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Alcohol consumption has been implicated as an associated factor in the growing incidence of assault, rape, homicide and domestic violence. The consequences of alcoholism extend beyond the alcoholic to primarily his family and to the society at large.

A parallel stream in the alcoholism literature, at least in the west has for long focused on the family of the alcoholic - his wife and children. The review of literature revealed how the earliest viewpoint (Disturbed Personality Theory) sought to establish the wife as the principal culprit who maintained her husband's alcoholism to satisfy her own needs. However, with sustained research came the realisation that she was more the victim than the perpetrator of alcoholism.

Several investigations have revealed personality disturbances in the wives of alcoholics and attributed their manifestations to the stress faced by them in coping with alcoholism. The systems perspective broadened the perspective of investigation of alcoholic families and their family environment, interaction patterns, role changes and marital dynamics came under closer examination. The present study from this background has attempted an integrated approach to the study of personality and marital life dimensions in wives of alcoholics.

AIM AND OBJECTIVES

The broad aim of the study was to compare wives of alcoholics with those of non-alcoholics on selected personality and marital dimensions.

The three personality dimensions investigated were self-esteem, neuroticism and pessimism.

Four marital life correlates investigated were dyadic adjustment, communication apprehension, conflict tactics and marital conventionalisation.

Further, the study attempted to understand the relationship among the variables and the influence of socio-demographic factors on them.

HYPOTHESES

It was hypothesised that the wives of alcoholics in comparison to wives of non-alcoholics would be 'high' with regard to:

a) Neuroticism
b) Pessimism
c) Communication Apprehension
d) Conflict
e) Marital conventionalisation and would score 'low' in terms of a) Self-esteem and b) Dyadic adjustment.

RESEARCH DESIGN

This study was basically comparative in nature and included elements of descriptive - diagnostic research. It was based on the ex-post facto design which
is quasi-experimental in nature since it employed a matched control group for
the purpose of comparison, in order to understand the influence of alcoholism
whose manifestation was not manipulated by the researcher in the study group.

SETTING OF THE STUDY

The wives of alcoholics were contacted at the de-addiction centre of the
Khajamalai Ladies Welfare Association, a leading NGO in Tiruchi. The control
group wives were identified from the general community population.

RESPONDENTS OF THE STUDY

SAMPLE.1: 150 wives of alcoholics who came consecutively to the
de-addiction centre for treatment of their alcoholic spouses were identified
according to the following criteria:
1. Husband should be registered for in-patient treatment.
2. Should be married and living with husband for atleast three years.
3. Should not be the wife of a sober alcoholic comming for follow up services.

SAMPLE.2: 150 wives from the general community population were
identified through the study group respondents based on two mandatory criteria:
1. The husband should be a non-alcoholic as established by the alcohol use
disorders identification Test (Babor et al., 1988).
2. Should be married and living with the husband for atleast three years.

In addition both the groups were matched on the following variables.
1) Age  2) Family size 3) Family income 4) Occupation  5) Type of family.

TOOLS OF DATA COLLECTION:
The following instruments were employed for investigation:
1. Self prepared interview schedules.
4. Hopelessness Scale (Beck and Wiseman, 1974).
5. Dyadic Adjustment Scale (Spanier, 1976).
6. Personal Report of Spouse Communication Apprehension (Powers and
   Hutchinson, 1979).
7. Conflict Tactics Scale (Straus, 1979).

Translated version of the above scales were used after ascertaining their
translation validity.
DATA ANALYSIS

The data was processed and analysed by using the following statistical techniques:

1. Chi-square test.
2. 't' test.
3. Karl Peasrson's correlation coefficient.
4. Analysis of variance.
5. Scheffe procedure
6. Multiple regression analysis.
7. Discriminant analysis.
8. Factor analysis.

MAJOR FINDINGS OF THE STUDY

SOCIO-DEMOGRAPHIC BACKGROUND:

1. A high majority of respondents in both the groups were Hindus.
2. The mean age of the wives of the alcoholics was 31.77 years and ranged from 20 to 48 years while that of the control group respondents was 31.32 years and ranged from 20 to 45 years.
3. The age of the husbands of the study group respondents was 38.41 years and ranged from 25-58 years while those of control group husbands was 35.65 years and ranged from 20 to 58 years.
4. The husbands of both group of respondents had a higher educational status than the wives. Most of the women in both the groups had studied upto highschool and so was the case with the husbands. At higher levels of education, the men of both groups outnumbered their wives.
5. The duration of alcoholic-marriages ranged from 3 to 35 years with a mean of 13.17 years while that of the control group ranged from 3 to 29 years and had a mean span of 11.33 years.
6. The vast majority of respondents in both groups were housewives. Of those employed, most were engaged in semi and unskilled occupations.
7. Most of the husbands of the respondents of both groups had semi/unskilled vocations with almost equal number of them involved in agriculture.
8. The average monthly income of the study group husbands was Rs.1201.89 as against Rs.1269.67 of the control group husbands. The income in both groups ranged from Rs.200 to Rs.4000 per month.
9. The average monthly income of working women in both groups was much lower than the husbands. The wives of alcoholics had an average monthly income of Rs.191.74 and for those in the control group it was Rs.164.30.

10. The average monthly total family income of the study group was Rs.1393.62 with a range of Rs.200 to Rs.8000 while that of the control group was Rs.1433.97 with a range of Rs.300 to Rs. 6,500/-.

11. The majority of respondents of both groups were married between the age of 19 and 21. The wives of alcoholics had a mean age at marriage of 19.77 years and the control group wives had a mean of 21.27 years.

12. The mean age at marriage of study group husbands was 26 years and that of the control group husbands was 25.58 years. The majority in both groups were married between 22 and 25 years.

13. The mean age difference between the spouses in the alcoholic families was 6.24 years which was higher than the mean age difference between the spouses of the control group (4.31 years).

14. A high majority of respondents of both the groups had arranged marriages.

15. Though the majority in both the groups had a non-consanguinous marriage, more consanguinity was seen in the study group.

16. The alcoholic families had more number of children on an average (2.19) while the mean number of children in the control families was 1.99.

17. The majority of respondents of both the groups belonged to nuclear families. An almost equal distribution of study and control respondents was seen with regard to type of family.

18. The mean family size in the study group was 4.91 and 4.68 in the controls.

**PERCEPTION OF HUSBAND'S DRINKING**

19. Most of the wives of alcoholics said that they became aware of their husband's drinking within a year of their marriage.

20. The majority of the wives of alcoholics said that the duration of their husbands' drinking was under six years and the duration of problem drinking was lesss than three years.

21. The majority of the wives of alcoholics said their husbands consumed liquor throughout the day and the quantity of consumption was unlimited.

22. The majority of the study group wives felt that their husbands were spending upto Rs.200 per week on liquor.
23. Quarelling with the family, abusing family members and wife beating were frequently reported negative events consequent to drinking reported by the majority of alcoholics' wives.

24. The majority of wives admitted that their husbands borrowed money to meet their drinking expenditure.

25. Economic problem were reported by the majority of wives consequent to their husbands drinking.

26. Advising the husband by relatives and neighbours among positive attitudes received the most responses. Regarding negative attitudes more respondents reported neighbours and relatives scolding the husband, stigmatising him as a drunkard and disrespecting the alcoholic's family.

**INFLUENCE OF RELIGION, TYPE OF FAMILY, TYPE OF MARRIAGE, AND CONSANGUINITY**

27. Non-Hindu wives of alcoholics obtained significantly higher mean scores with regard to neuroticism and lesser mean scores in terms of conflict than their Hindu counterparts. Religion did not differentiate the two groups of respondents on any other personality or marital dimension studied.

28. Wives of alcoholics who had an arranged marriage, manifested higher levels of pessimism than those who had a love marriage and obtained higher scores on two of its sub-dimensions (feelings about the future and future expectations).

29. No significant difference was seen on all other personality and marital dimensions, between the two groups of respondents with regard to their type of marriage (love or arranged) and type of family (joint or nuclear).

30. Wives of alcoholics from consanguinous marriages obtained significantly higher scores than those who had a non-consanguinous relationship with regard to the manifestation of pessimism. Consanguinity did not influence the manifestation of any other subject dimension studied.

31. Wives from consanguinous relationships obtained higher mean scores and were differentiated from those in non-consanguinous marriages in terms of the duration of their husbands' drinking.

32. In terms of the husbands' alcoholic behaviour values, wives of alcoholics from arranged marriages scored significantly higher than those who had a love marriage. However on this variable, wives of alcoholics did not differ according to type of family or consanguinity.
SELF-ESTEEM
33. Wives of alcoholics had a low self-esteem than wives of non-alcoholics (HYPOTHESIS -1 CONFIRMED).
34. Self-esteem in the wives of alcoholics showed a positive correlation with marital conventionalisation and marital satisfaction.
35. Self-esteem correlated negatively to verbal aggression, conflict, communication apprehension and pessimism.
36. The wives' income showed a positive association with their self-esteem while the duration of their husbands' drinking, his age at marriage and assigned alcoholic behaviour values had a negative association with it.
37. A decrease in self-esteem was associated with increase in negative events attributed to their husbands' drunken behaviour.
38. The wife's income, tendency for marital conventionalisation, verbal aggression and two sub-dimensions of pessimism (future expectations and future feelings) were the five variables which contributed the most to the manifestation of self-esteem.

NEUROTICISM
40. Degree of neuroticism related positively to anxiety, submissiveness, depression, tendermindedness, verbal aggression, violence and loss of motivation, and negatively to dyadic adjustment and cohesion.
41. Wives of alcoholics grouped by age, differed significantly among themselves in terms of neuroticism.
42. Three variables namely, violence, cohesion and loss of motivation contributed the most to the manifestation of neuroticism.

TENDERMINDEDNESS
43. No significant difference was seen between wives of alcoholics and those of non-alcoholics on this dimension.
44. Tendermindedness showed a positive association with the wives' income and related negatively to the use of reasoning and conflict.

DEPRESSION
45. Wives of alcoholics manifested higher depression than the control group.
46. Depression levels related positively to the duration of marriage and the husband's duration of drinking.
47. A negative association was seen between depression and affectional expression, marital cohesion and satisfaction.

SUBMISSIVENESS
48. Wives of alcoholics were more submissive than the control group wives.
49. Submissiveness related positively to tendermindedness, depression, the age of both spouses, the age of the wife at marriage and duration of marriage.

ANXIETY
50. Wives of alcoholics manifested higher levels of anxiety than wives of non-alcoholics.
51. Anxiety related positively to depression, submissiveness and the husband's alcoholic behaviour values and negatively to dyadic cohesion as well as marital conventionalisation.

PESSIMISM
52. Wives of alcoholics had greater pessimism about the future than the control group (HYPOTHESIS -3 CONFIRMED).
53. Pessimism was related positively to the adverse consequences of the husband's drinking and negatively to self-esteem, dyadic adjustment, satisfaction, reasoning and the husband's income.
54. Wives of alcoholics did not differ among themselves in terms of pessimism according to their age, the age of their husbands, family size, family income, duration of marriage, duration of awareness of their husbands' drinking or the assigned alcoholics behaviour values of their husbands.
55. Self-esteem, dyadic satisfaction and the use of reasoning contributed the most to the manifestation of pessimism in the wives of alcoholics.

LOSS OF MOTIVATION
56. Wives of alcoholics showed greater loss of motivation than the control group.
57. Loss of motivation was negatively associated with marital adjustment and satisfaction and was positively related to feelings about the future, communication apprehension, wives' present age and the duration of their awareness of their husbands' drinking.

FEELINGS ABOUT THE FUTURE
58. Greater pessimism on this dimension was seen in the wives of alcoholics.
59. Feelings about the future was negatively related to the self-esteem of the wives and positively to communication apprehension and the alcoholic behaviour values.
FUTURE EXPECTATIONS
60. Higher pessimism regarding future expectations was seen in the study group.
61. Pessimism regarding future expectations related negatively to self-esteem, marital satisfaction and reasoning and positively with loss of motivation, feelings about the future, the duration of drinking and the adverse consequences of the husband's alcoholism experienced by the wives.

MARITAL ADJUSTMENT
62. Wives of alcoholics have poor marital adjustment than wives of non-alcoholics.
63. Marital adjustment related positively to the family size and the tendency for marital conventionalisation, whereas it related negatively to depression, neuroticism, loss of motivation, communication apprehension, duration of wives' awareness of the husbands' drinking as well as to the alcoholic behaviour values of the husband.
64. Wives of alcoholics did not differ among themselves in terms of their marital adjustment according to their age, husbands' age, family income, duration of marriage or period of awareness of their husbands' drinking.
65. Based on the negative consequences of their husbands' intoxicated behaviour, wives of alcoholics differed in their marital adjustment.
66. Communication apprehension and marital conventionalisation were the two most important factors which accounted for the dyadic adjustment of the wives of alcoholics.

CONSENSUS
67. Lower level of dyadic consensus was seen in the wives of alcoholics than in the control group.
68. Consensus was related positively to the husbands' age at marriage, the family size and income and the duration of drinking while it showed a negative relationship to the duration of the wives' awareness of the husband's drinking and his alcoholic behaviour.

COHESION
69. Low cohesion was seen in the marriages of the study group respondents than the controls.
70. Dyadic cohesion related positively to the family size as well as to consensus, satisfaction and affectional expression and negatively to the wife's age, duration of marriage and the duration of awareness of the husbands' drinking.
SATISFACTION

71. Dyadic satisfaction of the alcoholics' wives was significantly lower than the controls.

72. Marital satisfaction was related positively to consensus, conventionalisation and family size and negatively to pessimism, reasoning, conflict, communication apprehension and the husbands' alcoholic behaviour values.

AFFECTIONAL EXPRESSION

73. Wives of alcoholics reported lesser affectional expression in their married life than the controls.

74. Affectional expression showed a positive association to dyadic satisfaction, consensus, age of the wife at marriage and the duration of problem drinking of the husbands.

COMMUNICATION APPREHENSION

75. Wives of alcoholics showed greater communication apprehension than wives of non-alcoholics (HYPOTHESIS - 5 CONFIRMED).

76. Communication apprehension related positively to pessimism, future expectations, husband's age at marriage and the duration of awareness of his drinking and negatively to dyadic cohesion and satisfaction.

77. Wives of alcoholics when classified according to their age, husbands' age, duration of marriage, family size and income, duration of awareness of husbands' drinking and its negative consequences, did not manifest difference on this dimension.

78. Dyadic cohesion, satisfaction, feelings about the future, future expectations, husbands' age at marriage, duration of awareness of drinking together accounted for the manifestation of communication apprehension.

CONFLICT

79. A significantly higher level of conflict was seen in alcoholic couples than in the control group. (HYPOTHESIS-6, CONFIRMED).

80. Conflict was related positively to neuroticism, reasoning, verbal aggression, violence and duration of drinking and negatively to dyadic satisfaction, tendermindedness, submissiveness, husbands' income and wives' age.

81. Wives of alcoholics when classified in terms of their husbands' age, family size and income, duration of marriage, awareness of husbands' drinking and alcoholic behaviour values did not show any difference in the manifestation of conflict.
82. When categorised according to age, it was seen that they differed in the manifestation of conflict.

83. Dyadic satisfaction, submissiveness and husbands' income were the three factors which contributed the most to the manifestation of conflict.

**REASONING**

84. Higher use of reasoning as a conflict tactic was reported by the wives of alcoholics.

85. Reasoning correlated negatively to pessimism and showed a positive association to the duration of the husbands' drinking.

**VERBAL AGGRESSION**

86. Study group respondents were more verbally aggressive than the controls.

87. Verbal aggression related positively to the use of reasoning and negatively to submissiveness, tendermindedness, the family income and the wife's age.

**VIOLENCE**

88. Higher use of violence during times of conflict was reported by the wives of alcoholics.

89. The use of violence related positively to anxiety, neuroticism, pessimistic future feelings and negatively to submissiveness, family income and wife's education.

**MARITAL CONVENTIONALISATION**

90. Wives of alcoholics showed a lower tendency of marital conventionalisation than the controls (HYPOTHESIS -7 REJECTED).

91. Conventionalisation related positively to dyadic satisfaction and self-esteem and had a negative association with anxiety, future expectations, pessimism, husbands' income, duration of drinking and its adverse consequences.

92. With increasing alcoholic behaviour values, the tendency for conventionalisation declined.

93. Wives of alcoholics grouped according to their age, husbands' age, family size, and income, duration of marriage and period of awareness of their husbands drinking did not differ in terms of marital conventionalisation.

94. Dyadic satisfaction, self-esteem and husbands' income were all seen to contribute the most to the tendency for conventionalisation.
DISCRIMINANT ANALYSIS

95. When all the subject dimensions were submitted to this procedure it was seen that wives of alcoholics differed from the controls with regard to manifestation of neuroticism (submissiveness and depression), feelings about the future, dyadic adjustment (and its sub-dimension of cohesion), conflict (and its sub-dimension reasoning), communication apprehension and marital conventionalisation.

FACTOR ANALYSIS

96. Six distinct factors were delineated in the wives of alcoholics:

Factor I  All the four sub-dimensions of Dyadic Adjustment Scale namely, satisfaction, cohesion, affectional expression and consensus were clustered together in this factor.

Factor II  The three sub-dimensions of the Hopelessness Scale (future expectations, feelings about the future and loss of motivation) along with the dimension of self-esteem came together in this factor.

Factor III  Comprised of all the three sub-dimensions of the Conflict Tactics Scale (reasoning, verbal aggression and violence).

Factor IV  Incorporated two sub-dimensions of Neuroticism Scale namely anxiety and submissiveness.

Factor V  Comprised of the remaining two sub-dimensions of the Neuroticism Scale namely depression and tendermindedness.

Factor VI  The two dimensions of marital conventionalisation and communication apprehension loaded together on this factor.

IMPLICATIONS FOR SOCIAL WORK INTERVENTION

The intention of this study, from the social work perspective is to bring the wife of alcoholics sharply under focus in alcoholism treatment programmes. It may be pertinent in this regard to make an observation from one's limited personal experience in the field. Spouse involvement in most de-addiction programmes is seen to be peripheral and often of a routine nature either for the purpose of intake or for the purpose of pre-discharge counselling of the alcoholic. The TTK Hospital, Madras (where the researcher had some voluntary work experience) insists on a parallel intervention program for wives of alcoholics which is residential in nature, intense and comprehensive in coverage and lasts for the entire duration of the husband's in-patient stay at the centre.

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Understandably, the other de-addiction centres run mostly by voluntary organisations may be hampered due to the lack of required personnel and the necessary infrastructure required for such a comprehensive de-addiction package. However one still feels that it would be worth the effort with regard to therapeutic outcome, to involve the alcoholic's spouse to a greater extent in the treatment program than is now the practice.

Several researchers have documented a better treatment outcome in spouse-involved treatment programs than in other conventional methodologies dealing exclusively with alcoholics (eg., Burton and Kaplan, 1968; Zweben et al., 1988; McCrady et al., 1991; Bowers and Al-Redha, 1990; O'Farrell, 1994). Further, lower relapse rates have been reported in families which provide a more positive and relatively stress-free environment in terms of greater expressiveness, recreational orientation and manifest less conflict (eg., Aruna 1988; Moos et al., 1982; Desai et al., 1992; Moos and Moos, 1984; Orford et al., 1976; Brown et al., 1985; Barry and Fleming, 1990). Perodeau and Kohn (1989), have emphasised the need to obtain the spouse's point of view in order to have a more accurate picture of a couple's marital dynamics. All this evidence conclusively points to the need for greater spousal involvement in alcoholism treatment programmes.

This study has revealed that the majority of wives of alcoholics have a low self-esteem, are highly anxious, depressed, suffer from loss of motivation are non-assertive, submissive and have a high level of neuroticism and overall pessimism about the future. It has been seen that motivated wives of alcoholics are more successful in sustaining their husbands through a therapeutic programme (O'Farrell et al., 1986). It is hence important that the total de-addiction intervention package takes these psychological problems and personality inadequacies into account and deals with them through individual psychotherapy and counselling. Measures to enhance the self-esteem of the wife, to enable them to get rid of feelings of inferiority, to handle feelings of guilt, to anticipate and plan for the future and to overcome depressive feelings and pessimistic tendencies and in general strengthen them emotionally, so that they may cope adequately with the various pressures impinging on them, are some of the desirable ingredients of therapeutic intervention with the wife. The development of a strong personality would besides making her stoic and resilient would undoubtedly go a long way in enriching her marital life and to come to better terms with the complexities of her life situation.
Rae (1972), has observed that a crucial variable in an alcoholic's prognosis is his wife's capacity to appropriately manage the marital difficulties consequent to alcoholism and this capacity is determined by her personality. Such a personality oriented approach in dealing with the alcoholic's wife, as observed earlier is more the exception than the norm in most de-addiction centres and usually she is involved mostly to educate her about the disease concept of alcoholism, acquaint her with relapse dynamics and to solicit her cooperation in antabuse therapy. The point being argued is that, the spouse needs to be looked at and involved not only as a valuable adjunct to the alcoholic's favourable prognosis but merits in her own right the attention of the-therapist in order to overcome the various deficiencies of her personality and marital life. It is important therefore that social workers and counsellors make a concious effort to mainstream the alcoholic's wife in treatment programs and deal in a more intense manner with the typical psychological needs and personality deficiencies that each wife may show up with at the de-addiction clinic.

Another major implication of this study is in the realm of marital family therapy. This study revealed how the marital adjustment of the alcoholic's wife was impaired in areas such as consensus, cohesion, affectional expression and marital satisfaction. Further a high degree of communication apprehension towards the spouse was seen, which would make it difficult for a clear expression of one's needs and feelings and consequently result in mis-perception and also limit self-disclosure and intimacy. A considerable amount of verbal aggression, violence and conflict was also seen in several alcoholic families. A vitiated domestic environment with its accompanying stress would hardly be conducive to abstinence following treatment and at the slightest provocation could trigger of the relapse reaction.

The non-alcoholic spouse is often instrumental in continuing the drinking of the practicing alcoholic and may contribute to the slips of a recovering alcoholic (Glass), 1977. Several authors have argued that reduction or even elimination of alcohol consumption is not automatically linked to social, vocational or psychological improvement (Gerard et al., 1962; Miller and Caddy, 1977; Pattison, 1976). This implies that for all round improvement in the family's general functioning, these elements must be specifically incorporated as part of therapy. Bowers and Al-Redha (1990), observe that marital dysfunction and
relationship problems are prominent and highly probable features in the alcoholic's life. If the couple is shown effective coping mechanisms to deal with these stresses, the result can be a more cohesive family environment and in turn a more positive treatment outcome.

Thus it is important to evaluate the marital life of couples coming for treatment on a highly individualised basis, to understand the deficiencies in their marital functioning and to identify interactional anomalies. Intervention may then be done individually for both spouses or through conjoint family therapy or through their involvement in group work activities with other similarly distressed couples. The couples have to be enabled to realise the extent and the manner in which their behaviour and response to one another contributes to their marital relationship, the anomalies in their perception of one another and the existing communication barriers. The effort of the social worker would be ultimately to strengthen the marital union by enabling a more favourable perception among the partners, a better understanding of one's roles and behaviour, opening up channels of communication, instilling impulse control and self-regulatory mechanisms and to enable partners to understand areas of potential conflict, their avoidance and management.

Captain (1989), observes that sobriety for the alcoholic without concurrent alteration in family member relationships and improved family functioning often leads to relapse. The degree to which a family is able to modulate demands, use resources, implement effective coping strategies and make necessary relationship adjustments may determine the extent to which treatment effects will be maintained.

Bhatti (1983), has outlined the purpose and role of the therapist in family therapy with alcoholic families. He holds that three processes are basically involved.

1. To enter the orbit of the family as a leader and to create a therapeutic system.
2. To understand the interactional patterns within the family, to evaluate the family experientially and to participate in the actual process.
3. To restructure the family.

Griner and Griner (1987) observe that an informed and perceptive therapist will understand alcoholism as a family illness, detect alcoholism through its
impact on family members, 3. be aware of the unique stress on the family at the
time of intervention and 4. recognise the value of family therapy (including self-
help groups) for the recovery of both, the alcoholics and their dependants.

The emphasis on spouse involvement in treatment programs and the
importance of marital/family therapy being stressed by the researcher is of course
not to undermine the importance of social work intervention with the alcoholic
himself, who all through out remains the primary concern. The SPARC
addiction research core group (1989), has suggested broad areas of concern in
counselling drug addicts and developing skills in them. These guidelines, are
quite relevant for social work intervention with alcoholics and mentioned here.

1. To make decisions.
2. To manage stress.
3. To develop a positive integrated view of life, of one's own place in one's
social network of relations.
4. To relax, to attain mental control, to assert oneself, to progressively bring
the locus of control of one's living to the inner self.
5. To re-enter employment streams.
6. To re-build relationships with family members; or with non-addicted former
friends.
7. To deal with all the events commited at the time of addiction.
8. To develop a non-escapist attitude to reality and to promote in the addict
the capacity to grapple with the reality of his life and his environment.
9. To acquire a pragmatic attitude towards money.
10. To learn to internalize certain minimum norms, lest he get into more
frustrating situations.

A wide range of intervention techniques both supportive and reflective in
nature such as catharsis, insight development, psycho-education etc, could be
used by social workers for motivating the wives, enabling them to deal with
denial, enhancing their self-esteem, assertiveness training, conflict management
to name a few potential aspects of intervention.

Working with children of alcoholics, another vital area of concern
(not dealt by this study) is again a potential sphere where social workers could
get involved in. It is to be expected that these children too would have their own
psychological problems, insecurities, personality disturbances and dysfunction
in several areas of life which may require social work intervention.
It is only of late (particularly in India, over the past decade) that social workers are gradually straying into the field of alcoholism marital research. Most of the literature generated in the field so far has been by clinicians, probably since the "disease concept of alcoholism" makes it their natural domain. However, given the scope of extensive work being done by social workers in the field of de-addiction and their access and proximity to patients and their families, it is time that more from the fraternity, particularly those in the field got involved in research in the field of alcoholism and with issues pertaining to marital and familial dynamics of alcoholics in particular.

Looking at the mental health scenario in our country, it is perhaps the de-addiction setting where social workers are employed in large numbers and have won acceptance and recognition today. The social worker is an important constituent of the multi-disciplinary team and is in a vantage position from the viewpoint of intervention since his professional responsibilities entail not only working with the alcoholic but also in close proximity with his family. As such, a conscious effort to step beyond the routine case-history taking and the almost stereotyped marital and group therapies being conducted, to more intensive and specific personality oriented intervention along with couple-specific marital therapy would go a long way in enhancing therapeutic outcome in alcoholism treatment programs thereby strengthening the credibility of social work intervention.

SUGGESTIONS FOR FUTURE RESEARCH

In the light of this study and the dearth of comprehensive research on alcoholic families in general and the spouses of alcoholics in particular in the Indian context; the following themes are suggested for future researchers:

1. Other personality dimensions pertaining to wives of alcoholics such as extroversion-introversion, dominance-dependance, security-insecurity.
2. A comprehensive study of the personality variables of both spouses and their marital adjustment.
3. The interpersonal perception of the spouses regarding each other.
4. Longitudinal investigation from the developmental perspective of the family cycle and the progress of alcoholism.
5. The extent to which the wife's personality and marital dynamics influence alcohol consumption patterns and the progress of alcoholism.
6. Factors which mediate between drinking behaviour and the manifestation of violence and domestic conflict.
7. Investigation of personality and marital variables in wives of alcoholics belonging to community samples.
8. Comparison of wives of alcoholics differentiated by socio-economic status.
9. Comparison of wives of alcoholics - their personality and marital dynamics differentiated by their employment status.
10. Comparison of alcohol complicated marriages which are terminated and the dynamics of those which survive.
11. Laboratory investigation into 'dry' and 'wet' state interactional dynamics among couples.
12. Investigation into the personality and marital life of spouses of female alcoholics.
17. Therapeutic outcome in alcoholism, differentiated by the presence or absence of social work intervention.
19. Family burden and dysfunction in alcoholic families.
20. Examination of the decompensation hypothesis in the Indian context.

CONCLUSION

This study compared a few selected personality and marital correlates in wives of alcoholics and non-alcoholics. The results indicated that wives of alcoholics had lower levels of self-esteem and were high on the dimensions of neuroticism and pessimism. Further, they manifested lower marital adjustment, showed greater communication apprehension towards their spouse and experienced greater marital conflict. However, they manifested a lesser tendency for conventionalising their marriages than the wives of non-alcoholics.

Thus the findings of this study lend support to the stress and psychological perspectives on wives of alcoholics, since the manifestation of low self-esteem and higher degree of neuroticism and pessimism seen in them...
(and not in the wives of non-alcoholics) could be attributed to their husband's alcoholism. Further, in accordance with the systems theory perspective, the crisis precipitated by alcoholism was seen to alter the marital dynamics in alcoholic families by adversely influencing marital adjustment, heightening conflict and enhancing communication apprehension.

The findings have two major implications for de-addiction management. First, they point towards the need for specific spouse directed therapy to enable her overcome her personality deficits and psychological problems. Second, for better de-addiction outcome, it is imperative for family therapists to take into account the aberrations manifested in the couples' marital functioning and to work towards their resolution. Thus the need is to provide a holistic intervention package involving both spouses which besides dealing with the physiological and psychological issues of the alcoholics also focusses on the personality and marital dimensions of both spouses.