CHAPTER 11

REVIEW OF LITERATURE

2.1.0 Introduction

Concern about the effect of alcoholism on wives, children in family and marital functioning has been frequently expressed by clinicians and by others in recent research literature. Apart from wives’ disturbed personality model and coping behaviour, efforts to understand and explain the emotional experience of wives of alcoholics are still lacking in this field.

Literature dating back to the mid-nineteenth and early 20th century reflects a moralistic view. Alcoholics were regarded as villains and families as victims. Approaches to assistance type cast the drinker as character defective and, thus incorrigible. Helping efforts were geared toward other members of the family, wives and children (Bailey, 1963)1.

Early studies of the wives of alcoholics in a family-agency setting described them as often equally as sick as their husbands with a need to dominate, to suffer, to punish, or to belittle their mates. Such a wife and frequently the daughter of an alcoholic father may also suffer from feelings of basic anxiety and inadequacy which can be denied or assuaged by feeling superior to her husband (Fox, 1968)2.

Women are emotionally more open than men to the concerns of their loved ones and therefore experience more distress in events that occur to that person and
are therefore more vulnerable. (Kessler, et al 1985)\(^3\). This has been considered to be part of the chronic stress associated with the traditional role functioning of women. However apart from being providers of support (Belle, 1982)\(^4\), it has been found that women resort to social support as a salient coping strategy to a much higher degree than men (Defares, et al 1985)\(^5\). All these facts must be taken into consideration while intervention process of alcoholics and his family members are done.

To date efforts to understand and explain the experiences of wives of alcoholics have generated three different perspectives. The earliest published model (Futterman, 1953)\(^6\) called the 'disturbed personality model' held the view that a woman who is in some way psychologically maladjusted dependent, hostile, domineering, masochistic and sadistic marries the alcoholic to fulfil her own neurotic needs.

In the 1950's a second model was proposed which stated that wives of alcoholic may display maladaptive behaviour in response to their husband's drinking (Jackson, 1954)\(^7\). According to this position the wives' pathological behaviour is an attempt to resolve the alcoholic crisis and to return the family to its former stability. The second model was called 'stress model'.

Consequently a third model called psychosocial model (Orford and Guthrie, 1968)\(^8\) was evolved which stated that a broad variety of variables, including both personality and situational factors seem to be important (Tyler and Schaffer, 1979)\(^9\).
In this chapter, an attempt is made to briefly review some of the important findings related to wives of alcoholic’s especially the emotional disturbance they are facing and the factors leading to it. For the purpose of the present review, the significant findings and observations are written as follows:

1. Personality of wives of alcoholics.
2. Coping behaviour in wives of alcoholics.
4. Familial and marital interactions and children of alcoholics.
5. Anxiety, Depression, Adjustment, Self-concept and Assertiveness in wives of alcoholics.
6. Treatment.

2.2.0 Personality of Wives of Alcoholics

Earlier only a few studies were carried out on wives of alcohol dependent individuals in the form of observation of wives who were directly involved in the treatment of alcohol dependent individuals in the family agency settings.

Lewis (1937)\(^\text{10}\) endeavored to link the wives personality to the husband’s alcoholism. He believed that wives of alcohol dependent individuals found an outlet for aggressive impulses in their marital relationship with men who are dependent and force her to punish him. Both partners alternated between ‘Masculine’ and ‘Feminine’ roles.

Price (1945)\(^\text{11}\) after studying the personality of 20 wives of alcohol dependent individuals, concluded that they are basically dependent people who
became hostile or aggressive towards their husbands on finding them also dependent.

Whalen (1953)\textsuperscript{12} placed wives of alcohol dependent individuals into four categories.

1. Suffering Susan: who, to punish herself, chooses a husband who would make her life miserable.

2. Controlling Catherine: who needed to dominate someone and choose a weak inept husband.

3. Wavering Winnifriend: who to be loved sought a weak inept husband who needed her desperately.

4. Punitive Polly: who needed an emasculated husband to control and punish.

Saugy, D. de, (1964)\textsuperscript{13} studied the personality of wives of alcohol dependent individuals. The author took 100 couples in which the husbands were alcoholics. The study was carried out by clinical interview. The study did not use any psychological tools. However, on the basis of this clinical interview, the author found that, the wife was dominant from the beginning of the marriage. There was no single personality type but most common traits were dependency, frigidity, sadomasochistic tendencies, and other manifestations of neuroticism and need to find fault.

Tarter, Ralph (1976)\textsuperscript{14} administered the MMPI and the California Psychological Inventory (CPI) to 38 women (mean age 43 years) whose husbands were participants in an inpatient treatment program for alcoholism. Data from the MMPIs completed by all 38 women and from California Psychological Inventory
completed by 23 women indicate that wives of alcoholics are not impaired psychologically and that they do not exhibit any distinct personality characteristics.

Tomelleri, Herjanic, Wetbel (1977)\textsuperscript{15} studied the personality of the wives along with other aspects like (1) psychiatric diagnosis in wife, (2) family history of psychiatric disturbances (3) and type of marriage. The tools used were California Personality Inventory developed (Gough, 1959) and a structured and scaled interview to assess maladjustment (SSIAM).

Natera, G. et al, (1988)\textsuperscript{16} studied physical, social and family behavioural characteristics of wives of alcoholics. Their sample size was 25 each and age group was between 20 and 50 years. All the samples were: Mexican adults. Group-1 wives of alcoholics attending Alcoholics Anonymous meeting. Group II wives of alcoholics attending hospital or clinic rehabilitation or treatment services. Group III wives of non- alcoholics. All the samples underwent a structured interview that included the Health and Daily Living Questionnaire (R. Moos, et al, 1983) and the Alcohol Consumption Questionnaire. An analysis of variance (ANOVA) was conducted.

Avila Escribano and Ledesma Jimeno (1990)\textsuperscript{17} studied personality characteristics of wives of Spanish alcoholism patients. Human samples: 35 female Spanish adult (aged 26-59 years) spouses of alcoholics in treatment. Samples completed a structured interview, the Minnesota Multiphasic Personality Inventory (MMPI) and Instrument I (A. Ledesma, Jimeno , et al ) – a measure of aggression.
Troise, F. P. (1992)\textsuperscript{18} compared the experienced level of intimacy in 160 wives of alcoholics with 80 wives of non-alcoholics in their relationship with their best or closest friend, using the Miller Social Intimacy scale by R.S. Miller and H.M. Lefcourt (see PA, Vol. 69: 4765). It was hypothesized that there would be a lower experienced level of intimacy in wives of alcoholics' relationship with their best or closest friends outside of the marital dyad. The hypothesis was not supported. Findings offer cautious support of reaction to stress theories regarding wives of alcoholics. They also suggest that some wives of alcoholics may marry an alcoholic with a pre-existing incapacity for intimacy.

Grubi, et al, (1998)\textsuperscript{19} investigated the personality dimensions of 100 wives of alcoholics in comparison to 100 wives of non-alcoholics and compared these two groups according to psychiatric treatment frequency. The groups were identical with respect to their age, working and marital status. Eysenck Personality Questionnaire was used for measuring the main personality dimensions. A structured psychiatric interview based on ICD -10 and DSM-III-R and self-assessment of behaviour before marriage (extroverted Vs introverted) was also used. The result showed that the wives of alcoholics were less extroverted than the wives of non-alcoholics. There were no differences in the neuroticism and psychoticism. According to the self-assessment of their behaviour before marriage wives of alcoholics also manifested less extroverted behavior before marriage. The wives of alcoholics were psychiatrically treated more often during their marriage than the wives of non-alcoholics. Moreover, the group of the wives of non-alcoholics had fewer psychiatric treatments during their
marriage than before the marriage. More psychiatric treatments during marriage of the wives of alcoholics can be interpreted in accordance with the "stressed wife" theory.

2.3.0 Coping Behaviour in Wives of Alcoholics

Jackson, J. A. (1954) outlined seven successive stages of family adjustment to alcoholism. They are denial of the problem, disorganization, and attempts to reorganize in spite of problem, efforts to escape the problems and reorganization of the whole family. While Jackson’s stage theory may not be applicable to all alcoholic families (Lemert, 1960) disorganization of the family system and reorganization along other lines occur, to some extent in the majority of alcoholic families (Block, 1965).

James and Goldman (1971) found out that the wives used all sorts of coping, they themselves were more quarrelsome, they felt angry, they felt helplessness on other occasions, they adopted a strategy of withdrawing, or avoiding the husband altogether, they had tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.

Orford and Guthrie (1975) administered a coping with drinking questionnaire to the 19-60 years old wives of 100 males referred to the outpatient department of a psychiatric hospital because of a suspected drinking problem. Other measures included evaluations of husband’s treatment outcome, husband’s job status, the neuroticism scale of the Eysenck Personality Inventory, a 10-item symptom scale, and 10 item hardship scale. Results indicate that high frequency
Coping behaviour is associated with a relatively poor treatment outcome, whatever the nature of coping behaviour used. The coping components, which are most uniformly associated with a poor prognosis, were those that suggested a withdrawal or disengagement from the marital bond (e.g.: avoidance, feeling frightened or seeking outside help). Husband’s job status was significantly negatively correlated with symptoms, hardship, and wife neuroticism.

Like, Orford, and Guthrie (1975)^ Tyler and Schaffer (1979)^ predicted poor outcome for behaviours that suggested withdrawal or disengagement from marital bond. The elements are those of avoiding, refusing to talk, feeling helpless, refusing to sleep together, feeling frightened, making special financial arrangements, seeking special outside help and contemplating terminating the bond together.

Tyler and Schaffer (1979)^ conducted a study with a view to studying the degree of sobriety in male alcoholics and the coping styles used by their wives. The major hypothesis was that, the wives’ coping behaviour would be significantly related to the husband’s drinking behaviour. The results showed that the coping styles used by wives of alcoholics are related to drinking outcome in their husbands. Those modes of coping in which the wife communicates her feelings of distress and frustration to the drinking husband in a way which is minimally threatening for him seem to be most positively related to his attainment of sobriety.

Chakravarthy, et at, (1985)^ examined the coping behaviour of the wives of alcoholic men who were admitted into a therapeutic programme for
giving up alcohol drinking. 46 samples, aged (22-43 years) were administered a questionnaire designed by J. Orford and S. Guthrie (1975) for measuring coping behaviour of alcoholics as well as Eysenck’s Personality Inventory. Demographic details were also collected. Ten styles of coping behaviour were used by all samples: discord, fearful withdrawal and avoidance were the styles used most. The combination of styles used by wives at a particular time seemed dependent on the age, extroversion and neuroticism in the wife and the duration of the husband’s drinking.

Rychtarik, et al (1988) studied situational assessment of alcohol-related coping skills in wives of alcoholics. He used a situation-specific inventory for this purpose, and it was administered to 45 middle aged wives of alcoholics. Generalisability analysis indicated that most of the variance in performance was accounted for by cross-situational differences among samples. Al-Anon experienced samples scored significantly higher than those with little or no Al-Anon experience. Situational assessment of alcohol related coping skills shows promise as a refined method for identifying specific skill deficits in wives of alcoholics.

Sathyanara Rao and Kuruvilla (1992) report that the most common coping behaviour resorted to by the wives is discord, avoidance, indulgence and fearful withdrawal. They said, the husband’s alcoholism in turn causes the coping behaviour of the wife. They also noted that wives who reported that their husbands had become violent and aggressive had reacted with quarrelling
avoidance, anger and helplessness, pretending to be drunk themselves, locking the husband out of the house and seeking a separation.

Simpson and Arroy Judith (1998)\textsuperscript{29} used multiple regression analysis to predict alcohol related consequences and consumption from background characteristics and coping with stress in 2 life domains (work / school). 192 females aged 18-46 years, who reported being raised by at least biological parent and who consumed alcohol at least once during a typical month in the past year completed the following questionnaire: the Demographic Information Inventory, the Substance Use Inventory and the Coping was associated with consequences across the life domains but not with consumption. Relying on avoidant coping to handle stressors at work or school, in conjunction with being single and reporting a greater family history of alcohol problems, accounted for 18.3\% of the variance in alcohol consequences. Avoidant coping and acceptance of responsibility for personal stressors, along with being relatively younger and reporting a relatively greater family history of alcohol problems accounted for 17.7\% of the variance in alcohol consequences. Evidence of both cross-situational consistency and specificity in coping associated with problematic alcohol use was found.

\textbf{2.4.0 Stressful Situations in Wives of Alcoholics}

It is frequently noted that the situation of having an alcoholic member in the family is a source of confusion and stress.

The research conducted by Margret Bailey in the USA (1967)\textsuperscript{30} showed that the proportions of women who had scores indicating at least a moderate
degree of psychological disturbance were 66% for wives still living with drinking alcoholic husbands, 43% where the formerly alcoholic husbands were now abstinent, and roughly 33% for control women in Manhattan. She also found that the time, which had elapsed since the wife had been living with a drinking alcoholic, was related to level of disturbance.

Jackson (1962)\textsuperscript{31} describes the stages of adjusting to the alcoholic husband. Early in the marriage there may be an occasional overstepping of bounds with heavy drinking. As the frequency of such occurrence increases, the wife begins to feel humiliated and ashamed. She curtails their social life and is under the impression that she has somehow failed in her marriage. There is hostility, frustration, fighting and threats of leaving. The wife reacts to the alcoholic’s violence by crying in terror, retaliating or calling the police.

Wiseman, Jacqueline (1975)\textsuperscript{32} describes the self-reported lives of 75 women married to alcoholics. While all wives attempted to help their husbands, eventually 40% isolated themselves from their marriage adopting an independent working and social existence. If the husband of such a wife attempted to stop drinking after this separation occurred, his wife might be placed under stress by the choice she faced.

In the early days of the development of alcoholism, the family may go through, a long period of indecision and confusion. The second aspect related to it is role management. The functions normally carried out by the husband have to be taken over by the wife which will add to her psychological stress (Orford, 1976)\textsuperscript{33}. 
Montgomery and Johnson (1992) reported that historically wives of alcoholics have been described as having disturbed pathological personalities that were instrumental in causing and maintaining their husband's drinking. More recently researches have tended to support the view that the behaviour of these women reflects their stressful circumstances. The women in the study reported interpersonal, extrapersonal and intrapersonal stressors. The most frequently reported and highest ranked stressor was their relationships with their husbands. Sobriety does not necessarily mean that stressors disappear.

2.5.0 Familial and Marital Interactions and Children of Alcoholics

The impact of an alcoholic behaviour on the family, especially on wives and children is the primary focus of most researchers.

Families with alcoholic member are characterised by a variety of structural dysfunction, including chaotic or rigid patterns of adaptability (Steinglass, 1975; Anderson and Henderson, 1983) and disturbed interactional boundaries (Anderson and Henderson, 1983, Seixas and Youcha, 1985).

Marital interaction is one of the crucial areas, which helps in delineating psychopathology underlying various psychiatric illnesses. A number of marital relationships have been studied like interpersonal communication, understanding, well being emotionality and love, problem solving and supportiveness, personal growth activities and structured arrangements.

Children of alcoholics are more likely to have conduct or behavioural problems, rather than the neurotic type. A study by Haberman (1966) found out
that conduct problems and truancy were more common in children of alcoholics than in control children.

Drewery, J. and Rae (1969) report that the interpersonal relationship between the alcoholic and his wife is characterised by a clear evidence of conflicting dependence-independence needs. The weight of the evidence favours the interpretation that it is the patient’s neurotic difficulties rather than any psychopathology in his wife, which has determined the interpersonal dilemma.

Sabhaney (1974) studied the family and social background of alcohol dependent individuals. In this study the two groups of families were taken. The sample consisted of 30 families of alcohol dependent individuals and 30 families of normals. The wives of alcohol dependent individuals and normals were studied mainly in the family. Different variables were taken to study. They are personality, family interaction and family attitude to drinking. The tools used in the study were (1) Multi-phasic Personality Questionnaire (Murthy, et al, 1969). (2) Semi-structured Interview. The author concluded that, the families of alcoholics were more disorganized, more clinically diagnosed cases were seen in the family in comparison with the families of normal individuals. With regard to family interaction the author found that, the alcoholic’s family is having more disharmony, in terms of resentment, anger, arguments and verbal or physical fights. Along with this both overt and covert forms of hostility also were seen. The perception of other’s needs was minimum in family members of alcohol dependent individuals. Among alcohol dependent individual’s families out of 30, 9 families showed family history of alcoholism. As seen on M.P.Q. test the
anxiety, depression, mania, paranoia, schizophrenia and psychopathic deviate are more common among wives of alcohol dependent individuals than among the wives of normals.

Kumar and Rohatgi (1984)\(^4\) found that to achieve a better adjustment in marriage both the husband and the wife should be intelligent and share common extroversive interests. However, as far as the dominance variable is concerned, the husband should be dominant whereas the wife should be somewhat submissive, in keeping with the expected cultural role for better adjustment in marriage.

Edwards, D. M. and Zandr, T. A. (1985)\(^4\) discussed the impact of the alcoholic family experience on the development of children. Although there is no typical alcoholic family, often family life is inconsistent with a generally disruptive atmosphere. There may be role confusion and stress. Alcoholism and co-alcoholism (the pre occupation of the non-alcoholic parent with the alcoholic spouse) leads to a lack of responsiveness to the child by either parent. The child is robbed of attention, consistent discipline, and a trustworthy environment. Role reversal often occurs between parent and child, with the child taking on the parenting role. Inconsistency in the family leads to denial by the children and lack of attention and interest leads to depression. Four role patterns that children of alcoholics may exhibit include the responsible one, the adjuster, the placater and the acting-out child. Elementary school counselors need to observe symptomatic behavioural patterns in identifying children of alcoholics. Counseling strategies for children of alcoholics include establishing a trusting relationship, helping the
child overcome denial of parental alcoholism, explaining alcoholism to child, and helping the child develop positive relationship with others.

To compare adults raised in an alcoholic home (N=409) Black, et al (1986) conducted a study on the interpersonal and emotional consequences of being an adult child of an alcoholic, with those adults raised in a non alcoholic home (N=179) on their perceptions of alcohol related differences in the home, violence, sexual abuse, communication and interpersonal differences experienced as adults. The adults who were raised in alcoholic families reported significantly less utilization of interpersonal resources as a child, had significantly more family disruptions characterized by a higher divorce rate and premature parental and sibling death, reported more emotional and psychological problems in adulthood, experienced more physical and sexual abuse as children; and more frequently become alcoholic and married alcoholics when compared to adults raised in non alcoholic families.

Desai (1986) in his empirical study on the efficiency of family therapy found that, the wives of alcoholics commonly responded with complaining, disapproving and derogatory communication styles. Feedback and imparting positive communication skills were found to be useful techniques.

Dunn and Nancy, et al, (1987) studied the relation between alcohol consumption and marital stability, assessed longitudinally in two groups of male alcoholics: in home (n=4) and out of home (n=4) drinkers. Through the use of univariate and bivariate time series analysis, the study identified a causal relation, between alcohol consumption and marital stability and significant impact of
drinking location on obtained relations. Findings suggested in terms of Steinglass's suggestion that alcohol can have adaptive consequences for the marriage and family life of alcoholics.

Clair and Genset (1987)\textsuperscript{46} found that children of alcoholic fathers as opposed to those of non-alcoholic fathers described their families as more dysfunctional and reported receiving less guidance than the others receive. They reported engaging in more avoidant coping behaviour.

Based on the review of literature related to parental alcoholism and childhood psychopathology, West and Prinz (1987)\textsuperscript{47} organized substantive findings around eight areas of outcome, (a) hyper activity and conduct disorder (b) substance abuse, delinquency and truancy (c) cognitive functioning (d) social inadequacy (e) somatic problems (f) anxiety and depressive symptoms (g) physical abuse and (h) dysfunctional family interactions. The literature as a whole supported the contention that parental alcoholism is associated with a heightened incidence of child symptoms of psychopathology, in comparison with no increased incidence in offspring of non-disturbed parents.

Evaluation of the psychosocial and cognitive status of school-age children may help to identify individuals who are at greater risk for adult conditions such as alcoholism. Bennet, et al., (1998)\textsuperscript{48} felt that it is not only the alcoholic parent who is inextricably involved in the disorder, but the entire family is part of a system that has implications for the course and consequences of alcoholism and or the functioning of all family members.
A study on alcoholic’s housewives and role satisfaction by Farid, et al., (1989)\textsuperscript{9} revealed a strong relationship between dissatisfaction with the role of housewife and severity of alcoholism.

On a range of sexual satisfaction variables the alcoholic and marital-conflict couples did not differ with both groups of couples reporting less sexual satisfaction than non-marital conflict couples (O’Farrel, Choquette and Birchler, 1991)\textsuperscript{50}.

Knibbe and Abbenhuis (1991)\textsuperscript{51} studied the following: husband-wife social relations at the beginning of marriage, the effect of alcoholism on social relations outside the nuclear family, the effect of chronic alcoholism on the wife’s social position, and the help offered by lay people and professionals. [ (Human ss: 14 normal female Dutch adults aged 22-53 years ) (wives of alcoholics who were receiving outpatient treatment for addiction)]. Open interviews lasting 1-1.5 hrs were conducted.

McKay, James, et al, (1993)\textsuperscript{52} investigated the differences between 80 pairs of alcoholic patients and their spouses or spouse equivalents who were living together in the same household in their perceptions of the functioning of their families or households. Family functioning was evaluated by completing the family Assessment Devise. Agreement between alcoholic patients and their spouses or spouses equivalents was moderate on the affective responsiveness, communication, problem solving, roles and general functioning scales. However, there was little or no agreement on the behaviour control and affective involvement scales. These results indicate that although alcoholic patients and
spouses or spouse equivalents tended to agree about how well family members work together and share thoughts and feelings, they disagreed about how well boundary issues we dealt within their families.

Mathew, et al, (1993) examined the differences in the prevalence of psychiatric disorders in individuals who did or did not have alcoholic parents. They used data from the National Institute of Mental Health Epidemiologic Catchment Area Project, specifically from the Piedmont of North Carolina. Prevalence of psychiatric disorders was estimated in 408 participants who reported problems of drinking in their mother, their father or both in 14.77 age- and sex matched subjects who did not report having alcoholic parents. The results showed that the adult children of alcoholics had significantly higher current (6 month) prevalence rates of simple phobia and agoraphobia and lifetime rates of dysthymia, generalized anxiety disorders and panic disorder. Adult children of alcoholics also had significantly more anti-social symptoms. Male children of alcoholics had a significantly higher rate of lifetime diagnoses of alcohol and drug abuse than men who were not children of alcoholics. More female children of alcoholics had generalized anxiety disorder than women who were not children of alcoholics. Sons of alcoholic fathers had a higher rate of substance abuse and more anti-social symptoms than did daughters of the alcoholic fathers. Daughters of alcoholic fathers had a higher rate of generalized anxiety disorder.

Rodney, H. E. and Rodney, L. (1996) examined gender differences and relationship between students who were adult children of alcoholics. (ACDAS), and students who were not children of alcoholics regarding level of self-esteem,
health in the family of origin and social support during adolescence. Samples were 500 African American undergraduates (aged 18-24 years) who respond to 5 surveys. Results indicate level of drinking was significantly related to the self-esteem of the ACOAs. A significant positive correlation between self-esteem and social support for the adult children of alcoholics and negative correlation between self esteem and health in the family were also found. The findings are consistent with earlier reports in which an association was found between mother support and health of the family.

Murphy, C. M. and O’Farrel, (1996) discussed initial studies that showed a high proportion of male alcoholics seeking treatment had been violent towards their wives and that identified factors that may help to explain this association. The author argued that male alcoholics who physically abuse their partners differ in important ways from alcoholics who do not, displaying a cluster of signs associated with a severe, early onset form of alcoholism, including an inheritance pattern largely limited to male relatives and previous arrests. The maritally violent alcoholics are also more likely to binge, have more negative styles of communicating with their spouses, and maintain strong beliefs about the negative influences of alcohol on marriage. Initial evidence suggested that cessation of problem drinking after alcoholism treatment involving the spouse is associated with significant and substantial reductions in marital violence, whereas relapse to drinking after such treatment is associated with continued marital violence.
Mothersead Philip, et al, (1998)\textsuperscript{56} in their study, hypothesized parental attachment was as a mediational variable, explaining the relationship between parental alcoholism, family dysfunction, and interpersonal distress. Structural analysis was used to specify the relation among measured constructs. Parental alcoholism was not a significant prediction attachment to or interpersonal distress; however the mediating role of parental attachment was evident when family dysfunction was examined. As the level of family dysfunction increased, participants reported less parental attachment and more interpersonal distress.

Post Phyllis and Robinson, B. E. (1998)\textsuperscript{57} sought to further clarify three major psychological dimensions among school aged young children of alcoholics (YCOAS) in a public school setting. Self-esteem, anxiety level and locus control were compared in 108, 9-15 year olds with or without alcoholic parents.

Measures used were the Children of Alcoholic Information Test, State-Trait Anxiety Inventory, Nowicki-Strickland Locus of Control Scale, and Cooper Smith self-esteem Inventory. Internal consistency reliability estimates were calculated for all measures. Results indicate that young children of alcoholics reported a more external locus of control than non-young children of alcoholics. Significant differences emerged in total self-esteem such that non young children of alcoholics reported higher levels of anxiety than did young children of alcoholics.
Wives' Responses to Alcoholism

Wives of alcoholics are always in stressful situation, which gives them frustration, agony, emotional disturbances and disturbed personality, emergence of conflict etc. and gradually they become neurotic patients or develop personality or adjustmental problems.

Jackson (1954) as a participant observer for several years of the women in Al-Anon and family group, believed that the neurotic manifestations showed by the wives of alcoholics may be a relation to the stress of living with an alcoholic, rather than due to any pre-existing personality defect (Fox, 1968). Rae and Forbes (1966) studied the personality of wives of alcohol dependent individuals. The sample consisted of 26 wives of alcohol dependent individuals. Details regarding the age, duration of marriage and other socio-demographic data are not provided by the author. The wives were tested using M.M.P.I. The results showed that these wives were showing elevations on psychopathic deviance scale and they were reacting to stressful situations with depression and anxiety. They further showed that, the spouse personality is as important as that of the patient in maintaining subsequent abstinence. In this study no comparison group had taken

In a study conducted by Rae and Drewery (1969) the interpersonal perception technique had been applied to two groups of married couples; one a group of 22 male alcoholic patients and their wives and the other a non psychiatric sample of 26 married couples similar to the patients in social class and occupational status. The most striking difference between the groups relates to the
wife's description of their husbands in a way which accords well with the husbands self-description, which the wives of the patients do not. The interpersonal relationship between the alcoholic and his wife is characterized by clear evidence of socio-sexual role confusion and by conflicting dependence-independence needs. Thus it proves that it is the patient's neurotic difficulties rather than any pathology in his wife which has determined this interpersonal dilemma.

Edward, Harvey, Whitehead (1973)\textsuperscript{62} studied the personality of wives of alcohol dependent individuals. The sample size and demographic data were not provided. The study was carried out mainly on the basis of clinical interview. The authors concluded that women undergoing stress as a consequence of living with an alcoholic husband manifest neurotic traits of psychological disturbances. In their opinion wives of alcoholics appear to be women who have essentially normal personalities of different types. They may suffer personality dysfunction and react to their situations with change in coping methods and roles within the family when their husbands are drinking in excess; but if their husbands become abstinent they will experience progressively less dysfunction. Thus they seem much like other women with marital problems.

Another study carried out by Orford (1976)\textsuperscript{63} using Eysenck Personality Inventory showed that 100 wives of alcoholics had abnormally raised neuroticism (anxiety) scores not as highly raised as their alcoholic husbands but none the less significantly raised in comparison with the general population control sample.
Hurwitz, J. I. and Daya, D. K. (1977)\textsuperscript{64} who studied about the wives (mean age 50.3 years) of 23 alcoholic blue-collar employees completed the MMPT, Interpersonal Check List, and TAT. The test results show that the public behaviour of a majority of the samples (as well as their conscious and preconscious self-images, underlying character structures, and perceptions of men and women) was dominant rather than submissive. However a majority of the samples had submissive ideal self-images which were interpreted as 'dependent' in 12 and 'masochistic' in 5. 12 of the samples perceived men as 'sadistic' and 10 had preconscious self-images described as sadistic.

It is suggested that (a) non-help-seeking wives have strong egos; (b) they may constitute a single personality type; (c) many of them view men as sadistic, and many develop preconscious hostility towards their husbands as stress reactions; and (d) their ideal self-images reflect weariness with their dominant roles rather than a need to be dependent.

Jacob Theodore, et al, (1985)\textsuperscript{65} attempted to replicate in 2 experiments the findings of P. Steinglass (1981) linking social behavioral consequences of drinking with the non alcoholic spouse's psychiatric symptomatology. Exp. I involved families with alcoholic husbands and 50 families with non-alcoholic husbands. Exp. II involved 27 families with alcoholic husbands. Age range for husbands and wives in Exp. I was 31-63 years and 19-57 years respectively; in Exp. II they were 27-56 years and 28-58 years respectively. The Minnesota Multiphasic Personality Inventory (MMPI) and the Beck Depression Inventory
were administered to samples. Results indicate weak support for the original findings.

Bepco (1986) discussed the special needs and characteristics of women affected by alcoholism. The use of alcoholism to adjust self-image and interactions within the family was discussed in detail. The effect of female role expectations on self-image and images of the alcoholic woman and the alcoholic wife and daughter was discussed.

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

Asher, Ramona and Brissett, Dennis (1988) interviewed 52 wives of alcoholics, focussing on the wife’s role in adopting a new identity as a means of interpreting and comprehending her thoughts, feelings, and behaviours as well as the use of her husbands. Findings reveal a taken for granted use of the term ‘codependent’ ambiguity as to what codependency is. Although most of the wives agreed that codependency involved care taking and existed by virtue of their association with an alcoholic, they disagreed widely as to its impact on the self, its locus as to personal or social, its disease status, its longevity, and whether or not it was distinctive to alcohol-complicated marriages. It is suggested that self-labeling and identification occurred through retrospective reinterpretation of their lives.
with their alcoholic husbands, guided and legitimated by rehabilitation personnel. These reconstructions then served as self-evidence of co-dependency.

Weinberg, T. S. and Vogler, C. C. (1990) examined how 38 women, married to alcoholics, managed the stigma resulting from the behaviour of their husbands and adjusted to this behaviour. Questionnaire data reveal that samples learned about their husband's 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 marriage remain. Most samples had participated in their husband's drinking. Although one third of the samples rated their marriages as happy, most samples reported unsatisfactory sexual adjustments. Support group membership helped samples to cope with their situation and develop self-esteem. Self-esteem was related to attitudes towards husband's drinking. Feelings of control were related to coping ability.

Levkovich and Zuskova (1991) examined the influence of husband's habitual drinking on a family, resulting in disorganization of marital relations. Data are presented concerning conflicts in 50 families in which the husband was a habitual drinker. Conflicts were characterized by a sharp aggravation of the contradictions in the spouse's needs, lack of understanding by them of the relationship between drinking and destabilization of family relations and in appropriate choice of the methods to settle conflicts. Husband's drinking also adversely affected the wives' health, such that wives suffered from various disorders such as insomnia, depression and neurosis.
Pitman and Taylor, R. G. (1992)\textsuperscript{71} analyzed the personality characteristics of the female partners of incestuous sexual abusers (n=15), the female partners of alcoholics (n=15), and women of control group whose spouses were neither sexual offenders nor alcoholics (n=15) using the MMPI and a demographic questionnaire that included sample’s sexual abuse histories. Significant differences were found on Depression, Psychopathic Deviate, Paranoia, and Psychasthenia scales. Analyses of Harris sub-scales found that elevations could be explained by situational, rather than characterological factors. No significant differences were found in the occurrence of physical, emotional, or sexual abuse in sample’s backgrounds, indicating that there is no support for the notion that abused women tend to enter an alcoholic or sexually abusive relationship.

It has been noticed that wives of alcoholics tend to show an unhealthy relation to their husbands characterized by addiction, which might hamper the recovery of their husbands from alcohol dependence. So, Ino, A. et al., (1992)\textsuperscript{72} studied about the addiction trends seen among the wives of alcoholics. He used a standardized form of questionnaire, which consists of 24 questions. The test was carried out at various stages of sobriety. A total of 78 married employees of the Mie prefectural government were tested as control. More detailed assessments were done in terms of the 60 employed wives. The majority of working wives reported normal negative impact of their husbands drinking on all areas of their work functioning, with a small sub-set indicating impairment attributable to the drinking. These wives were very satisfied with their current positions and described work as a positive experience. However, unobstructive measures that
alcoholism in a family member introduces into the work place were apparent, including changing jobs, absenteeism, and discussing husband's drinking at work. Further, these women scored closer to a sample of depressed women than a community sample on measures of physical and mental health, depressed mood, and smoking symptoms. Possible reasons for the discrepancy between subjective reports and objective indicators are discussed.

Suman and Naglakshmi (1993) examined the personality dimensions of alcohol dependent individuals (ADIS) and their spouses on the Eysenck Personality Questionnaire; 40 alcohol dependent individuals and their spouses and 10 normal couples in India were studied. Samples were 25-45 years old. Results reveal high neuroticism in spouses of alcohol dependent individuals. The spouses of alcohol dependent individuals were significantly less extroverted than normal wives, who were more sociable, carefree and relaxed in interpersonal relationships. The spouses of alcohol dependent individuals were more inhibited, more withdrawn and less assertive in interpersonal relationships.

Okazaki, et al, (1994) conducted a study that involves an analysis of health problems and psychosomatic disorders between wives of alcoholics and those of non-alcoholics. The subjects of the study were 122 wives of alcoholics who accompanied their husbands for outpatient alcoholism treatment at Kurihama National Hospital. For an appropriate comparison, 88 aged-matched wives of non-alcoholic husbands were asked to co-operate as controls. The subjects were given Cornell Medical Index (CM1) and the original questionnaire on their own and their husband's health problems on their first outpatient visit. The controls
were also given to them during the same research period. The results are briefly summarized as follows: (1) The most obvious health problem of wives of alcoholics with an incidence significantly higher than that of wives of non-alcoholics was genital disease.

Moskalenko and Gun' Ko (1994) examined clinically 215 wives of alcoholic 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, and reactive depression were identified in 27%, 24.7%, 23%, and 15% respectively. All divorced women living apart from former alcoholic husbands had no psychopathology at the moment of the study. Borderline neurotic disorders in alcoholic husband’s wives should be considered in familial analysis made for subjects seeking genetic advice.

Ino, et al, (1994) in their study try to evaluate the ASTWA (Addiction Screening Test for Wives of Alcoholics) scores obtained from the wives, which consists of a ‘total score’, ‘caring trends’, ‘dominating trends’, ‘obsessive traits’, and ‘trends towards lowering of self-esteem’, between normal and abnormal shifting trends with the help of a normal control study. The results are demonstrated graphically in the Y G test. In this way, the reliability, the validity, and the usefulness of ASTWA were confirmed in the process of this study. A prospective study concerning the prognosis of alcoholism of their husbands in
relation to the results of ASTWA was carried out. In the non-intervened group, wives of abstinence group tended to show a lower score, the dominating trends the obsessive traits, and the trends toward lowering of self-esteem. In the group in which three months of initial therapy for wives have been completed, a significant parallel correlation was found between the ASTWA results and the prognosis of abstinence of their husbands. These results suggest that the total score, the caring trends, dominating trends, and the involved traits would indicate a degree of healthiness or unhealthiness in the marital relationship particularly in terms of a circular cause and effect relation in developing alcoholism, and also would be a prospective indication of the prognosis of alcoholism of their husbands.

Banister, E. M. and Peavy, R. V. (1994) conducted an ethnographic study of 5 women married to alcoholics to develop knowledge about how these women lived out, interpreted, expressed the experience of living with an alcoholic husband. Samples were interviewed and interviews were analyzed according to the Developmental Research Sequence Method by P.J. Spradley (1979) to discover the cultural experiences of SS, three common themes were identified that represented sample’s lives: constantly being on guard, being in a pit (weakening of self), and push and pull (disillusionment with cultural norms). The experience of samples married to alcoholics was a complex interaction of culture that involved the internalization of cultural expectations, weakening of self, and embeddedness in an alcohol dependent marriage that encouraged samples to be passive, dependent self-sacrificing, and self-blaming.
Brennan, Penny, et al. (1994) conducted a prospective study focused on spouse of late-life problem drinkers. At initial assessment, 87 spouses of late-life problem drinkers reported poorer health related and social functioning and 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 one-year 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 one year follow up. By contrast, 65 spouses of non-remitted partners continued to function more poorly and reported less supportive relationship with partners and escalating conflicts with children.

Crisp and Barber (1995) studied about the hardship experienced by the wives of alcoholic. He used the Drinker’s Partner Distress Scale (DPDS). Two dimensions of alcohol induced problems i.e. depression and marital discord are measured. Both sub-scales demonstrated internal consistency and predictions of convergent and discriminant validity were supported in relation to both sub-scales.

Assh and Byers (1996) investigated factors related to the co-occurrence of marital distress (MD) and depression using a community based sample of 128 women. Marital distress and depression were assessed at two levels of analysis: the global level and the level of daily marital satisfaction and dysphoric mood. Low rates of pleasing and high rates of displeasing marital exchanges were related to daily dysphoric mood and marital dissatisfaction as well as to global
marital distress and depression. Marital exchanges were also related to both marital distress and depression at both levels of analysis when each disorder was considered separately. However, the association between depression and the quality of marital exchanges was accounted for by the degree of marital distress. The quality of non-familial social interactions was not related to the co-occurrence of marital distress and depression. All these findings suggest that, in women the co-occurrence of marital distress and depression reflects the specific effects of marital exchanges. Dysfunctional beliefs were found to be common to both global marital distress and depression.

Kodandaram (1997) examined the personality profiles of wives of alcohol dependent individuals and of normal controls. 30 wives (mean age 34.1 years) of alcohol dependent individuals and 30 wives (mean age 36 years) of normal individuals participated in the study. Samples completed the General Health questionnaire and the Sixteen Personality Factor Questionnaire (16PF) Form C. Results show that wives of alcohol dependent individuals differed significantly from the wives of normal individuals. Wives of alcohol dependent individuals were found to be glum, silent, timid, eccentric and were group dependent, to have a lack of will control, and to display somatic anxiety.

2.7.0 Treatment

The importance of family members in treatment process is getting momentum for many reasons. Most of the family members do not recognize the extent to which their responses to alcoholics have resulted in dysfunctional
behaviour, i.e. isolation, enabling and depression, anxiety, personality problems or physical illness. Thus, treatment of the wives as well as the family members is important in and of itself regardless of whether or not the alcoholic is in a recovery program.

Sulzer (1965) made peer companionship and spouse attention contingent upon non-alcohol drinking behaviour. The wife and the therapist socially reinforced sober behaviour. Results showed that the subject discontinued use of alcohol and was functioning more efficiently.

Cheek, et al, (1971) trained wives of alcoholics to use behaviour modification techniques to change family interactions. Wives received an instruction to program contingencies more objectively. Most wives who completed the program reported at least moderate improvement in marital communication.

Several case studies reported that management of specific behavioural contingencies by significant others can alter an alcoholic’s drinking behaviour in the natural environment. Differential social reinforcement from peers and wives helps in the successful management of alcoholism. Contingency contracting between the alcoholic and his wife served to establish and maintain a stable pattern of controlled drinking (Miller, 1972).

Ester (1974) describes helpful approaches to counseling women with alcoholic husbands. The major goals of such counseling are to improve the wife’s response to the husband and to break the vicious circle that exists. Problems faced by families with alcoholic members in dealing with day-to-day living are
discussed. The unpredictability of the alcoholic is especially upsetting to family members who attempt to respond to him. In the early phase of counselling, the wife is often bewildered and fearful and has many misgivings about her. In the middle phase she becomes goal-oriented and explores, with the therapist, the within family coping behaviour that is often destructive. The final phase of this approach occurs with an increase in dealing with the situation. In addition, gains occur in the wives reaction to the husband, which can facilitate a break in the alcoholic cycle.

Hedbery and Campbell (1974)\textsuperscript{86} compared four behavioural treatments in alcoholism. In this study, 49 outpatient alcoholics were randomly assigned to one of these treatments: (1) behavioural family counseling (2) systematic desensitization (3) covert sensitization and (4) avoidance conditioning (electric shock used as conditional stimulus). At 6 months follow up, 74\% of clients received behavioural family counseling, 67\% of those were given systematic desensitization, 40\% of those were given covert sensitization and none from the avoidance conditioning group showed improvement. From this study the author concluded that out patient treatment programs employing behavioural counseling techniques could be successful at least for six months.

Ester and Hanson (1976)\textsuperscript{87} conducted group therapy with 10 white middle class 31-60 years old wives, whose alcoholic husbands had recently become sober. Analysis of process recordings from group sessions led to the derivation of 5 major problem areas including (a) reinstatement of husband into family roles (b) difficulties surrounding communication (c affective responses of the wife (d)
disruptive traits and behaviours of the husband and (e) handling situations involving alcohol or alcohol related problems. In the group therapy didactic, experimental and role modeling approaches were utilized with major emphasis on the promotion of congruent communication. A summary technique, incorporating all three approaches, was developed and implemented as a joint presentation by both therapists. Orford and Guthrie (1976)\(^8\) also emphasized the importance of stable marital bond. In their study about alcoholism, they found the marital interaction to be the determining factor in the treatment outcome.

Steinglass (1976)\(^9\) noted that alcoholism might serve as a stabilizing factor in the family, which produced extremely patterned, predictable and rigid sets of interaction. A better outcome could be seen, only if the treatment focused on nurturing family growth, rather than on a reduction in drinking. He emphasized that the entire family should be viewed as the patient.

Fridman, et al, (1976)\(^9\) studied 100 wives of alcoholics (52 through the use of individual and 48 through the use of group treatment methods) to assess their role in the development of positive treatment motivation with their alcoholic husbands. There was a significant correlation between the wife’s attitude to treatment (active /passive) and the patient’s abstinence, particularly in the group of wives included in group therapy. There was also a significant difference in the improvement of family relationships depending on whether the wives were treated through individual or group therapy. Specifically, a statistically significant improvement of family relationships was noted with those patients whose wives participated in the group therapy.
Fewell Christine and Bissel Leclair (1978) examined the role of denial in alcoholics and those close to them (wives & family members), describing it as a major obstacle to treatment. Alcoholism occurs in all personality types, and similar traits in alcoholics result from effects of drinking. Detailed information obtained by interview is needed to confront denial directly. The therapist must bring reality-testing to the alcoholic by reflecting back, arousing anxiety and mobilizing hope for change, because drinking weakens reality testing and memory. Abstinence is essential to overcome denial. Family members participate in the disease and need to become aware of this. Al-Anon provides support and peer confrontation, which encourages spouses to step out of care taking roles and instead confront their own problems.

Berger (1981) investigated to find out an association between client’s completion of treatment and the involvement of his family in the treatment. Family members were involved in the treatment by their participation in outpatient meeting. Session was conducted, four times a week during the 14 weeks of the alcoholism treatment program. The difference between the nature of involvement of relatives of 100 program completers and 300 dropouts was significant.

O’Farrell, Timothy, et al, (1984) describes the clinical procedures involved in a 10-session behavioural marital therapy couples group (BMTCG) for male alcoholics and their wives. The BMTCG uses behavioural rehearsal and weekly homework assignments to help couples. (1) Decrease drinking and alcohol related interactions; (2) plan shared recreational activities; (3) notice,
acknowledge and initiate daily caring behaviours; (4) learn the communications skills of listening and expressing feelings directly and use planned communications sessions and (5) negotiate desired changes. They also describe methods for recruiting and preparing couples for therapy and for dealing with resistance and non-compliance.

Sisson and Azrin (1986) evaluated a method of teaching distressed family members of problem drinkers, how to minimize their own distress, reduce the drinking, increase the motivation of the alcoholics to obtain formal treatment and assist in the treatment program. Twelve family members were given either community reinforcement counseling or a traditional type of counseling (control group). The reinforcement counseling resulted in more alcoholic persons obtaining treatment than did the traditional type and a greater reduction in drinking before the formal treatment was obtained; drinking was reduced further during the joint treatment of the family members and problem drinkers. These results suggest that counseling concerned family members in the use of appropriate reinforcement procedures can reduce the drinking of unmotivated alcoholic persons and can lead to the initiation of formal treatment.

Mc Crady, et al, (1986) provided treatment to 53 alcoholics and their spouses in one of the following outpatient behavioural treatment condition. (1) minimal spouse involvement (MSI), (2) alcohol-focused spouse involvement (AFSI), or (3) alcohol focused spouse involvement plus behavioural marital therapy (ABMT). Clients were followed-up for 6 months. All clients markedly decreased their drinking and reported increased life satisfaction. ABMT clients
were more compliant than AFSI clients without conjoint homework assignments decreased their drinking more quickly during treatment; relapsed more slowly after treatment and maintained better marital satisfaction. ABMT clients were quicker to stay in the treatment process and maintain better marital satisfaction, the MSI clients after treatment.

Farid, et al, (1986) report on the results of group therapy for the wives of alcoholics, where the alcoholics themselves were offered no treatment. The reason for running such a group is based on the idea that wives might seek help before their husbands, might attend sessions regularly and by acquiring better knowledge of alcoholism and improving them, use of coping strategies might favorably influence their husband’s behaviour. At 6 months follow-up it was evident that coping styles were learned quickly; the sessions also provided support and friendship. Attendance at the group induced change, though not always positive in all marriages.

Mishra and Kumaraiah (1989) used behavioural counseling to significant others as a component in the multi-model treatment program. They found that of 263 alcoholics treated, 50% were abstinent at least for a period of 1-3 months.

Sunil Datta, et al, (1991) described the community treatment for alcoholism in a village near Vellore. They reported that there was a surprisingly good abstinence rate which contrasts sharply with other hospital based studies (Edward, et al, 1977; Bagadia, et al, 1982; Jellinek, 1960). The good response may be attributed to the following factors:
1. The pre-treatment motivational program which brought about an increase in
the awareness and desire to give up alcohol in the patients and their families.
The “disease concept” also was helpful as it enabled many families to look
upon these people as patients requiring help – rather than as “bad people”.

2. The fact that the patients entered treatment in batches and all experienced
detoxification and abstinence in groups (Brandha, et al, 1985)\(^\text{102}\) (The
patients who relapsed, when their reasons for wanting to come back and stop
further drinking said that “they felt bad having let their group down”). This
group become close friends and even had outings and (alcohol free) parties
together. When one member of the group did not attend the AA, the others
would go to his house and enquire about his whereabouts and health. They
feel that this was probably the most important part of their treatment program.

3. The involvement of the wives and the other members of the community put an
extra social pressure on the patients to continue abstinence.

4. The multi-disciplinary nature of the treatment group was also, essential for the
success of the program. The psychiatrist was one of the person who take the
details of the patient’s urges to drink and the techniques used to avoid the
same were discussed. The female counselor was the one who was contacted
by the wives and the other members of the family for support. Feedback about
treatment failures also often came from this source.

O’ Farrell and Murphy (1995)\(^\text{103}\) assessed the prevalence and frequency of
marital violence in 88 male alcoholics and their wives at entry to and 1 year after
completing a behavioural marital therapy (BMT) program. In the year before
BMT, both the alcoholics and their wives had a significantly and substantially higher prevalence and frequency of marital violence than reported by a demographically matched non-alcoholic comparison sample. Although violence decreased significantly elevated, relative to the matched controls, when the entire sample of alcoholics were considered. However, extent of violence, after BMT was significantly associated with the alcoholic's drinking outcome status. After treatment, remitted alcoholics no longer had elevated marital violence levels whereas relapsed alcoholics did.
References


