jobs, absenteeism, and discussing husbands' drinking at work. Further, these Ss scored closer to a sample of depressed women than did a community sample on measures of physical and mental health, depressed mood, and smoking symptoms.

Brennan, Moos and Kelly (1994) studied the functioning, coping responses, and family contexts of spouses of late-life problem drinkers. At initial assessment, 87 spouses of late-life problem drinkers reported poorer health-related and social functioning, more reliance on cognitive coping strategies, and more shared, cognitive avoidance coping than did 87 spouses of non problem drinkers; they also reported more stressful, less supportive family contexts. 22 spouses of individuals who would remit over a 1-yr interval did not appear to provide their partners with an impetus for recovery. However, spouses of remitted problem drinkers improved in several areas
over the 1-yr follow-up. By contrast, 65 spouses of non-remitted partners continued to function more poorly and reported less supportive relationships with partners and escalating conflicts with children.

Banister and Peavy (1994) conducted an ethnographic study of 5 women married to alcoholics to develop knowledge about how these women lived out, interpreted, and expressed the experience of living with an alcoholic husband. Ss were interviewed, and interviews were analysed according to the Developmental Research Sequence Method developed by Spradley (1979) to discover the cultural experiences of Ss. Three common themes were identified that represented Ss’ lives: constantly being on guard, being in a pit (weakening of self), and push and pull (disillusionment with cultural norms). The experience of Ss married to alcoholics was a complex interaction of culture that involved the internalisation of cultural expectations, weakening of self, and embeddedness in an alcohol-dependent marriage that encouraged Ss to be passive, dependent, self-sacrificing, and self-blaming.

Jiloha and Soni (1994) studied influence of family and marital relationship in alcoholism. 60 lower middle class men, half of whom were alcoholic, and their wives completed the Marital Adjustment Scale and the Family Relationship Inventory. Alcoholic Ss experienced their parents as avoidant in their childhood, while non-alcoholic Ss perceived them to be more
accepting. Non-alcoholics were better adjusted in their marital life than were alcoholics.

Moskalenko and Gun'ko (1994) examined 215 wives of alcoholics or divorced women who had been previously married to alcoholics. None of the women abused alcohol. Only 12 of them were officially registered as psychiatrist's patients. Borderline psychopathological conditions were diagnosed in 174 women who had long been married to alcoholic husbands or lived with them in one apartment. Of them, psychopathy, neurotic personality, neurosis, reactive depressions were identified in 27%, 24.7%, 23%, 15%, respectively. 41 divorced women living apart from former alcoholic husbands had no psychopathology at the moment of the study.

Durnka and Roosa (1995) studied the role of stress and family relationships in mediating problem drinking and fathers' personal adjustment. Family stress included negative life events, and father's family system resources included marital adjustment and positive father-child relationships. Interview data were obtained from fathers and mothers in 93 two-parent families of 4th-6th graders. Fathers' problem drinking contributed marginally to family stress, and directly to fathers' diminished personal adjustment. Family stress was related to reduced marital and personal adjustment. Mothers' problem drinking contributed. Results show that too less positive father-child relationships and stress process models differ for fathers and
mothers; family relationships do not appear to play a significant mediational role for fathers’ adjustment.

Schiavi, Stimmel, Mandeli and White (1995) assessed the effect of chronic alcoholism on sexual function, marital adjustment, sleep-related erections, sleep disorders, and hormone levels during abstinence from alcohol. 20 chronically alcoholic (ALC) men (aged 28-59 yrs)

Suman and Nagalakshmi (1995) examined the nature of family interaction patterns in alcoholic families in India in comparison with those of non-alcoholic families. Forty alcoholic families (AFs) and 10 non-alcoholic families (NAFs), comparable in age and duration of marriage, were assessed using the Indian modification of the Family Interaction Scale. Results reveal that alcoholic families were characterized by significantly poorer communication patterns, lack of mutual warmth and support, spouse abuse and poorer role functioning. Spouses of alcoholics expressed greater dissatisfaction in all the areas of family functioning than alcoholics. Non-alcoholic families were characterized by free and open communication, mutual warmth and satisfaction and sharing responsibilities.

Boyle (1996) compared alcoholic and non-alcoholic families of origin as related to marital choice and emotional expressiveness of women. The focus of this investigation was to examine empirically how women who marry alcoholics and how women who are daughters of alcoholic parents
differ from other women in terms of their families of origin and emotional style. 120 Caucasian women who were non-alcoholic, as measured by the Michigan Alcohol Screening Test, and who were either married or had been married at least once to a spouse who was determined to be alcoholic or non-alcoholic, as measured by the Michigan Alcohol Screening Test for Significant Others along with the Children of Alcoholics Screening Test. The Family Environment Scale (FES) was administered retrospectively and the Test of Emotional Style (TES) examined perceptions of the subjects, comfort with their emotions as an adult. Results on several scales of the FES indicated that daughters of alcoholics perceived themselves to have had significantly less satisfactory relationships in their families of origin, (i.e. experienced less support for their personal growth and more family chaos). As expected, wives of alcoholics revealed a pattern within their families of origin similar to that of adult daughters of alcoholics. Several of the FES scales, especially those on the Personal Growth Dimension, indicated that the families of origin of adult daughters of alcoholics who are also wives of alcoholics were the most dysfunctional, when compared to all other subject groups. On the TES, the finding of greatest magnitude was that adult daughters of alcoholics who had married alcoholics were least satisfied with their emotional life whereas their counterparts who married a non-alcoholic were most satisfied with their emotionality.
Kocmur and Rus (1996) investigated the characteristics of 2 groups of wives of alcoholics: (1) 30 Ss (mean age 38.5 yrs) whose husbands are under treatment for alcoholism and 2) 30 Ss who seek help for their depression (mean age 39, 1 yrs), while their alcoholic husbands are not being treated for their alcoholism. Ss seeking help for themselves were found to be much more externally oriented than Ss participating in their husband’s treatment. Differences found in Ss’ personality development suggest that the perception of the locus of control is a personality dimension, such as decisive behaviour and reactions in a burdening situation. For externally oriented Ss, the behavioural pattern in crisis situations was helplessness, passivity and depression while for the internally oriented Ss, the pattern included active confrontation and problem solving.

Kodandaram (1996) compared the personality profiles of 30 wives of alcohol dependent individuals and of 30 normal controls with mean ages 31.1 and 36 years respectively. Subjects completed the General Health Questionnaire, and the Sixteen Personality Factor Questionnaire (16 PF) Form C. Wives of alcoholics were found low in general ability; submissive, and suspicious. They were also found to be shy, withdrawn, and aloof with considerate and careful behaviours.

Suman and Nagalakshmi, (1996) examined the variables that influence the degree of family dysfunction in alcoholic families. 40 alcohol dependent
men with mean age – 39 & 40 yrs and their spouses with mean age 32 & 55 yrs) were administered a semi structured interview schedule, the interpersonal Checklist, the Eysenck Personality Questionnaire and Family Interaction Scales. Results indicate that 8 variables significantly influenced are family functioning; emotional problems in the children, discrepancy between spouse’s perception of the alcoholic and spouse’s perception of ideal spouse on the Dominance dimension, role functioning of the alcoholic, Psychoticism scores of the alcoholic, discrepancy between alcoholic’s perception of self and spouse’s perception of the alcoholic on the Love dimension, Neuroticism scores of the spouses, discrepancy between alcoholic’s perception of self and spouse’s perception of ideal spouse on the Dominance dimension, and spouse abuse by the alcoholic.

Leadley, Clark and Caetano (1999) studied couples drinking patterns, intimate partner violence, and alcohol-related partnership problems of both romantic partners of 1,615 married and cohabiting couples using the "drinking partnerships" construct developed by Ruberts and Leonard (1997). Results show that despite considerable concordance between couple members’ drinking behaviours, discrepant drinking patterns were strongly predictive of relational distress and the incidence of physical violence. These findings suggest that the interaction between couple member’s alcohol-related behaviors has crucial implication for the health and well-being of the entire family.
Kahler, McCrady and Epstein (2003) examined sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking outpatient, conjoint alcohol treatment. Results indicated that greater psychological distress among these women was most strongly associated with lower satisfaction with the marital relationship, presence of domestic violence, lower frequency of male partner’s drinking, lower perceived social support from family, and more frequent attempts to cope with the partner’s drinking. Controlling for psychological distress, greater marital satisfaction was associated most strongly with greater attempts to reinforce positively the partner’s abstinence and with less effort to detach from the partner’s drinking. Severity of partner’s alcohol problem was unexpectedly associated with greater marital satisfaction in multiple regression analyses, though not in bivariate analyses. Results highlight the close connection between psychological and relationship distress and potential relations between alcohol related coping behaviours and both psychological and relationship distress.

Marshal (2003) in his study proposed three questions: (1) Do alcoholic marriages differ from nonalcoholic marriages? (2) Is alcohol consumption related to marital functioning? (3) What theoretical and methodological factors moderate the relation between alcohol consumption and marital functioning? The primary goal of this review was to evaluate the nature of the relation between alcohol use and marital functioning (adaptive Vs.
maladaptive) using these techniques. The secondary goal was to evaluate and summarize the methodological strengths and weaknesses of this literature and the extent to which they inform us about the internal and external validity of the findings, and the ability to make causal inferences regarding the relationship between alcohol use and marital functioning. Sixty studies were reviewed that tested the relation between alcohol use and one of three marital functioning domains (satisfaction, interaction and violence). Results provide overwhelming support for the notion that alcohol use is maladaptive, and that it is associated with dissatisfaction, negative marital interaction patterns, and higher levels of marital violence. A small subset of studies found that light drinking patterns are associated with adaptive marital functioning.

Scharff, Broida, Conway and Yue (2004) investigated within-group differences in psychological symptomology as measured by the Millon Clinical Multiaxial Inventory (MCMI). ACOAs, were compared by roles (Hero, Mascot, Lost Child, and Scapegoat) to non-ACOAs as measured by familial dysfunction and roles. MANOVA indicated significant main effects of dysfunction, role, ACOA, and an interaction of role and ACOA. Failures to recognize the impact of parental alcoholism may be caused by multiple adaptation strategies.

Kearns-Bodkin and Leonard (2005) examined the impact of the partner's drinking and the quality of the marriage. They studied 592 couples
using separate self-administered questionnaires. The results clearly indicate an association between alcohol use and marital quality.

Tempier, Boyer and Lambert et al. (2006) studied the consequences of alcoholism on the mental health of spouses of alcoholics using questionnaires which measures symptoms of anxiety, depression, aggressivity and cognitive impairments. This study confirmed higher levels of psychological distress in female spouses of male alcoholics.

Floyd, Cranford and Daughterty (2006) examined problem-solving marital interactions of alcoholic and nonalcoholic couples (N=132). Four alcoholic groups (husband alcoholic with antisocial personality disorder or not, paired with alcoholic or nonalcoholic wives) were compared with each other and with a both-spouses-nonalcoholic group. Consistent with the alcoholic subtypes hypothesis, couples with an antisocial alcoholic husband had higher levels of hostile behaviour regardless of wives' alcoholism status. In contrast, rates of positive behaviours and the ratio of positive to negative behaviours were greatest among couples in which either both or neither of the spouses had alcoholic diagnoses and were lowest among alcoholic husbands with non alcoholic wives.
The Present Study

Alcoholism has emerged globally as a very serious personal as well as community problem. Studies and reports reveal that the rate of incidence is alarmingly increasing both in India and abroad. Chakravarthy (1990) reported that 26-50% of Indian rural men are alcohol drinkers. In Kerala, according to the records of the Excise Department the revenue contribution by the sales of Arrack and Indian made foreign liquor only have shown an increase of 10 and 51 times (approximately) respectively in the past 20 years (from 1986 to 2006). Simultaneously literature on alcoholism and its effects clearly indicate the devastative and multifaceted impact on personal adequacies, interpersonal relations and family. Family exist as the most significant social component, especially in the Indian milieau, that is affected by alcoholism of a member and the disturbed family becomes an additional stress on the alcoholic person and thus creating a vicious circle in itself. The two major effects repeatedly agreed upon by researchers in various disciplines are financial and health related.

Marriage is the 'axis' of a family. Penrod (1986) has identified marriage as one of the most important indicator of Wellbeing of a person. Universalisation of the concept of marriage and changes in the pattern of family with urbanisation, industrialization, education and individualism taking place simultaneously have revolutionized family life and child rearing
which have become much more challenging for women. According to Jain (1988) "...... her task therefore is to develop physical, mental and emotional processes of the children in a perfect balance" (p. 148).

This implies that the role of woman as a creator of the race is marginalised and that as a mentor of the future generation is emphasised which is demanding more psychological resources from woman in the process of family making. It can also be inferred that demands of personal gratification and pleasures are looked upon as aspects to be subordinated to make marriage and family life a success by compromise and adjustment.

In view of these factors it can be safely stated that for the spouse of an alcoholic meeting the personal, familial and social demands, maintaining a psychological Wellbeing is a Herculean task. Ironically, despite a considerable amount of researches done on the problems and sufferings of the alcoholic man and woman at the global level and also on the effects of alcoholism of parents, the nonalcoholic spouses of alcoholics and their problems have not received sufficient attention. Some attempts were initiated in the west, such as by Boyle (1996); Kocmur and Rus (1996); Cierpialkowsk (1998); Kahler, McCrady and Epstein (2003) and Tempier, Boyer and Lambert et al. (2006); Dawson et al. (2007). But the results are too inadequate for generalisation or confirmation mainly due to reasons that:
(1) The pattern and significance of relation between spouses in the western families differ from those in India.

(2) The interaction and significance of relation with other members of the family and extended family in India differ from that of other countries.

The relations between individuals in a family and the impact of a stressed relation between spouses is quite different and is likely to be relatively more significant in view of the pluralistic attitudes prevalent in Indian culture. In India each family member is more dependent on others and when it comes to spouses it is likely to be overwhelming, especially, because the attitude to separation or divorce is highly stigmatised and freedom of the partners is restricted. Moreover, in the case of a woman it is too impractical, more often, due to her additional economic dependence on the spouse or the family. Under these circumstances a chronic alcoholic husband imposes severe stress that is unavoidable for the spouse. A perusal of the few studies on the 'alcoholic-spouse' dimension reveals that the focus has been either to study the effect of personality or behaviour pattern of the spouse on the alcoholic or just as an exploration of the difference between wives of alcoholics and non alcoholics. Negligible attention has been paid to the sufferings of the spouses of alcoholics. This view is endorsed by Hansson et al. (2004) also.
Although creating awareness and providing medical care to the addicts have considerably improved in India, their spouses are not getting due attention. She has to be given timely help so that she can extend emotional support to her addicted husband and can also manage the family and children without allowing to develop vicious circles of unhealthy interactions that could be lethal for the integration of the family itself.

Therefore, the present study is intended to initiate a process of helping the female spouse of an alcoholic, as part of helping the entire family, to readjust and recover from the problem, for moving towards a healthier time.

Marriage being the most intimate relation in an adult's life, the quality of the relation or the partner's adjustment to each other and the relation is vital for their Wellbeing. This becomes more relevant in the present context of more nuclear families emerging in India against the tradition of joint family system.

Empirical and theoretical literature on Stress, Adjustment and Coping indicate that the quality and level of adjustment in any context is not a function of the situation per se but is a product of the interaction between the characteristics of the individual and situation (Coleman, Morris and Glaros, 1987; Frydenberg, 1997). Coping style used by the individual has emerged as one of the crucial individual factors that mediate the effect of the stressor and reactions to the stressors. Reduction of effectiveness of coping and quality of
life have been the two frequently reported outcomes of stress. Hansson et al. (2004) have reported that information and coping skill training can improve spouses psychiatric symptoms and hardship.

Personality or individual characteristics have been consistently pointed out as a significant factor in the degree of stress experienced, reactions to stress and adjustment or coping to the stressful situation. So also personality has been found to be a determinant of the state of wellbeing of a person where state of wellbeing is an outcome of coping and adjustment.

Wellbeing at the outset can be considered as the outcome of the person - situation interaction which serves as a buffer that adds to the efficacy of the person in handling the situations.

In the light of these the present study is proposed to explore the relevance of Personality and Marital Adjustment of spouses of alcoholics in their General Wellbeing and to initiate a spouse focused helping by psychological counselling.

In view of these, certain objectives of the present study were identified. They are:

Objectives

1. To study the Marital Adjustment of the female spouses of alcoholics.
2. To study the role of personality and Coping styles as mediator variables in the effect of spousal alcoholism.

3. To study the role of certain Sociodemographic factors as mediator variables in the effect of spousal alcoholism.

4. To study the effectiveness of psychological counselling to enhance the General Wellbeing of the female spouses of alcoholics.

Hypotheses

A few hypothesis were formulated for evaluation to meet the objectives which are as follows:

1) Personality pattern of spouses of alcoholics differ from that of spouses of non alcoholics.

2) Marital Adjustment of spouses of alcoholics and spouses of non alcoholics differ.

3) General Wellbeing of spouses of alcoholics and spouses of non alcoholics differ.

4) Marital Adjustment of spouses of alcoholics differ with certain socio demographic factors.

5) General Wellbeing of spouses of alcoholics differ with certain socio demographic factors.

6) Personality characteristics and Marital Adjustment are significantly related in spouses of alcoholics.
7) Personality characteristics and General Wellbeing are significantly related in spouses of alcoholics.

8) Marital Adjustment and General Wellbeing are significantly related in spouses of alcoholics.

9) Psychological counselling improves the Marital Adjustment of the spouses of alcoholics by modifying their coping styles.

10) Psychological counselling improves the General Wellbeing of the spouses of alcoholics.