CHAPTER-II

REVIEW OF LITERATURE

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Alcoholism and its concomitants have for long been a fascinating area of research which has drawn the attention of professionals from several disciplines such as Psychiatry, Psychology, Sociology and Social Work. The problem of excessive drinking has been explored from several perspectives: etiological, socio-cultural, psychodynamic, interpersonal, biological, therapeutic intervention and outcome, to name a few.

While most researchers have focussed attention on the alcoholic per se: his behaviour, communication pattern, personality, drinking pattern etc., the realisation that it is the family particularly the spouse who bears the brunt of the husband's alcoholism and who being caught up in the pathology of the alcoholic's disease process may develop parallel emotional and/or behavioural problems, shifted the focus of attention to the spouse and to the study of intrafamilial dynamics.

This orientation is reflected in the observation of Lewis who as early as in 1937 commented that, "the problem of alcoholism has been particularly perplexing. The alcoholic is successful in involving himself and his family in a series of dramatic and distressing crises. . . . . . . . We should perhaps speak of the "alcoholic marriage" rather than the "alcoholic man!".

From this perspective and in the specific context of this study, the review of literature presented in this chapter deals with the contributions of earlier investigators with regard to the spouse of the alcoholic and the marital dynamics in alcoholic families. This review is selective and specific, in that it encompasses only issues related to wives of alcoholics, their family environment, family dynamics and aspects related to marital adjustment and satisfaction. Research on other areas of alcoholism such as it's etiology, impact on children, therapeutic outcome, personality factors of the alcoholic, etc are beyond the scope of this review.

The presentation of material reviewed is not chronological but has been topically arranged. The information is presented against five theoretical frameworks which have governed previous research on wives of alcoholics namely:

I The Disturbed Personality Hypothesis.

II The Decompensation Hypothesis.
I DISTURBED PERSONALITY HYPOTHESES

The earliest theory that one finds in the literature regarding personality abnormalities in wives of alcoholics is the disturbed personality hypothesis (DPH). It was the first attempt to conceptualise the alcoholic marriage (Bailey, 1961) and focussed on the mind of the alcoholic's spouse. Influenced by the revolutionary psychoanalytic theory during the early decades of this century, the DPH proponents had their moorings in the same. In essence it held that the spouse of an alcoholic is characteristically a barely compensated, insecure, outwardly dominant but deeply dependant, excessively anxious, sexually inadequate, guilt ridden and abnormally angry woman with pathogenic childhood experiences (Paolino and Mc Crady, 1977). It also held that the pathological personality and complex needs of such a woman directed her to choose an alcoholic husband and to maintain his excessive drinking pattern in order to satisfy her own unconscious needs.

The DPH emphasised the role of the spouse in being an unwilling causal agent in her husband's drinking due to the presumed presence of 'pathological' personality traits such as dominance, dependancy or sadomasochism (Wiseman, 1980). The conceptual framework of the DPH developed largely owing to the subjective impressions of its early proponents based on their encounter with alcoholic families in clinical situations. Prior to the 1960's the nonempirical support in favour of the DPH gradually grew and some important contributions of its early subscribers are reviewed hereafter.

The dependance need of the spouses and the alcoholic marriage as a medium of need gratification has been a recurrent theme in the DPH literature. Lewis (1937), believed that the alcoholic's wife, found an outlet for her aggressive impulses by associating with a partner who was partially dependent and created situations which forced her to punish him. She describes the wife as being hungry for love and acceptance, insecure and as having strong oral and dependancy needs, who is attracted to a person with similar needs. Both
marital partners she believed, alternated between 'masculine' and 'feminine' roles thus indicative of sexual immaturity.

The wife of an alcoholic may seem on the surface to be just an innocent victim of her husband's drinking but a number of studies have shown her to be often as neurotically ill as her husband (Fox, 1956). Many of them are insecure persons who picked their mates to satisfy some neurotic need of their own and in their disappointment and frustration over their husband's inadequacy and irresponsibility retaliate by an active or passive type of punishment which renders the husband all the more inadequate and drives him inevitably into further and deeper drinking. Some of the neurotic needs of such a wife may be to be dependant, to control, to dominate, to punish or to be the long suffering martyr-character; traits which make such a woman not only a poor wife but generally a poor mother as well. This profile of the wives of alcoholics is a classic description by Fox (1967) who was an early proponent of the DPH.

Price (1945), interviewed twenty wives of alcoholics and characterised them as being insecure, anxious, hostile and basically dependant who feel unloved, resentful and aggressive towards their husbands since his alcoholism precludes satisfaction of their own abnormal dependancy needs. Price also reported that these wives conciously or unconciously undermined the treatment of their husbands and tried to maintain his inadequacy, since his alcoholism was a proof of their own superiority and helped to justify their feelings of hostility towards him. Similar observations relating to interference with the husband's treatment was earlier made by Boggs (1944).

In line with the enunciations of the DPH and based on her clinical experience as a counsellor, Whalen (1930) was perhaps one of the earliest to attempt a personality typology of wives of alcoholics. She held that certain types of women are attracted to the alcoholic man and marry him hoping to find gratification for her own deep unconcious needs. She identified and labelled four such types of women. "Suffering Susan" according to her, has a need to punish herself and her need to be miserable is served effectively by the hardships faced in living with an alcoholic. "Controlling Catherine" is dominating, distrustful and resentful and tends to marry someone whom she feels is inferior or inadequate in some way. "Wavering Winifred" is basically
fearful and insecure and she tolerates her husband's drinking since it increases his need for her. Finally there is "Punitive Polly" who has an unconscious need to punish and control an emasculated husband.

The presence of a dependant, inadequate alcoholic married to a dominating woman was also described by Bullock and Mudd (1958) in four out of twenty wives of alcoholics studied by them. They observed that complaints of depression, anxiety and somatic problems were more frequently reported by wives of alcoholics. Feelings of anger over being hurt by their husbands were frequently suppressed or indirectly expressed by them and expression of resentment or withdrawal from the husband was their usual response mode.

Kalashian (1959), also reported that wives of alcoholics may experience somatic disorders, anxiety or depression. She held that the wife has a 'need' to play a maternal role since by being "needed" she is able to deny her own dependancy needs. Moreover, by being the 'strong' partner of the marital relationship, she avoids recognition of her own inadequacies as a woman and views her husband as being weak or inadequate, since she can feel superior. The author attributes the personality needs of such women to the manifestation of oedipal disturbances. The contention of Kalashian was reiterated by authors such as Igersheimer (1959) and Patison et al. (1965), who opined that the central position of the wife of the alcoholic as the pillar of the family, enhances her feeling of being well integrated, wholesome and strong. This facade, hides a neurotic personality which may have in the first place, led to the choice of the alcoholic partner. Pixley and Stiefel (1963) also subscribed to the view that the alcoholic marriage was representative of a chronic neurotic interaction between the spouses. Often, the wife was aware of the husband's drinking prior to marriage but tends to devalue it and occasionally the goal of such marriages may be to 'reform' the alcoholic.

In an elaborate review of disturbed-personality studies, Bailey (1961) acknowledges that though they have indicated personality disturbances in wives of alcoholics, these studies have not established whether such disturbances antedate the partner's alcoholism or stem from it.

Besides clinical assessments, the DPH was also subjected to empirical
research in the sixties and authors have reported evidence for and against it. A few such studies are briefly reviewed.

The pro-DPH evidence provided by Kogan et al. (1963) is perhaps the earliest empirical study that one finds mention of in the literature. They compared the Minnesota Multiphasic Personality Inventory (MMPI) scores of fifty wives of active alcoholics with a matched group of an equal number of wives of non-alcoholics. Their primary objective was to identify personality disturbances if any, in wives of alcoholics and to ascertain if a typical personality pattern could be identified. They record that though significantly more wives of alcoholics exhibited some personality dysfunction when compared to the wives of non-alcoholics, the type of personality disturbance seen was highly variable. Moreover, the total number of disturbed subjects was less than half on all the five quantitative measures of the MMPI and so did not warrant any generalisation. They conclude by challenging the conceptual propriety of 'the wife of the alcoholic' as having a distinct identifiable personality structure.

Another study using the MMPI, but without a comparative group of non-alcoholics was reported by Rae and Forbes (1966), who studied 26 hospitalised alcoholics and their wives. They found that both spouses had similar personality profiles though the wives showed lesser pathology. Eleven wives in their sample had high psychopathic deviate scores, suggesting a profile of the 'classic wife' of an alcoholic who uses her husband's drinking as a neurotic defense. The other fifteen wives in their study were normal personalities who showed high scores on the depression, anxiety and social withdrawal scales and were considered to be reacting to the stress of alcoholism. However, the authors were not able to establish if the psychopathic deviance they noted in their subjects existed prior to or developed after marriage.

Paige et al. (1971) in a similar study, again using the MMPI and without a control group studied 25 alcoholics and their wives. They concluded that neurotic tendencies in both, limited the mutual satisfaction of needs and was responsible for the discordance in their marriage. In a large sample study involving 100 wives of alcoholics, De Saugy (1962), found traits of dependancy, frigidity, sado-masochistic tendencies and manifestations of neuroticism.
Several years later, Orford (1976) studied 100 wives of alcoholics using the Eysenck Personality Inventory and found that they had abnormally raised neuroticism scores; not as highly raised as their husbands, but significantly higher than the general population.

Drewery and Rae (1969), concluded a comparative study of alcoholic and non-alcoholic couples with the finding that the former were characterized by socio-sexual role confusion and by conflicting dependance-independance needs. They opine that rather than any pathology in the wife, it is the alcoholic's neurotic personality which is responsible for their interpersonal dilemma.

Personality disturbance in the spouse as related to the nature of the husband's alcoholism has been the subject of very few investigations. Deniker et al. (1964) compared the wives of 50 alcoholics having psychiatric disorders with the wives of an equal number of alcoholics having hepato-digestive disorders and 100 couples free of alcoholic husbands. They found that there were two personality types of wives related to the husband's type of alcoholism. The wives of the psychiatric alcoholics unconsciously maintained their husband's alcoholism and needed treatment themselves whereas the wives of the digestive alcoholics were more similar to those of non-alcoholics than those of the psychiatric alcoholics. They concluded that most of the traits observed in the alcoholic couple lacked specificity and could be observed in any neurotic couple. The marital problems seen were explained as arising from the dominant position assumed by a rigid wife interacting with a non-assertive husband.

Two early studies using the MMPI failed to validate the DPH. Ballard (1958), compared the MMPI scores of 16 wives of alcoholics who had marital conflict with a control group of couples having marital conflict without alcoholism. His findings indicated no statistically significant difference for both groups; although the wives of alcoholics showed higher mean scores than the controls. He observes that wives of alcoholics do not appear to constitute a 'special group' among wives experiencing marital conflict and even appear to be better adjusted inspite of the added burden of their husband's drinking. He however noted that these women had more masculine roles played by them in their marriage. Corder et al. (1964), used the MMPI to study 43
wives of Al-Anon and 30 controls and their findings also discredit the DPH. They found that both groups did not show a pattern of dominant mean scores on the three scales which constitute the neurotic triad (Hysteria, Hypochondria and Depression). The mean values were within the normal range for each scale. The Al-Anon wives scored significantly higher (though within the normal range) on the Hysteria, Depression, Schizophrenia and Hypomania scales. The wives of alcoholics scored significantly higher with regard to mood states characterised by pessimism, feelings of hopelessness, worthlessness and irrational shifts in mood and behaviour. They conclude by questioning the widely held characterisation of wives of alcoholics as being severely neurotic, disturbed and poorly integrated.

The lack of significantly high psychopathology in wives of alcoholics was again demonstrated by Paolino et al. (1976), whose findings supported the earlier studies of Ballard (1958) and of Corder et al. (1964), and discredit the DPH. They studied forty spouses of hospitalised alcoholics (including fifteen women) and administered the Lanyon's Psychological Screening Inventory (PSI) using the scores of the normative sample as controls. The Al (alienation) scale of the PSI indicates degree of similarity to hospitalised psychiatric patients and people scoring high on this scale are characterised by an unsatisfactory emotional life, suspiciousness, sensitivity, anxiety and alienation. The Di (discomfort) scale of the PSI indicates susceptibility to anxiety and neurotic breakdown under stress. The data revealed mean scores within the normal range for both the scales and no significant differences with the normative sample. The authors reject the DPH and have pointed out methodological weaknesses in the earlier studies by Paige et al. (1971), Rae and Forbes (1966) and Kogan et al. (1963) which had lent support to it.

In a small sample study of 10 wives of alcoholics, Rao et al. (1986), found neuroticism and high self-esteem. The Mac Kinon (1981) self-esteem index and the Indian adaptation of the EPI by Annamma Abraham (1977) were the tools employed for investigation.

Rao and Kuruvilla (1991), commented that there were no Indian studies to establish the relationship between alcoholism and wives personality. In perhaps the only investigation of the DPH in the Indian context, they administered the EPI and Cattell's 16 PF questionnaire to 30 wives of alcoholics.
and a matched group of controls. On the extraversion and neuroticism scales of the EPI, they obtained mean scores within normal limits and no significant statistical difference between the two groups. Further, the 16 PF profile for both groups was near-identical and the mean scores fell within the normative data. The majority had a low score description indicating that they were more mild, submissive, silent, timid, trustful, conventional, simple and poised; thus confirming to the traditional Indian feminine stereotype with all dimensions appearing to be culturally reinforced. Also, there was a marked shift away from scores related to dominance, aggressiveness, adventurism, being critical and experimenting. In conclusion, the authors reject the DPH since complementary mate choice which is the crux of this model is not applicable in the Indian context as in their sample the majority of marriages were of an 'arranged' nature. Further, one-third of their sample comprised of men who consumed alcohol prior to marriage and as such the personality of their spouses causing alcoholism in these men is a baseless notion.

II. THE DECOMPENSATION HYPOTHESIS (DH)

The decompensation hypothesis is a logical extension of the earlier discussed disturbed personality hypothesis and is an attempt to explain the psychodynamics of the alcoholic marriage from a psychoanalytic perspective. It held that the alcoholic's excessive drinking is necessary to satisfy an unconscious need of the spouse and thereby to maintain her psychological equilibrium and consequently the marital relationship. Several clinical reports and empirical researches offered evidence for and against the DH.

Futterman (1953), cited examples in favour of the DH where wives of alcoholics developed psychotic and neurotic depression and phobia as their husbands attained sobriety. He held that the wife because of her neurotic needs unconsciously encourages the husband's alcoholism since otherwise she would decompensate and show signs of neurotic disturbances. Gliedman (1957), reported that two out of seven wives of alcoholics who contacted him for treatment experienced a nervous breakdown when their husband stopped drinking. Similarly, Mac Donald (1955) offered evidence in favour of the DH by reporting decompensation in eleven out of eighteen wives of alcoholics, associated with a decrease in their husband's drinking. Three of these women
had neurotic disturbances and in at least three cases the onset of emotional illness coincided almost exactly with cessation of the husband's drinking. He describes the wives as having unresolved oedipal conflicts who are able to sustain their marriage only with a non-threatening partner whom they could depreciate and an alcoholic often met these needs. However, according to Paolino and Mc Crady (1977), this study had several methodological weaknesses and was inadequate to draw generalisations.

Mitchell and Mudd (1957), offered their subjective impressions after interviewing thirty three couples with alcohol complicated marriages and observed that the wives' adjustment deteriorated as the husband's drinking situation improved. Similarly, Bullock and Mudd (1958) reported severe personality problems in five out of twenty wives of alcoholics and observed that the stresses of marriage and inability of their husbands to gratify their needs led to decompensation. Kalashian (1959) and Igersheimer (1959) also supported the DH on the basis of their clinical impressions and observed that as the alcoholic stops drinking and feels better integrated the wife may become more anxious and depressed. De Saugy (1962), who studied hundred wives of alcoholics also observed decompensation as a result of the husband's recovery from alcoholism in the form of regression, anxiety and even psychosis.

However, Kohl (1962), found evidence of severe emotional disturbance not only in four wives of alcoholics whose husbands were recovering but also in the wives of thirty five non-alcoholic psychiatric inpatients following their clinical improvement. This suggests that decompensation does not occur exclusively in wives of alcoholics but perhaps also in other spouses whose husbands are recovering from chronic illnesses.

The proponents of the DH received a blow in the light of several empirical researches in the 1960's and 70's. Jackson (1962), who on the basis of her long standing work with Al-Anon wives' published a series of papers strongly argued against the validity of the DH. She reports having observed only one case of decompensation over an eight year period and that contrary to the DH, the adjustment of most wives typically improved in most respects following the cessation of their husbands' drinking.

Haberman (1964), used the Index of Psychophysiological disturbance
and studied score variations in 156 wives when their husbands were drinking and during abstinence. 85% of the wives indicated lower disturbances during abstinence thus undermining the decompensation theory.

Burton and Kaplan (1968), studied 47 married couples having one alcoholic spouse and administered the marriage adjustment schedule before treatment and during follow up. They found during the follow up period that 56% of the alcoholics either significantly decreased drinking or were abstinent and 75% of the couples reported fewer marital problems. They found no evidence of decompensation and concluded that improvement in the area of marital conflict was associated with improvement in drinking behaviour.

Several other investigators supported the contention of Burton and Kaplan and established that the marital relationship and the mental health of the couple improved significantly following decreased alcohol misuse (Gliedman et al., 1956; Finlay, 1966; Gerard and Saenger, 1966; Smith, 1969; Cohen and Krause, 1971; Emrick, 1974; Orford et al., 1976; Paolino and Mc Crady, 1976).

Other studies which found that the threat of divorce by the spouse of an alcoholic or insistence of the alcoholic receiving therapy were effective in reducing the alcoholic's drinking and getting him registered for treatment (Gliedman et al., 1956; Clifford, 1960; Jackson and Kogan, 1963; Finlay, 1966; Gerard and Saenger, 1966; Cohen and Krause, 1972; James and Goldman, 1971) are inconsistent with the enunciations of both the DPH and the DH.

Paolino and Mc Crady (1976), reviewing all the earlier studies in favour and against the DH observe that the DH is "doomed to obsolescence" since all publications supporting it were subject to severe methodological criticisms whereas studies utilising rigorous experimental designs failed to validate it.

III. SOCIOLOGICAL AND STRESS THEORIES

The sociological approach to the alcoholic marriage focusses on the structure, process and functions of the family unit. It is more concerned with how the marital pair react under current social conditions and transition states. Unlike the earlier two theories which were concerned with the influence of early childhood experiences and psychic abnormalities in the marital partners, the sociological perspective tried to understand marital dynamics as a function
of environmental stress, cultural and other external factors. It holds that the
behaviour of the spouses is more a result of the strain of living with an
alcoholic than the result of pre-existing intrapsychic disturbances.

The stress theory explains the psychological profile of the wife as
being primarily a manifestation of adjusting to the prolonged and cummulative

crisis of living with an alcoholic (Finlay, 1972). Jackson (1962), objected
to the disturbed personality theory and commented that it had "advanced to
the point that the alcoholic has emerged as the innocent victim of his family".
She was the first advocate of the stress theory who held that although many
wives of alcoholics exhibit emotional and behavioural disturbance, these are
predominantly a function of the stresses and adaptations to a life situation
complicated by the presence of an alcoholic (Jackson, 1954). She questioned
the existence of a typical personality constellation in wives of alcoholics and
opined that similarities in their behaviour and attitudes could be explained
in terms of the common life situation of role behaviour as wife and mother.

Bailey et al. (1962), provided evidence in support of the stress theory
by comparing three groups of wives (twenty three each) of wives divorced
or separated from alcoholic husbands, those living with abstinent husbands
and those living with alcoholic husbands with 537 women in a representative
sample who were married to non-alcoholics. The Index of Psycho-physiological
Disturbance was administered to them to identify psychoneurotic and psycho-
physiological symptoms. They found that the extent of economic, social and
psychological deviance was the highest in separated families. They noted that
incidence and frequency of psycho-physiological symptoms seemed to have
decreased in wives no longer living with alcoholic husbands. They rejected
the DPH since they found that though wives living with drinking alcoholics
had more psycho-physiological symptoms, few separated women and fewer
living with abstinent alcoholics manifested psycho-physiological pathology.

Further evidence in favour of the role of stress on the wife's personality
and rejection of the decompensation aspect of the DPH was provided again
by Bailey in 1967. She collected the marital histories of 262 wives of alcoholics
and administered the Index of Psycho-physiological Disturbance to them.
She reports a wide range of psycho-physiological disturbances in her
respondents and observed that the longer the wife was exposed to her husband's
drinking, lesser were the symptoms of psychological disturbance reported by her. Further, women who were separated were less likely to be disturbed and the least disturbance was seen in wives whose husbands were currently abstinent.

Strong support in favour of the stress theory was again provided by a longitudinal study involving fourteen wives of alcoholics conducted by Paolino et al. (1976). They correlated frequency of drinking and impairment owing to alcohol use to measures of psychopathology in the wife at the point of admission, six weeks and six months following discharge. They obtained statistically significant results which indicated that the psychopathology measures of the wife either remained normal or improved with a dramatic improvement in their husbands' drinking pattern.

Clifford (1960) reports a comparative study with fifty wives of treated alcoholics (Group I) and a matched group of an equal number of wives of active alcoholics (Group II). In a description of the two groups with regard to the differences in their attitudes, he found that Group I women showed genuine concern about the psychological and social damage of their husband's alcoholism on their children while group II women did not indicate any awareness regarding the same. Group I wives accepted some measure of responsibility for their husbands' former addiction and searched for some devise to end it. The group I wives found themselves socially inadequate in the early stages of alcoholism but with its progress, gradually learned to cope. They felt they had lost social status through ostracism, embarrassment, decline in income and family stability whereas Group II women seemed impervious to the loss of social status. Further, Group I wives had a feeling of indispensability and unlike Group II wives, held a central position in the family.

That co-alcoholics or alter-deviants manifest psychological disturbance received support from Leikin (1986) who commenting on the dynamics of alcoholic families notes that members beset by fear and uneasy about the unpredictability of their relationship with the alcoholic become manipulative. Low self-esteem and feelings of inadequacy emerge. Family members who have to cope with constant feelings of failure, shame, guilt, anger and self-pity often present as depressed with many psychosomatic complaints.
Schaef (1986), found that depression, anxiety and external locus of control related positively to co-dependancy. While self-esteem and masculinity related negatively to co-dependency, femininity had a positive relationship. Fischer et al. (1991), found that self-esteem, external locus of control, anxiety, depression and masculinity were significant correlates of co-dependancy. They found social desirability to be negatively correlated to dependancy.

Temperament differences between wives of alcoholics and non-alcoholics as pointed out by Corder et al. (1964), have also been reported in the Indian context by Kutty and Sharma (1988). They studied 35 wives of alcoholics and 35 controls on three dimensions of the Mathew temperament scale (1976), namely maladjustment, gregariousness and thoughtfullness. They found that both the groups differed significantly on all the three dimensions. They observed that the wives of alcoholics possess a greater degree of depression, tendency for worry, anxiety, feeling of tiredness and psychosomatic complaints and thus showed higher maladjustment levels than the wives of non-alcoholics. Also the wives of alcoholics were less aggressive and assertive, showed social withdrawal and shirked activities requiring leadership. On the dimension of thoughtfullness, they obtained low scores indicating that they were less careful about analysing oneself, perfectionistic, persistent and reflective.

A study of the personality profile of wives of alcoholics was carried out by Rajendran and Cherian (1989). Cattell's 16PF Questionaire was administered to a random sample of 35 wives of alcoholics. The low scores obtained for various personality dimensions revealed that these wives were reserved, dull, more emotional and got easily upset, submissive, prudent, shy, realistic, trusting, forthright, conservative, dependant, unsure and had a weak super ego. Further, they obtained high scores indicating that they were worried, depressed, troubled, tensed and frustrated. The disturbed personality profile of the respondents was attributed by the authors to be the outcome of the stress experienced in living with an alcoholic husband. However, the study did not incorporate wives of non-alcoholics as a comparative group and so a limitation of this study was its inability to contrast the personality profile of wives of alcoholics from those of non-alcoholics.

Mc Gann (1990), explored the association between familial alcoholism and the presence of certain conditions in non-alcoholic family members. Cross-
sectional data was collected from a convenience sample of adults in a family practice clinic. The respondents were classified into two groups; those with little likelihood of familial alcoholism and those with probable familial alcoholism. The groups were matched for race and age, creating two demographically similar groups which were then analysed as controls. Significant differences were found between the two groups on prevalence of depression and obesity. Trends were also found for differing rates of functional bowel syndrome and asthma.

In an analysis of data collected from 105 spouses of alcoholic patients over an 18-month follow-up period, Finney et al. (1983), observed that consistent with the stress hypothesis, the impairment of the alcoholic patient was a strong determinant of spousal functioning. They found that nine of the direct effect of partner drinking behaviour (alcohol consumption and drinking problems) on the spouse-functioning criteria was significant. In contrast, partner non-drinking impairment (anxiety, depression, physical symptoms and occupational functions) had significant direct impact on the spouse in terms of depression, physical symptoms and medication use. Negative life change events had no significant direct effect on any of the functioning criteria except alcohol consumption. Significant correlations were seen between environment stress and partner dysfunction. They also observe that spouses who use avoiding coping responses to deal with emotions generated by stress rather than actively handling the situation report poorer mood and health. They contend that their data support both the stress and coping perspectives and suggest a conceptual model that incorporates both the personality attributes of the spouses and environmental influences on their functioning.

Discussing the impact of alcoholism on the family and home, Orford (1976) acknowledges that it could be a major source of stress for family members. Initially the family goes through a long period of indecision and confusion before attributing it to excessive drinking and realising that rather than unaided coping, the family requires outside assistance. Role rearrangement within the family, social isolation and shame add to the stress on the family and may have several deleterious consequences for it. He also opines that the circumstances of alcoholism in any family being various, it is difficult to generalise about the nature, degree of stress and its consequences.
CRISIS THEORY ORIENTATION

Yet another theoretical approach which influenced both, the stress theorists and the systems perspective (discussed later) of alcoholic families was the crisis theory. Although originally developed for families under stress from war separation, Hill's (1949) crisis theory was useful in conceptualizing the developing crisis of alcoholism, its impact on the family and the family's attempt to cope with the crisis. He proposed a "roller coaster model" which postulated several stages in family adjustment to crisis namely, onset, disorganisation, immediate reactions and readjustment.

Hill (1958), classified alcoholism as an intrafamily stressful event involving "demoralization" of the family since its role patterns were changed and its equilibrium disturbed. He observes that the failure or success of the family depends on the adequacy of the role performance of its members. He emphasised the disorganisation potential of stress and suggests that the extent of family disorganisation is related to the nature of the stress, the family's definition of the event and the resources of the family.

Downs (1982), observes that the systems theory by itself was inadequate to conceptualise the inconsistency of the alcoholic and his impact on the family. He suggests an integration of systems theory and crisis theory for a more comprehensive perspective of the alcoholic marriage. He postulates four stages that the family goes through in its adjustment to the crisis of alcoholism. The first is the onset of the crisis when the inconsistent sober-intoxicated states of the alcoholic starts affecting the level of family organisation. Role confusion occurs and the wife begins to temporarily assume the responsibilities of the husband. Role confusion increases with increase in the frequency and intensity of drinking. In the next stage, disorganisation occurs as secondary crises such as unemployment, violence and child abuse set in. Temporary phases of sobriety lend hope to the possibility of a non-alcoholic husband and the family excuses the occasional intoxicated state. As periods of sobriety decline, the family realises that the husband is alcoholic and a process of readjustment to alcoholism is initiated. If the family defines the husband as an alcoholic, he may be sidelined from the parental and spousal sub-systems and the wife may consistently take over his roles (hyper
functioning). If on the other hand he is not defined as an alcoholic, the drive towards equilibrium will be based on the presumption of a sober husband, in which case he may be relegated to the status of a child. In the early stages he may avoid this by attempting sobriety. If he is successful then he gradually takes over his previous roles; if not he is left out of the family system which with increase in discord may head towards break up. Thus Down's conceptualisations though not based on empirical assessment offer valuable insight into the various stages of adjustment which the family goes through in dealing with the crisis of alcoholism in it's member.

In a similar effort, Throwe (1987), delineated the process that families use to deal with alcoholism. He outlined five stages involving denial behaviour, control attempts, family reorganisation, disorganisation and finally making choices whether to stay or separate from the alcoholic.

Jackson (1954, 1956), viewed the onset of alcoholism in a family member as precipitating a cumulative crisis for the family. She viewed alcoholism as any other family crisis such as mental illness, unemployment, bereavement or divorce except that the alcoholism-induced crisis brought with it feelings of shame, inadequacy and social alienation. She theorized that the dynamics of alcoholism complicated marriages would be the same as that of families in other crises. She used Hill's (1949) conceptualisation of families in crises and identified seven stages in alcoholic families, with each stage determining the course that the following one would take. In stage 1 there is denial of the problem, in stage 2 an attempt is made to eliminate it in the face of alienation, isolation and the wives' feelings of inadequacy. Stage 3 is labelled "disorganisation" and in this phase few problems are met constructively and the wives accept their husbands' drinking as more or less permanent. Stage 4 is "reorganisation", the wife's feelings change from resentment to pity and she starts shouldering several responsibilities of the husband. In stage 6 the families are reorganised with the exclusion of the husband from its daily activities and in stage 7, husbands recover and families are again reorganised gradually integrating the husband within it.

Thus, Jackson viewed the wives' behaviour as a function of changing patterns of interaction and not solely as a consequence of personality
disturbance or a typical personality type. She explained the wives' sometimes neurotic and decompensating behaviour in coping with their husbands' alcoholism using the concepts of 'stress', 'role structure' and 'crisis reaction' in terms of their husbands' inability to perform their duties, their futile attempts to achieve sobriety and their desire to shoulder familiar responsibilities of becoming sober.

An empirical investigation of Jackson's seven stage theory was undertaken by Lemert (1960), who administered a 49 item scale to 116 families in order to verify if a common sequence of events in wives' adjustment to alcoholism could be identified. His data however did not support Jackson's seven stage theory of family adjustment. He suggested (on the basis of clustering) that there may be early, middle and late stages of adjustment. He observed that the family members perceived and reacted to different events depending on socio-economic factors.

However, Steinglass (1981) in a study of the relationship between degree of alcoholism in the husband and psychiatric symptomatology in the spouse in thirty one couples using the SCI-90 found no correlation between the symptomatology of the spouse and the amount of alcohol consumed by the husband or his current drinking status. His findings discredit the stress theory propounded by Jackson (1954) and others. He observes that his findings did not permit him to establish a cause-effect relationship between alcoholism and psychiatric symptomatology in the spouse.

Mc Cubbin and Patterson (1987), from a stress theory perspective formulated the Double ABCX model to explain factors important to family reorganisation in dealing with alcoholism. The model explains that factor Aa which represents family "pile-up" of life events and added stresses overtime interacts with Bb which denotes intrinsic and extrinsic resources available to the family. Both these factors interact with Cc which is the family's subjective appraisal of factors Aa and Bb. Functional coping responses mediate the effects of stressors and directly influence family functioning leading to Xx, the family's adaptation to the crisis.

IV. PSYCHOSOCIAL THEORY

In her classic review of literature on "Alcoholism and Marriage", Bailey
(1961), advocated the development of a psychosocial perspective by blending the conceptualisations of the earlier propounded psychodynamic and sociological approaches, for a better understanding of the spouse of the alcoholic. She observed that the psychiatric focus on neurotic interaction and the sociological approach through stress theory have proceeded with a minimum of cross-fertilization. While the former approach failed to consider the role adaptations thrust upon the spouse by the very nature of the alcoholic's illness and the cultural attitudes which influence adjustment to stress, the latter perspective largely ignored personality disturbance as an important variable determining adjustment.

A few studies discussed earlier (eg. Bailey et al., 1962; Kogan et al., 1963; Rae and Forbes, 1966) initiated the psychosocial tradition. A few more significant contributions to this approach are reviewed in this section.

Mitchell (1959), studied 28 couples of alcoholic families and matched them with non-alcoholic controls experiencing marital conflict. The Marriage Adjustment Schedule was administered and the couples were asked to make a self-appraisal of their personality and that of their spouse. It was observed that both spouses of the alcoholic family agreed that the wife was stubborn and got easily angered. However, the husbands viewed their wives to be more dominating than the wives rated themselves. Mitchell comments that at the level of interpersonal perception, role clarity and differentiation in such couples is vague and they seem unclear as to what each spouse can expect from the other. The confusion for the wife stems from: "Shall I be mother, companion or marriage partner to this man?" and the husband unable to decide whether he should play the role of being his wife's child, her companion or husband". He also found that these spouses tend to project their own self-images on to their partners and that their interpersonal perceptions was not different from normal marital couples in conflict.

Another study comparing role perceptions in 40 alcoholic and non-alcoholic couples was carried out by Kogan and Jackson (1963), using the La Forge and Suczek Interpersonal Check List. They found that with regard to self-perception, more number of wives of alcoholics perceived themselves as being hyperfeminine, submissive, wanting to be led and managed than wives of non-alcoholics. This is contrary to the widely accepted notion that
wives of alcoholics have strong dominance needs which requires them to select a passive and dependent spouse. This hyper feminine self-perception of the alcoholic's wife is however contrary to the perception of the wife by the alcoholic as Mitchell (1959), demonstrated that alcoholics perceived their wives to be controlling and dominant. A second major finding of Kogan and Jackson was that wives of alcoholics more often than wives of non-alcoholics, perceived their husbands whether drinking or not as being socially undesirable, lacking in emotional warmth, being gloomy, distrustful, bitter and resentful and so the husband's drinking per se did not appear to be more than a secondary issue.

In a similar study based on understanding the self perception of marital partners in an alcoholic marriage, Gynther and Brilliant (1967), administered the Interpersonal Checklist to forty married alcoholics and their spouses. They found that thirty five out of the forty husbands described their wives as strong, responsible persons. The wives on the other hand were more critical and fifteen of them described their alcoholic mates as weak and hostile and did not agree with the very favourable description of themselves by their alcoholic husbands. With regard to dominance, the wives' rating of their husbands on this dimension was almost similar to the husbands' self-perception. The alcoholics however attributed much more dominance to their spouses than they did to themselves. Thus the alcoholics grossly misperceived their spouses strength whereas the spouses perceived the alcoholics' dominating qualities more accurately; a finding which is in agreement with Mitchell's (1959) study discussed earlier. In terms of the perception of loving qualities in the wives, the perception of the husbands as well as the wives' self-report were similar. However the wives attributed less loving qualities to the husbands than they did to themselves.

Drewery and Rae (1969) compared alcoholic and non-alcoholic marriages using the Interpersonal Perception Technique. 22 male alcoholic patients and their wives were compared to 26 control group couples. They found that control wives were able to describe their husbands in accordance with his self-description whereas the wives of alcoholics were not able to do so. This discrepancy was attributed to the absence of a shared concept regarding the male personality as a socio-sexual stereotype of masculinity.
That alcoholics showed variations in self-perception and in their perception of their spouses was demonstrated by Pushkash and Qureshi (1980). They studied 100 alcohol dependant subjects and their spouses along with a control group and found that alcoholics had a tendency to rate their spouses as being more unhappy and less sociable than the group of non-alcoholics.

Kogan and Jackson (1964), tried to identify the constellation of past and present factors which would heighten the probability of dysfunction in wives of alcoholics. 45 wives of alcoholics were compared to a matched control group of non-alcoholic wives using the MMPI and on the basis of personal interviews regarding present and past familial problems, early childhood experiences, life stresses etc. The MMPI profile revealed that the wives of alcoholics manifested greater personality disturbance on all the subscales than the control group. The two groups differed significantly in terms of dyad of childhood events, current stress and personality disturbance. Their analysis suggests that women who reported an unhappy childhood and an inadequate mother displayed more personality dysfunction than those who did not report such experiences. Also those who reported greater number of personal sources of stress displayed more personality dysfunction. Further, they observed that the joint effect of these two factors disproportionately increases the likelihood of personality dysfunction. Women whose childhood was not disturbed and therefore could be assumed to have had an adequate feminine model and role training had a better chance of handling their marriage; even to an active alcoholic without personality decompensation.

According to Kogan and Jackson (1964), all the three theories namely, the disturbed personality theory, the stress theory and the psychosocial theory acknowledge the wife of an alcoholic as having a 'disturbed personality' but the controversy is about the basis for the disturbance and about its possible interaction (cause or effect) with the husband's alcoholism. Bailey (1950), had earlier made a similar observation.

Kogan and Jackson (1965), tried to estimate the relative contributions of presumed pre-existing personality traits and of current stress to the emotional disturbance seen in wives of alcoholics. They compared a group of twenty-six women (wives of former alcoholics) whose husbands had maintained
sobriety for at least twelve consecutive months with fifty women whose husbands were drinking at the time of data collection. Both these groups consisted of Al-Anon members and were administered the MMPI. A third group of fifty women with non-alcoholic husbands were also included in the study. They found that the two groups of wives of alcoholics did not differ significantly in terms of the rate of personality disturbance but did differ considerably with the non-alcoholic wives. Further, the rate of personality disturbance was least in the wives of non-alcoholics, more in the wives of abstinent alcoholics and highest in the wives of actively drinking alcoholics. They conclude with the observation that there was suggestive evidence to implicate both personality and stress factors as underlying emotional disturbances in wives in alcoholic marriages. Thus further substantiation for the psychosocial theory was received and Jackson and the valuable insights provided by her associates through the series of articles published over a decade (from 1954 to 1965) were the major proponent of the psychosocial perspective.

Bailey (1961), however criticised Jackson's studies since they were conducted mostly with Al-Anon members and were thus non-representative of the general population of wives of alcoholics. She opined that Jackson's respondents were more motivated and "aware" than alcoholics' wives in general. To substantiate her critique of Jackson's methodology, Bailey (1965), compared 116 Al-Anon wives with 126 non-Al-Anon wives of alcoholics. She reported that the Al-Anon wives were better educated, belonged to a higher socio-economic status and were less moralistic than the non-Al-Anon group. Further the non-Al-Anon wives tended to view alcoholism as solely a mental disease whereas the Al-Anon group regarded alcoholism as a combined physical and mental disturbance.

Haberman (1965), studied 262 wives of alcoholics and collected information pertaining to their childhood, marriage, history of their husbands' drinking, problems and their attitudes towards it. He divided them into two groups according to whether "simple" or "gross" social or economic deviance was associated with their husband's drinking. His findings lent support to the stress theory since marital stability and abstinence were found to be
inversely related to "gross" deviance.

In a comparative study of interpersonal patterns, Rae and Drewery (1972) studied 33 male alcoholics and their wives and 51 couples who constituted the comparison group. They found that alcoholics with wives who obtained high scores on the psychopathic deviance (Pd) scale of the MMPI had a more abnormal marriage than the control group. Their relationship was more competitive rather than complementary and sexually threatening owing to the predominantly masculine role of the wife. These marriages were also characterised by dependance-independance conflicts for both spouses. Further, the authors found that alcoholics with non-Pd wives had marriages approximately similar to the control group marriages. They also found poor treatment outcome in alcoholics married to women with high Pd scores.

In an examination of the influence of the wife's personality on the treatment outcome of her alcoholic husband, Rae (1972), administered the MMPI to 58 couples. He found that patients who relapsed had wives with high scores on the psychopathic deviance scale of the MMPI who had a greater liability to socio-sexual deviance than the wives of successful patients. In 52 percent of marriages one or both partners complained of sexual difficulties. Further, the marital stress experienced by the wife was seen to influence the treatment outcome of the husband. He concludes with the observation that a crucial variable in an alcoholic's prognosis is his wife's capacity to manage the marital difficulties consequent to alcoholism and this capacity is determined by her personality. The study also presented evidence that treatment outcome is largely determined by marital interaction processes.

Edwards et al. (1973), conclude their exhaustive review of all previous studies and theories pertaining to wives of alcoholics with the observation that wives of alcoholics have essentially normal personalities of different types, rather than of any one particular type. They may suffer personality dysfunction if their husbands are active alcoholics but the dysfunction is reduced with increase in duration of abstinence. Concurrent with these personality functions are changes in the wives' methods of coping with their husbands' drinking patterns and in the roles the wives play within the family. In all of this, they observe that these women are just like other women experiencing marital
problems and are not unique.

THE WIFE : EFFORTS IN COPING

Lewis (1937), provides a description of the problems and coping behaviours used by wives of alcoholics, on the basis of detailed intake sessions. She reports that the unbearable tension created by their husbands' drinking, brought these women to the agency for help. The threats perceived by them, involved a question of personal survival and fell in four general areas i) economic debacle ii) resentment of adolescent children and loss of respect of both parents iii) strain on wives physical health and iv) fear of loss of her husband. Protective defenses of projection, displacement, rationalization and identification were used by them to deal with the conflict and ambivalence they experienced regarding their own role in their marital problems. Many of them were aware of their husband's drinking at the time of marriage and did not want it to be stopped but only moderated and controlled.

Beginning with the pioneering efforts of Orford and Guthrie in the late 1960's, several researchers turned the focus of the psychosocial theory towards the spouse of the alcoholic and her method of coping with his alcoholism. Orford and Guthrie (1968), factor analysed the responses of eighty wives of alcoholics to fifty questions pertaining to the coping strategies used by them. They identified five distinct coping styles used:

1. Withdrawal within marriage : This includes quarrels about drinking, avoidance of the husband, sexual withdrawal and avoidance of her own feelings.

2. Protection : Involves pouring out his liquor, insisting that he eat and talking to his employer on his behalf.

3. Attack : Locking him out, initiating talk about divorce.

4. Safeguarding family interest : Settling his debts, giving him money, keeping children out of his way.


James and Goldman (1971), attempted to integrate Orford and Guthrie's
(1968) coping styles in wives of alcoholics with Jackson's (1954) stages of family adjustment and studied their relationship to the four stages of their husbands' alcoholism (social drinking, excessive drinking, alcoholismic drinking and abstinence). They studied eighty-five wives of alcoholics and reported that all wives used more than one coping style; for example, almost all wives tried pouring out liquor (protection style) and had argued with their husbands about drinking (withdrawal style). If the husband became violent and aggressive the wife more often used the withdrawal and attack styles. "Withdrawal within marriage" was the most frequent style of coping and in contrast to Jackson's (1954) observations, was found in fifty percent of the cases, even when the husband was abstinent. The coping style depended on the intensity or frequency of the alcoholismic episode. The authors supported Jackson's (1954) formulations, since they found that the different ways of coping and the stages of alcoholism are highly correlated as they rise and fall. They also comment that correlation itself lends no proof of causation and that one may cause the other as Jackson (1954) suggested (the alcoholism causes the coping behaviour) or they may both be caused by some outside factor as stressed by Whalen (1953) and implied by Orford and Guthrie, 1968 (the wife's personality causes the alcoholism and also her coping behaviour).

In conclusion the authors favour the notion that the husband's personality causes the alcoholism which in turn causes the coping behaviour of the wife.

Two Indian studies addressed themselves specifically to the issue of coping styles delineated by Orford and Guthrie (1968). Chakravarthi and Ranganathan (1985), administered the Eysenck Personality Inventory and Orford and Guthrie's coping with drinking questionnaire to forty six wives of alcoholics. They found that discord, fearful withdrawal and avoidance were the most consistent styles used. Discord ranked the highest and 'Competition' was the least used. Marital breakdown was also a rarely seen coping style. None of the wives in their sample was extraverted and the fearful withdrawal style was found to be positively related to the extraversion score and negatively to indulgence. They also report that all styles were used more as neuroticism increased except for 'competition' and 'assertion', an observation made earlier by Orford and Guthrie. They conclude with the observation that both, the personality of the wife and the husband's drinking behaviour influence the coping behaviour of the wife.
Similar findings regarding coping styles preferred by Indian wives of alcoholics were reported by Rao and Kuruvilla (1992), who administered the Orford and Guthrie questionnaire to thirty wives. Their results revealed that "discord" and "avoidance" were styles used by the majority while those least preferred were "marital breakdown" and "competition". They did not obtain any significant statistical correlations between the coping behaviour of the wives and background factors such as duration of marriage, duration of alcoholism, socio-economic status and wives' educational status. They also observe that the wives cope with their husband's alcoholism according to their personal assets and cultural upbringing. They conclude substantiating Goldman's (1971) position that "the husband's personality causes the alcoholism which in turn causes the coping behaviour of the wife".

Orford and associates continued their investigation of coping styles in wives of alcoholics and in 1975 related it to the prognosis of alcoholism in the husband, in a longitudinal study of hundred wives. They found that the 'withdrawal' style characterised by avoidance, sexual withdrawal, refusing to talk, feeling frightened, seeking outside help, making special financial arrangements and contemplating termination of marriage was most consistently associated with a relatively poor prognosis. On the other hand with regard to fifty six specific coping style items in their questionnaire, not a single item showed a statistically significant higher frequency in those respondents who had a good therapeutic outcome. They also observed that more coping styles were tried by the wives as the husband's drinking became severe and disruptive.

A similar study to assess coping styles and drinking outcome was carried out by Schaffer and Tyler (1979), who administered the Orford and Guthrie questionnaire to one hundred and twenty four Al-Anon wives, factor analyzed the data and identified nine styles of coping. Their findings support the hypothesis that coping styles used are related to drinking outcome. They found that a coping pattern which was nurturant and caretaking was negatively related to sobriety. They observe that confronting the husband about his drinking in an indirect and non-threatening manner enables him to realise the harm that he is doing to the family. They found a negative relationship between sobriety and the wife taking specific action against the husband such as divorce or desertion. If on the other hand, she is able to communicate
her feelings of distress and frustration to her husband in a manner which he perceives as safe, the probability of his attaining sobriety increases. Their finding is similar to Orford et al., (1975), who suggested that an 'engagement but discriminated' coping style was associated with a favourable outcome. They conclude with the observation that the wife's behaviour may influence her husband's drinking, but that the reverse was also possible (James and Goldman, 1971) or that each may influence the other.

A descriptive paper by Wiseman (1975), based on extensive interviews with 75 wives of alcoholics in Finland, portrays vividly the pressures and options open to these women (termed as co-alcoholics) who have husbands given to excessive drinking. Initially, they may suspect that their marital problems are due to his drinking but their position of relative powerlessness to their husband, combined with his strong denials makes it difficult for the wife to diagnose the problem of alcoholism. "This period of indecisiveness takes a heavy psychological toll on the wife and the relationship. A considerable period is spent initially trying to talk it over with him, to get him to quit, to go in for treatment, often pleading and threatening to leave him. Her hopes may be raised by a series of temporary sobrieties and institutionalisations only to be dashed again by his frequent relapses. As the alcoholism progresses, she finds herself married to an empty shell since he becomes increasingly unable to meet the economic demands of the family or may be diverting all his income to fuel his requirement of alcohol. He becomes undependable in keeping his promises and the maintenance of his responsibilities towards the family. The companionship aspects of the marriage recede dramatically and there may be a virtual breakdown of communication between the partners. They eat few meals together because of his erratic eating and sleeping schedule. Their sex life becomes intolerable because of his roughness or non-existent because of loss of interest of either or both spouses. Socially they go out very rarely since he picks up quarrels with relatives and friends who withdraw. His drinking is accompanied by dramatic mood shifts which are cyclic". Wiseman observes that women who remain wives of alcoholics have two options available. The first, faced by the majority is a life of isolation and despair and the second option of the minority is to achieve a separate and satisfying experience within the alcoholic marriage. The latter involves
building a new life for themselves by increasing their independence, employment skills and job opportunities, increasing their spatial, temporal and social independence while continuing to co-exist with their alcoholic husband.

Wegscheider (1981), holds that the family attempts to reorganise and various adaptive roles are developed as the alcoholism progressess. He classifies these patterns as the enabler, the hero, the scapegoat, the lost child and mascot. The enabler, mostly the wife takes over the control of the family and assumes the responsibilities previously held by the alcoholic. She is often perceived as stoic and strong willed. The other patterns of behaviour are usually seen in the children. For instance, the eldest may take over as 'the hero'; the'mascot' may be attention seeking and demonstrates immature behaviour and 'the lost child' may become withdrawn and seclusive.

Griner and Griner (1987), observe that denial, secretiveness, lack of honesty and suppression of feelings are observed with remarkable consistency in alcoholic families. The family develops coping strategies to maintain the integrity of the family unit. Eventually when the family's coping mechanisms fail, efforts are made to escape the problem through divorce or separation.

Orford (1992), based on extensive case studies and qualitative methods of data collection modified the 'coping with drinking' questionnaire and in it's latest version identifies eight coping styles termed as emotional, tolerant, inactive, avoiding, controlling, confronting, supporting and independent. He has extended the understanding of coping within the marital dyad to other systems such as the work environment and community agents and observes that universal features seen in responding to alcoholics revolve around questions of control, confrontation, collusion and support.

V. SYSTEMS THEORY APPROACHES

The late 1960's and the early 70's saw the introduction of the systems theory to understand the dynamics of the alcoholic marriage. This saw the focus of investigation shift from the pathology of spouses and their response to stress, to understanding the family as a unit. The family was envisaged as a dynamic system of interdependent role networks and transactional patterns of its members, striving to maintain a state of equilibrium or homeostasis.
Also termed as the 'interactionist perspective', this model developed by social psychologists held that each member's respective personality, position or status in the family and role has its unique significance for the functioning and character of the family unit. The "structural-functional" approach views the family as a self contained social system composed of interacting and interdependent elements. The nature of the integration of these elements within the whole system is emphasised and consideration is given to how each element of the system relates functionally or dysfunctionally to other elements of the system and to the total system.

Alcoholologists using this conceptual framework tried to understand the alcoholic marriage in terms of role performance, status, interpersonal transaction and maintenance of family homeostasis. A few important contributions from this perspective are reviewed in this section.

As early as 1957, Jackson labelled the relative constancy of the family's internal environment "maintained by a continuous interplay of dynamic forces" - the family homeostasis. She observed that since family survival characterised by family homeostasis is paramount to the family, it may even enlist maladaptive behaviours in its bid to survive. In alcoholic families the alcoholistic behaviour becomes part of the family's homeostatic mechanism. Ewing and Fox (1968), stated that the family homeostasis is the perpetuator of drinking patterns and must be changed if the drinking is to be controlled. The wife copes with her own unacceptable dependency wishes by adopting the mastery of the family when the husband's excessive drinking causes him to drop responsibilities. They hold that the behaviour of each spouse is rigidly controlled by the other, as a result efforts by one to alter his or her typical role behaviour threatens the homeostasis and is resisted by the other.

Davis et al. (1974), integrated concepts from learning theory to the systems perspective and supported the notion that drinking has certain adaptive consequences which reinforce the drinking pattern. These adaptive consequences may operate at the intrapsychic, intracouple or on the family or wider social system. Chafetz et al. (1974), observed that problem drinking persists because it has homeostatic systems benefits thus being constantly and perhaps unwittingly reinforced in the family system. Bowen (1974), observes that
families of alcoholics are described as enmeshed, with diffuse generational boundaries, extreme overactivity, chaotic disorganisation and overt or covert suffering on the part of all family members. He opines that alcoholism as dysfunction exists in the context of an imbalance in functioning in the total family system. The family members in part are responsible in maintaining dysfunction in the alcoholic. Janzen (1978), explained the importance of the family systems approach in understanding alcoholic families. According to her, the family system rather than the alcoholic alone is pathological and alcoholism is only a symptom of the malfunction of the system. A change in role behaviour precipitates crisis in the system as a whole. This accounts for the fact that when the alcoholic changes, new adaptations are required of other family members in order to maintain the family homeostasis.

Riskin (1963), subscribed to the systems perspective by viewing the family as a dynamic system, receiving continuous inputs which tend to distort its equilibrium. The input may be in the form of an external stress such as a job change, war or an internal stress such as a birth or death. He holds that the family, irrespective of the nature of the stress over a period of time develops certain repetitive, enduring techniques or patterns of interaction for maintaining its equilibrium. These homeostatic mechanisms are characteristic for a given family.

Based on a study of 28 couples with alcohol related marital conflict for 8 months, Karlen (1965), observes that the individual neurotic tendencies of both alcoholic husbands and their wives make for the basic discordance in their marriage. Both partners glean from the conflicted marriage some secondary gain whereby each finds some necessary outlet for personal frustrations. A pathological homeostasis is thus achieved and the conflicted marriage is perpetuated.

Lazer et al. (1982), elaborate on the role of alcoholism in the family system and observe that the alcoholismic behaviour becomes integrated into the family system and becomes part of the family's life and stability so that there is a reciprocal need to maintain one another. The family system has specific built in mechanisms for its own functioning and survival which includes roles, organisation, boundaries, rules, information exchange and control.
mechanisms which operate to maintain the family, as it satisfies the needs of its members in terms of nurturance, education and protection. Further, these operations tend to be conducted in an orderly fashion and do not deviate far from a prescribed range of tolerated behaviour.

Throwe (1987), considers alcoholism to be a multifaceted affiliation that directly affects the family as a total unit and each member as an interacting individual of that system. Four typical problems prevalent in alcoholic families involve altered communication patterns, role difficulties, poor sexual interaction and aggressive behaviour.

FOCUS ON INTER - SPOUSAL COMMUNICATION

Several researchers evinced interest in understanding communication patterns and transactional dynamics within the alcoholic family system. Finlay (1966), observed that an emerging trend appearing in the literature on alcoholism is from the viewpoint of communication, interactions and transactions within the family system. Drunkenness is regarded as one facet of a life style in which the person avoids responsibility on a global scale. This style is actively reinforced by other family members and becomes habitual since other family members do not constantly and effectively challenge or disrupt the alcoholics' modus vivendi. This understanding is thus similar to that of Davis et al. (1974) who used concepts from learning theory like 're-inforcement' to explain how other family members are responsible for sustaining alcoholistic behaviour.

Hanson et al. (1968), explored the communication pattern in nineteen alcoholic couples using a Personal Behaviour Questionnaire and elicited their feelings and attitudes on three major areas namely; feelings about self, relationship with others and factual information about daily activities. They conclude that the communication pattern is predominantly unidirectional with more information about feelings and attitudes being revealed by the wife to the husband than vice versa. They also found that the wife's perceptions of their husband was more negative than his perception of himself and her.

Gorad et al. (1971), against the background of general systems theory, communications theory and theories of family interaction formulated a communications or interpersonal - interactional model of alcoholism. This
approach is not concerned with intrapsychic dynamics or personality typologies but focusses on the interpersonal mechanisms, techniques and types of messages used in alcoholic families. They view drinking not as a symptom of a personality disorder but as an element in a social communications system. Drunkenness is considered to be symptomatic in that it obtains an effect on the other person through indirect responsibility avoiding manoeuvers rather than through direct communication and enables the alcoholic to dissociate from the consequences of his inebriated behaviour.

Gorad (1971), tested these hypotheses through an experimental analog of decision making, cooperation and competition in twenty alcoholic couples and an equal number of normal control couples in a laboratory game-playing situation. He notes that alcoholic couples used "one-up" messages significantly more than non-alcoholic couples. Their communication style is highly competitive and their interaction marked by rigidity of complementarity. He also discredits the notion found in literature regarding the dominance needs of the wife which makes her choose a passive-dependant spouse since his findings indicated that the wife was no more dominating than the husband is and no more than normal husbands and wives dominate one another.

Observations of interaction patterns in alcoholic couples during therapy has been reported by Hersen et al. (1973), who noted that wives looked more at their husband during interaction related to his drinking problem than other issues. By contrast the alcoholic looked longer at his wife during non-alcohol related interactions. A related observation was made by Becker et al. (1976), who observed interaction between twelve married couples, six of whom had alcoholic husbands. They report that the husbands tended to speak more during alcohol related conversations, while the wives spoke more while discussing other topics. Wives in both groups looked at their spouses more than their husbands did during alcohol focussed conversations. These observations are in consonance with Stuart's (1969) contention that unsuccessful marriages are characterised by each spouse attending more to the others negative as opposed to positive behaviour.

Glass (1977), in a paper on multiple couples treatment for alcoholics and their spouses comments that a recurring theme in alcoholic families is
the inability of each individual to express directly his or her feelings to the other. Instead, years of dissapointment and frustration cause them to negotiate and guess at what one thinks the other wants and consequently, to behave as one thinks the other desires.

Frankenstein et al. (1985), studied the effects of intoxication on marital communication and problem solving in eight alcoholics (two women) and their spouses using an experimental design. Their Locke-Wallace Marital Adjustment scores revealed substantial marital distress. Prior to the experimental session, the alcoholic was permitted to drink to reach a mean blood alcohol level (BAL) of 10 mg (dl.) They were then required to discuss alcohol problems and marital problems of major and minor significance to them. A week later the session was repeated but this time without consumption of alcohol (BAL = 0). All marital interactions were coded from videotape on the Marital Interacting Coding System (MICS). Data analysis revealed that alcoholics on the average spoke more in the interaction than their spouses. They were seen to speak significantly more when intoxicated than while sober and more than their spouses did when the alcoholics were intoxicated. The non-alcoholic spouses were significantly more positive verbally in the alcohol session and less positive verbally in the non-alcohol session than their partners. The alcoholics made more problem solving statements than their spouses and made more problem describing statements when intoxicated than when sober. Further the alcoholics exhibited significantly fewer positive non-verbal behaviours and were more negative non-verbally than their spouses. The authors conclude by extending support to the social-learning and systems theory models of the role of marital factors in the maintenance of alcoholism. They comment that certain functional benefits may derive from intoxication which reinforce drinking behaviours. These effects may be increased positive verbal exchanges, increased talking and perhaps increased problem solving potential.

In another study of the nature of communication and interaction patterns during dry and wet spells, Liepman et al. (1989), studied twenty alcoholic families alternating between the two phases, using seven dimensions of the Family Assessment Device. They observe that both partners reported better problem solving ability during the dry than the wet phase. The wives reported better communication and role status during the dry phase and both partners
admitted to higher levels of family pathology during the wet phase and the wives believed that general family functioning was better during dry periods and worse during wet periods than did the alcoholics. Both the spouses also reported better communication and role status during the dry phase and both partners reported better behaviour control during abstinence. Both admitted to higher levels of family pathology during the wet phase and wives believed that general family functioning was better during dry periods and worse during wet periods than did the alcoholics. Both the spouses also reported better affective involvement during dry periods.

The impact of type of alcoholism on marital interaction was investigated by Jacob and Leonard (1988). They divided 49 alcoholics as 'steady' and 'episodic' alcoholics and observed their interaction pattern with their wives. Different interaction patterns were observed for both groups. On 'wet' nights, the episodic alcoholic couples evidenced less problem solving than did the steady alcoholic couples. It was also seen that on wet nights the episodic alcoholics showed more negative interaction styles than their wives whereas among the steady alcoholic couples, the wives were more negative. Further, the interaction displayed by the episodic alcoholics and their wives was suggestive of a coercive control pattern while a high level of problem solving styles was seen in the steady alcoholics and their wives.

Varalakshmi (1988), also reported dysfunction in all areas of family interaction in alcoholic families. In a comparative study of 30 wives of alcoholics and non-alcoholics, she obtained significant differences for both groups with regard to general health, family burden and family interaction pattern. All the wives of alcoholics in her study had physical or mental health problems and faced burden in areas related to finance, family routine activities and leisure time activities.

In a comprehensive paper, Ward and Falliace (1970), describe how the systems perspective can provide better insight into the dynamics of the alcoholic's family. They contend that certain kinds of interaction which the alcoholic has with his family tend to reinforce the drinking behaviour. The relationship between the spouses is a rigid pathological complementary relationship which is circular in nature. Each partner's behaviour provokes and pre-supposes the others response and vice versa. They examine the
significance of 'denial' often observed in wives of alcoholics and explain that it protects the self-esteem of the spouse and enables her to disown her role and responsibility in the husband's drinking. Further, denial of alcoholism by the wife reinforces the same in the husband and is utilized to preserve the family homeostasis which gets disrupted if denial is not employed. They also discuss the punishment and forgiveness patterns frequently seen in spousal interaction and contend that the alcoholic learns to behave in a particular manner to earn his wife's forgiveness. Alternatively, if the wife is critical or punitive, it lowers anxiety in the alcoholic by relieving his guilt and shame. Thus Ward and Falliace consider pathological drinking as a circular, self-perpetuating behaviour which is maintained to preserve the homeostasis of the family system. The authors suggest that three levels of interactional systems ought to be considered - the complex behaviour determinants within the individual, the behaviour and response modes within the family system and that of the larger sociocultural environment.

Steinglass et al. (1971), using the systems approach presented an interactional model of alcoholic families. They contend that family members manipulate others in the system and adjust their behaviour in order to maintain a "complementary relationship of psychopathology, needs, strengths, cultural values etc within the family". The drinking may be a symptom of reaction to stress within the system or may be an integral part of the functioning of the system in that it may serve certain unconscious needs of the members in areas such as role differentiation or power distribution. Thus though alcoholism is viewed as dysfunctional or maladaptive from an individual perspective, the family-systems model suggests that drinking behaviour is maintained owing to the adaptive consequences it has in an alcoholic's relationship with his family. The work of Steinglass and associates integrates the systems perspective with concepts of learning theory since interactional patterns within the family system are said to be maintained by virtue of the reinforcement which accrues.

Steinglass and his co-workers are credited with the first study of interactional behaviour of alcoholic couples based on observed data in a simulated home environment (Kaufman, 1985). They were the earliest researchers to study the impact of alcoholism from a developmental perspective.
They contend that since alcoholics cycle between long periods of drinking and abstinence and show fluctuations in their drinking pattern, its impact on the family's life history as it develops would also vary. They observe that most studies have compared alcoholic families with normal families without regard for the developmental stage of the family (Steinglass et al., 1977).

Based on clinical observations of interactional behaviour of active alcoholic families, Steigllass et al. (1977), observed that these families were often characterised during intoxication by adaptive behaviours which increase the equilibrium of the family temporarily. The families were observed to vary in the direction of use of these behaviours. For instance, in some families equilibrium is restored by increasing interactional distance or reducing physical contact or reducing tension in the family; whereas others may reduce interactional distance, use disinhibition or maintain distance from the social environment. They observe that there exists a complex rather than a unidirectional relationship between alcoholism and family life and that the family's use of alcohol for adaptive purposes is an example of a family-level variable influencing the impact of alcoholism on the various members of the family and on the health of the family itself.

In yet another paper Steinglass et al. (1985), used the Home observation Assessment Method (HOAM) to study interactional patterns in thirty one couples and related it to subsequent drinking and marital status outcome. In a longitudinal study of the couples over a six month period during which they were observed in nine sessions of four hours duration each, the interaction pattern of their respondents was assessed on parameters titled: Intra family engagement, Distance regulation, Extra family engagement, Structural and Content variability. After a two year follow up phase, data was re-collected along with details of their marital status. Regarding pattern of drinking the authors report a consistent pattern of behaviour; either the alcoholic had stopped drinking (stable dry families) or continued drinking (stable wet families) or showed an alternating pattern of dry and wet spells. They suggest that 'stable dry' families are at a later developmental phase than the 'stable wet' or 'alternator' families. They found that in terms of marital status, after the two year follow up phase, all the stable dry families remained intact,
as did all but one alternator family and that half of the stable wet families had separated. They report that the dimension of intra family engagement was the most important variable which determined the outcome of drinking and long term marital stability and conclude that it is the quality of internal family functioning that counts most in determining long term viability of the 'stable wet' marriages. The trend indicated that those 'stable wet' couples who had separated, reported higher alcoholism related physical consequences for the alcoholic member. They also found that separated couples had demonstrated higher levels of psychological distress during the initial six month phase of the study.

Thus the most significant contribution of Steinglass and his associates was to study the impact of alcoholism in accordance with the developmental stages of the family as it evolves. Further the credibility of their conceptualisations is substantiated by the comprehensive experimental methodology they have adopted and the longitudinal nature of their study. Their efforts signal a refinement of earlier systems perspective studies by introducing the developmental perspective and accounting for the fluctuations in drinking patterns seen in most alcoholic families.

Steinglass et al. (1987), based on their extensive observations of alcoholic families developed a 'Life History Model' of the alcoholic family with four basic tenets:

1. Alcoholic families are behavioural systems in which alcoholism and alcohol related behaviours have become central organising principles around which family life is structured.

2. Alcoholism has the potential to alter the balance that exists between growth and regulation within the family mostly in the direction of an emphasis on short term stability at the expense of long term growth.

3. The impact of alcoholism on family systemic functioning is most clearly seen in the changes that occur in regulatory behaviours as the family gradually accommodates family life to the coexistent demands of alcoholism.

4. The types of alterations that occur in regulatory behaviours in turn influence the overall shape of family growth and development - changes in the
normative life cycle called "developmental distortions."

They contend that the dynamics of the alcoholic family system is different from other family systems since the family's life cycle becomes distorted by the superimposition of an alcoholic life history on the customary life cycle. The regulatory behaviours within the alcoholic family, shape overall patterns of family behaviour that are differentially receptive to the presence of chronic alcoholism. That is, certain family styles are conducive to the maintenance of alcoholism while others are not. Secondly, regulatory mechanisms may themselves be taken over, altered or co-opted by alcoholism.

Steignlass et al. (1987), observe that a substantial number of alcoholic families evolve a long term relationship that may entail significant restrictions of family life. In the short run alcoholism may not be perceived by the family as a significant threat to its survival, but over time may sap the family's energy and resources. Alcoholism affects the fundamental aspects of family life - daily routines, family rituals, family problem solving strategies, so profoundly as to shape the entire course of their family history.

In a review of the work of Steinglass and his associates, Kaufman (1985), concurs with their notion that alcoholic families are significantly different from their non-alcoholic counter parts in cohesion, level of conflict and problem-solving style. He also observes that such families pass through stages of their own disease called co-alcoholism and that these stages may be described as: a) anticipatory; b) denial; c) protection and anger; d) panic and despair; e) deterioration. He further classifies alcoholic families into four types: functional, enmeshed, separated and absent. Kaufman's contention of co-alcoholism in family members, is similar to Jacqueline Wiseman's (1975) earlier concept of "alter-deviants" or "co-deviants" which she uses to refer to people in close relationships like spouses, parents and siblings who are affected by their relationship with a deviant person.

**TRANSACTIONAL ANALYSIS PERSPECTIVE**

Eric Berne's (1961,1973), transactional analysis (TA) provided a theoretical framework by using psychoanalytic concepts to the understanding of human behaviour and interpersonal transactions. It provided an understanding of the family system by emphasising the relationship between individual
needs, family roles and family rules for interaction. Berne holds that each individual develops a 'script' or life plan in childhood which governs his life and involves a set of beliefs about oneself and the worth of others. Further every family develops a systematic set of rules and interactional sequences or 'games' where members play distinct 'roles'.

Several alcohologists have used the TA perspective to explain the interactional dynamics of alcoholic families. Steiner (1969), considered alcoholism as a script or life plan for self-destruction. He held that alcoholism rather than being an entity in itself was the end result of the alcoholic 'game' - a systematic set of rules and interactional sequences. Alcoholics engage in recognisable and repetitive interpersonal sequences involving alcohol which obtains a certain interpersonal pay off (reinforcement). The alcoholic's script is based on the existential premise "I am not ok and so are you" and he engages in transactions with others from this viewpoint. Steiner (1971), describes three distinctive games which alcoholics play and titled them: "Drunk and Proud", "Lush" and "Wino". In all the three games, the alcoholic manages to put himself in a position of being disapproved of, which helps others to feel virtuous and blameless. The significant others of the alcoholic fill in the roles of "Persecutor", "Dummy", "Patsy" "Rescuer" or "Connection". The games differ in their dynamics, aims and the roles assumed by the other who allow the game to continue. Steiner also observes that often the therapist may get caught up in the alcoholic's script and usually assumes the role of Patsy, Persecutor or Rescuer. He observes that when the alcoholic attempts sobriety, his significant others who had been players in his game of "alcoholic" experience a vacuum in their lives and will apply pressures on him to drink. This observation thus has tinges of the earlier mentioned decompensation hypothesis since it holds that the family members sustain alcoholism in order to preserve themselves. Thus treatment of alcoholism from the TA perspective would involve development of a substitute game, change of the alcoholic's script and role changes in the various players of the "alcoholic" game.

Paolino and Mc Crady report a study by Griffith et al. (1968), where a substitute game involving the use of antabuse was developed as part of a treatment program for a group of alcoholics and their wives. The rules of the new game were designed to eliminate the roles of Persecutor or Rescuer
for the wife and eliminated the transactional payoff for drinking to the alcoholic. After twelve months Griffith et al reported an abstinence rate of seventy six percent. They report various means by which the alcoholics and their wives tried to undermine the substitute game but conclude that most wives were generally supportive, were not provocative, rarely forgot to give antabuse and were rare in their statements about drinking.

Based on the framework of systemic organisation, Friedemann (1989), has developed the congruence model as a client-centered intervention that focuses on coping and problem solving in couples. In concordance with general systems theory, families are seen as interrelated systems and constituents of a universal order. According to the framework of systemic organisation, the ideal condition of all systems is congruence, a dynamic state in which systems and subsystems are atuned to one another and the universe. Families are described as healthy if they are congruent internally and with the systems in their environment. Families use behaviours that fall into two categories, control and spirituality in order to maintain congruence.

Friedman and Youngblood (1992), have demonstrated on the basis of therapeutic intervention using the congruence model how brief therapy of 8 to 15 sessions can enable change in family behaviour, rendering the use of alcohol less essential to maintain relationships.

ALCOHOLISM AND THE FAMILY ENVIRONMENT

Besides research into aspects such as communication and interaction patterns and the adjustment process of the family to alcoholism, several researchers evinced interest in understanding other aspects related to the family environment such as cohesion, consensus, conflict, hostility and the satisfaction and adjustment of individual members within the family system.

An early experimental study on the effect of couples treatment on alcoholism was grounded in the belief that alcoholism and marital conflict are interrelated. Burton and kaplan (1968), compared the effects of group couples therapy and individual psychotherapy for one or both partners of alcoholic couples. They found that couple counselling led to a higher percentage of positive subjective feelings about the outcome of therapy than individual counselling, even when both partners received individual treatment. The authors
conclude that it is important to treat the total alcoholic marriage system in order to effect positive changes within the behaviour and feelings of an individual.

The importance of the marital relationship in positively influencing treatment outcome in alcoholism was also demonstrated by Bowers and Al-Redha (1990) who randomly assigned sixteen alcoholics to two out-patient treatment groups. One group received conventional individual treatment while the other received group therapy along with their spouses. Treatment outcome was assessed on alcohol consumption and measures of marital adjustment, social functioning and work functioning at pre-treatment, post-treatment, 6-month and 1-year follow-up intervals. At termination of treatment the two groups did not differ significantly on any of the outcome measures but reduced alcohol consumption trends were observed at the two follow-up points. Further better marital adjustment scores and higher social and work related relationship scores were seen at the two follow-up points. Thus couple therapy appeared to facilitate greater maintenance of improvement.

The relationship between therapeutic outcome in alcoholism and the characteristics of the marital relationship was also demonstrated by Orford et al. (1976). Information was elicited from one hundred alcoholics and their wives. Marital cohesion was measured based on the report of the spouses regarding mutual affection, involvement in family tasks, favourable spouse perception and optimism about the future of the marriage. Better treatment outcome was found for patients who had cohesive marriages. Marital cohesion was related to the husband's job status, his level of self-esteem and the degree of hardship reported by the wife. The authors observe that non-cohesive marriages in which the partners give and receive little attention, have few socially desirable phrases to describe one another and have a pessimistic opinion about the future of the marriage, show treatment outcomes several times worse than for comparable cohesive couples.

In a marital systems study Zweben et al. (1988), compared the effectiveness of conjoint therapy with a single brief session of advice and counselling involving the spouse lasting one and a half hours, to out-patient treatment consisting of eight sessions based of communication-interaction approaches also involving the spouse. 116 alcoholic patients were randomly
assigned to the two therapeutic groups. The treatment outcome was measured by the Dyadic Adjustment Scale (Spanier, 1976), the Spouse Hardship scale (Orford and Edward, 1977), Drinking Consequences scale (Armor et al., 1978). It was seen that both groups showed moderate levels of alcohol related difficulties and relatively non-distressed marital relationship. No difference was seen between the groups in terms of treatment outcome or percentage of heavy drinking days. This study based on the systems perspective indicated the importance of spouses involvement in alcoholism treatment.

The effectiveness of three types of spouse-involved behavioral alcoholism treatment was reported by Mc Crady et al. (1991), who randomly assigned 45 alcoholics and their spouses to three groups. Group I received minimal spouse-involved treatment, Group II alcohol focussed spouse involvement and Group III received alcohol focussed spouse involvement along with behavioral marital therapy. A follow up was done eighteen months after therapy and all three groups reported decreased frequency of drinking and decreased frequency of heavy drinking and improvement in reported life satisfaction, corroborated by independent spouse reports. While alcoholics in Groups I & II showed a gradual deterioration, those in group III were less likely to experience marital separation and reported greater improvement in marital satisfaction and subjective well being than other groups. Group III subjects also showed a gradual improvement in proportion of abstinent days. Their study thus found support for the assumption underlying Behavioural Marital Therapy that improved drinking and marital adjustment are associated with improved individual functioning.

O'Farrell (1994), reviewed 23 research studies on treatment of alcoholics involving some form of marital or family therapy. He identified three theoretical approaches which formed the basis of intervention in these studies. He found that the most widely used method was based on the family disease model and followed a psychoeducational approach, but had the least support in terms of treatment outcome. The next approach was based on the family systems perspective. He found that research support was the strongest for BMT (Behavioral Marital Therapy) though it was not widely used. BMT methods primarily address drinking reduction and relationship improvement with relatively little attention to the individual psychological concerns and well
being of the spouses except as they relate to the drinking or present resistance to BMT procedures. Improvement of relationship between the spouses is the essence of the BMT model.

Similarly, Moos (1979) commenting on the importance of marital dynamics in the families of alcoholics observes that families in which the alcoholic showed a better treatment outcome were higher than others in cohesion, active recreational orientation and organisation, lower in conflict and control and reported more positive and fewer negative life experiences.

The role of the family environment in triggering relapse in treated alcoholics has been established by Brown et al. (1985). They found that factors such as high emotional involvement, family activity and tension, low level of mutual love and husband-wife consensus as predictive of high relapse rates.

Moos and Moos (1984), studied 54 recovered and 51 relapsed alcoholics two years after the completion of residential treatment and compared them to 105 socio-demographically matched families of community controls. Three sets of family functioning indices namely; role functioning, family environment and husband-wife congruence were studied. It was seen that the families of recovered patients were functioning as well as the control families. On the other hand, the families of relapsed patients showed less cohesion, expressiveness and recreational orientation and were lower in agreement about their family environment and reported more arguments than the families of recovered patients and the community controls. Altered role functioning was also seen in the families of relapsed patients with the non-alcoholic spouse performing more household tasks and the alcoholic partner performing fewer. The family functioning in these families was affected by life events, stressors, the spouse's level of dysfunction and the adequacy of the alcoholic partner's adaptation.

Desai et al. (1992) studied the relationship between life events and relapse. They studied a clinical sample of 56 male patients and collected data from 45 of them after a follow up period of six months using the Presumptive Life Events Scale. The respondents were categorised into two groups; relapsed and non-relapsed group. The baseline status of both groups showed no difference on total life events or type of events. However at follow-
up, the relapsed group was seen to have more life events and showed a positive relationship. Further relapsed patients reported more personal life events and undesirable events experienced by them. No difference was seen between the two groups with regard to desirable life experiences.

Moos et al. (1982), in a two year follow-up study of 105 spouses of alcoholics (F-84, M-21) observed three major differences between spouses of recovered and relapsed alcoholics. The spouses of relapsed alcoholics drank more alcohol, experienced more negative life events, participated in fewer social activities and enjoyed less cohesion and active recreation in their family environment. The spouses of relapsed alcoholics were under more stress because of their partner's heavy drinking and experienced more mood and health related dysfunction than spouses of controls or recovered alcoholics. The stress may be owing to other factors such as loss of job, money etc. The authors reject the notion that spouses of alcoholics have disturbed personalities who's functioning is detrimentally affected by control of their partner's drinking. In conclusion they observe that spouses of alcoholics are basically normal people who are coping with disturbed marriages and behaviorally dysfunctional partners.

A study involving the perception of adolescent children with regard to their family environment was reported by Callan and Jackson (1986). 21 adolescent children of recovered alcoholic fathers were compared to 14 children having active alcoholic fathers and 35 socio-demographically matched children with non-alcoholic fathers, on aspects of family life and personal adjustment, parent-child relationship and perception of alcoholism. It was seen that children of recovered alcoholics and controls rated their families as being happier and more trusting, cohesive, secure and affectionate than children who had an active alcoholic father. Though similar scores were obtained for the three groups with regard to self-esteem and locus of control, the children of active alcoholics reported less happiness with their lives. The three groups however, did not differ in terms of their relationship with either parent.

Aruna (1988), compared thirty families of alcoholics with an equal number of families of schizophrenics and normal families with regard to their family environment and family burden experienced. Her findings revealed that in all the three groups, cohesion and conflict were negatively correlated.
The alcoholic group was more disturbed in all areas of their family environment and family burden experienced when compared to the normal group. Significant correlations were obtained for the alcoholic families with regard to variables such as achievement v/s disruption of family activities, organisation v/s effect on physical health and others and control v/s effect on physical health.

Sabhaney (1974), compared 30 male alcoholics and a group of 30 non-alcoholics with regard to family interaction, psychopathology and personality. He found that the experimental group differed from the other and showed more covert and overt hostility, poorer emotional perception of others, were leaderless with regard to decision making, had poorer goals and motivation, lesser cooperation and competition and were more reactive to stress.

The characteristics of the family environment was studied using advanced statistical techniques by Barry and Fleming (1990). They divided 280 subjects from three primary care clinics into four groups: 1. Alcoholics with a family history of alcoholism 2. Alcoholics with no family history. 3. Non-alcoholics with a family history of alcoholism. 4. Non-alcoholics with no family history. The Family Environment Scale (Moos and Moos, 1986) and the alcohol subscale of the NIMH Diagnostic Interview Schedule (Robins et al., 1981) were the tools employed for data collection. Three way analysis of variance revealed that group membership (1 to 4) had significant main effects on the dimensions of cohesiveness, expressiveness and conflict. Group I had lower cohesion scores than Groups 3 and 4. The cohesion scale results indicated lower family support and less feelings of togetherness in Group I. In terms of perceived family expressiveness there was a significant difference between Group I and Groups 3 and 4. Significant items on the expressiveness scale included family members keeping feelings to themselves and not sharing personal feelings with other members. More conflict was seen in Group I families than either of the non-alcoholic groups. Conflict scale results indicated significantly more fights and anger to the point of throwing things in Group I families. The study also showed that alcoholics with a family history of alcoholism perceived their present families as being significantly less cohesive, less expressive and more conflictual than non-problem drinkers regardless of their family history of alcoholism.
Perodeau and Kohn (1989), compared 31 male and 24 female alcoholics with a normative control group of social drinkers with regard to their marital functioning. The Dyadic Adjustment Scale (Spanier, 1976) was used for data collection along with other measures of marital status. It was seen that alcoholics of both gender reported poorer marital functioning and so did their spouses. Male alcoholics described less troubled relationship than the female alcoholics. Alcoholic couples were less congruent than control couples on conscious decisions regarding marital dissolution. Alcoholic wives had taken more steps towards marital dissolution than their husbands had whereas alcoholic husbands had taken fewer steps than their wives had. The authors observe that male alcoholics externalize their drinking and deny its impact on their marriage whereas female alcoholics acknowledge their drinking and take the blame for their marital difficulties. It was also seen that for the overall group of respondents, the greater the level of marital functioning, the lower the desire for change in the marriage as well as fewer were the efforts taken for the dissolution of the marriage.

A family history of alcoholism seems to influence several facets of problem drinking and was the subject of investigation of Fletcher et al. (1991), who studied 103 problem drinkers and 96 controls. Data was collected on Severity of Alcohol Dependence Questionnaire, General Health Questionnaire and disciplinary, financial and relationship problems. On all measures except financial problems, the problem drinkers were significantly more affected than the controls. 55% of the problem drinkers had a family history of alcoholism and this group was more severely affected on the scores of severity of alcohol dependence, general health and financial problems than family history negative subjects. The most severely affected group was those with a positive family history who also reported significant childhood problems and the least affected were those without a family history of alcoholism who did not report significant childhood problems.

Earlier, the effect of childhood exposure to parental alcoholism was reported by Beardslee and Vaillant (1986), who analysed records from a forty year longitudinal study of working class families. 176 men who had grown up with an alcoholic parent were compared to 230 men without such a
background. It was found that the degree of exposure to alcoholism in the childhood family environment was highly correlated in later life with alcohol use, alcoholism, time in jail, sociopathy and death. Most of the observed impairments occurred in those subjects who actually developed alcoholism. Exposure to alcoholism in the family environment was seen to contribute to later development of alcoholism in adulthood.

The influence of relationship with parents in childhood was explored in an Indian study by Soni et al. (1993). A comparative research design was used to study a purposive sample of 30 male alcoholics and their wives and a control group of 30 non-alcoholic males and their wives. The data obtained by administering the Family Relationship Inventory (Sherry and Sinha, 1977) revealed that non-alcoholics perceived themselves to have been more accepted by their parents in childhood. The alcoholics experienced their parents to have been more avoidant and rejecting, not having spent enough time with them and evincing less positive interest in them. The two groups did not differ significantly on the dimension of 'parent's concentration' suggesting that both groups placed similar demands on them to perform and achieve ambitious goals. The marital adjustment of the spouses was yet another area probed by this study and data was collected using the Marital Adjustment Scale (Kumar and Rohatgi, 1978). Better adjustment in their marital life was reported by the non-alcoholic couples than the experimental group. They perceived themselves as having a tendency to avoid or resolve conflicts and were satisfied with their marriage and each other, which was lacking in the alcoholic couples.

The issue of marital conventionalization as a contaminant in marital adjustment studies has been debated by several authors. Rychtarick et al. (1989), conducted a study with 143 alcoholics and their wives to assess if this aspect of social desirability is likely to influence the findings on marital adjustment in alcoholic families. They administered the Locke Wallace Marital Adjustment Scale (MAS), 1959 and the Marital Conventionalization Scale (MCS), (Edmonds, 1967) and subjected the scores to factor analysis, since simple covariation between the two sets of scores is not necessarily indicative of contamination. Their results indicated that alcoholics rated their marriage as much more satisfactory than did their wives and the difference between the spouses was statistically significant. It was also seen that husbands were
more likely to endorse items on the MCS in a socially desirable direction than were wives. Low correlations obtained between husband and wife total scores on the MAS and MCS highlighted the discrepancy in the self-report of the spouses regarding their marital life. Factor analysis obtained a single factor for men and two distinct factors (corresponding to MAS and MCS) for the wives thus revealing that alcoholics as a group had the tendency for presenting their marriage in an unrealistically favourable manner whereas this tendency was negligible in the wives. When the most conventionalising subjects were eliminated from analysis, the correlations for both spouses on the MAS went up.

Zweben (1986), found significant relationships between drinking problems and marital adjustment in spouses of alcoholics but not in the alcoholics themselves. He opined that alcoholics may need to avoid confronting their feelings about the marital relationship in order to reduce the level of stress experienced when attempting to deal with their alcohol problem.

The need to combine the systems theory perspective with the family stress model for a comprehensive, yet practical paradigm to direct family assessment and intervention in alcoholism has been suggested by Captain (1989). Intervention from the systems perspective may enable the family to renegotiate roles and patterns of interacting while therapeutic efforts from the stress perspective enables the family to balance its demands and capabilities. She observes that sobriety for the alcoholic without concurrent alterations in family member relationships and improved family functioning may lead to relapse and demise of the family unit. 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.

MARITAL AGGRESSION / VIOLENCE AND ALCOHOL USE

Previous research has indicated a relationship between marital status and alcohol consumption. Bacon (1944) observed that men arrested for inebriety were more likely to be single, separated or divorced and less likely to be married. A lower risk for alcoholism and alcohol problems among married individuals compared to single people has also been reported (Clark and
Midanik, 1982; Cosper and Mozersky 1968). The possibility that marriage may serve to protect the alcoholic from the consequences of excessive drinking was suggested by Bromet and Moos (1976) who found that married alcoholics appear to experience less severe problems than alcoholics of other marital status. It has also been noted that married people consume considerable less alcohol on the average than single, separated or divorced persons (Clark and Midanik, 1982). Studies have also indicated that both violence and heavy drinking are more prevalent in the early phases of family development, particularly the early marital years. For example, the violence rates among engaged and newly married couples has been reported between 30 and 40 percent (O'Leary et al. 1989, Mc. Laughlin et al. 1992). Alcohol consumption and its attendant problems peak during the early 20's and decline thereafter (Blane 1979; Clark and Midanik, 1982).

Zucker (1979), focussed on the transition from single to married status and found that this transition along with its attendant values serves to moderate alcohol consumption. Similar evidence to suggest that drinking diminishes over the course of transition to marriage has been provided in a longitudinal study by Miller- Tutzauer et al. (1991). Data from a national survey of 10,594 people from 1983 to 1985 was used by them to create four groups: 1) persons who were single for all three years 2) those married in 1984 3) those married in 1985 and 4) those married prior to 1983. Average daily quantity of alcohol consumption and frequency of heavy drinking were computed and related to a scale of alcohol associated problems. The findings revealed that the single group (Group 1) showed a higher level of alcohol consumption than Group 4. The drinking pattern of Groups 2 and 3 which showed a transition to marriage showed a decline in drinking a year prior to marriage and lower consumption rates into the first year of marriage. This reduction in consumption held for all types of drinkers; light, moderate and heavy.

The association between alcohol misuse and family violence has been documented by several researchers (Gerson, 1978; O'Leary et.al., 1989) Alcoholism has been implicated as an agent in incidents of rape, attempted homicide and wife battering (e.g., Amir, 1971; Nicol et al., 1973). The assumption underlying these findings is that the disinhibiting effect of alcohol
precipitates incidents which would otherwise not occur. However, Gelles and Straus (1979) do not subscribe to this view and hold that family violence would occur even if total abstinence was imposed on the family. The co-existing presence of alcohol helps to perpetuate the violence in so far as husband and wife believe that the violent act was the result of drinking (disinhibition, memory loss etc).

Pemanen (1976, 1981) studied the relationship between the occurrence of alcohol-induced violence and the cognitive impairment owing to its consumption. He attributed violence in interpersonal interactions involving problem drinkers, to their inability to interpret behavioural cues who owing to impaired judgement and abstract thinking may misinterpret cues from others.

Alcohol use by itself does not lead to violence observes Gelles (1985). He holds that cross-cultural studies of alcohol use and studies of marital violence suggest that men drink (or say they drink) to have a socially acceptable excuse for violent behaviour. In a psychiatric model to explain the association between alcohol use and violence, he focusses on the abuser's personality characteristics as the chief determinants of violence and abuse. Factors such as personality defects, psychopathology, sociopathology, alcohol or drug misuse or other intra-individual abnormalities are associated to family violence.

Several researchers have established that excessive alcohol consumption and alcohol abuse are significant risk factors for marital aggression. Coleman and Straus (1979) found considerably higher rates of marital violence among men reporting frequent drunkenness as opposed to those reporting rare or occasional drunkenness. Kaufman-Kantor and Straus (1990), examined the relationship between drinking patterns, occupational status and marital violence. They found that binge and moderately heavy drinkers displayed more marital violence than light drinkers. This observation held true even for white collar workers who were at a lower risk of marital aggression.

The relationship between alcohol abuse and physical conflict in marriage was reported in a sample of factory workers by Leonard et al. (1985) 484 workers were studied and the Conflict Tactics Scale (Straus, 1979) was one of the tools employed. Physical marital conflict in the subjects was related to a pathological pattern of alcohol consumption and a higher percentage of
physical marital conflict was seen among those with alcohol problems. Subjects with a diagnosis of alcohol dependence were more likely to have been in a fight than those with a diagnosis of alcohol misuse. Further the relationship between diagnostic category and being in fights or physical marital conflict was independent of sociodemographic variables such as age, religion, income, marital status and type of employment and psychosocial variables of general hostility and marital satisfaction. In a similar study, Leonard and Blane (1992), found that risky drinking was associated with marital aggression in a nationally (U.S.A.) representative sample of 22 year old men after controlling for demographic factors, hostility, self-consciousness and marital satisfaction.

Reider et al. (1988), found that the severity of alcohol related problems on the part of the husband was significantly related to the husband's cumulative violence towards his wife after controlling for anti-social behaviour perception of family conflict and age. That marital conflict is associated with problem drinking for men and depression for women was reported by Horoitz and White (1991). They observe that married people report fewer alcohol problems than those never married, but that this could be due to the selection of less problem drinkers into marriage. They found no indication that marriage reduces depression.

High rates of marital violence were also reported by Gondolf and Foster (1991), in a sample of 218 patients admitted to an alcoholism rehabilitation programme. Scores obtained on the Conflict Tactics Scale (Straus, 1979) revealed that more than one-third of the respondents reported assaulting their wives or partners in the previous year and one-fifth reported severe assaults.

In a cross-cultural study of problem drinking and violence, Kua and Ko (1991), studied 31 Chinese and 39 Indians admitted for treatment of drinking problems. Family violence with physical abuse was seen in 30% of this sample. One out of every three wives was reported to have been physically abused but no children were victims of alcohol related violence. Drinkers with family violence were generally younger and more severely alcohol dependant than the non-violent drinkers. There was no relationship between family violence and the ethnicity or marital status of the drinkers.

Another comparative study of thirty alcoholic and non-alcoholic families
regarding interaction pattern and prevalence of violence by Parvathi (1989), revealed that the wives of alcoholics reported more violence not reported by the control group wives. It was also seen that alcoholic families had unhealthy interactional disturbances in all the six areas of family functioning studied.

The relationship between drinking patterns and marital aggression was explained by a social-learning model propounded by Mc Andrew and Edgerton (1969). It holds that drinking and violence are linked primarily because the individual has learned that alcohol is a cause of violence and that he can avoid the responsibility for his actions by attributing his behaviour to alcohol. This implies that men who believe that alcohol facilitates aggression are more likely to indulge in marital violence than those who do not hold such a culturally reinforced belief.

In order to understand the etiological nature of the relationship between drinking, problem drinking and violence, Collins and Schlenger (1988), collected data from 1,149 convicted male felons classified as acute (drinking just before the violent act) and chronic (having a psychiatric diagnosis of alcohol abuse or dependance). Variation accounted for by age, race, marital status, education and criminal history were controlled. It was seen that the acute effects of alcohol use were found to be significantly associated with incarceration for a violent offense whereas chronic alcohol effects were not. These findings suggest that it is the proximal effect of alcohol use rather than characteristics associated with being "alcoholic" that is associated with increased likelihood of violence. Thus alcohol influences violence directly, acting through the acute effects of use, rather than indirectly through the effects of underlying or mediating factors.

Leonard and Senchak (1993), carried out a longitudinal study of 607 couples approaching marriage to assess the association between excessive alcohol use and marital aggression. To check the veracity of the hypothesis that beliefs that alcohol causes or excuses aggression and influences aggressive behaviour in problem drinkers, was another objective of the study. Data pertaining to aggressive behaviour was obtained through the Conflict Tactics Scale (CTS) (Straus, 1979). It was found that heavy alcohol use by the husband
was associated with pre-marital aggression and that there existed a moderate relationship between the measures of hostility, marital dissatisfaction and heavy drinking. It was also established that marital aggression can be influenced by one's belief about alcohol and that marital dissatisfaction is not a necessary condition for the occurrence of premarital aggression.

SUMMARY

It was seen that the earliest investigations on the spouse of the alcoholic focussed on her personality disturbances (Disturbed Personality Hypotheses) which were believed to be responsible for maintaining, if not directly encouraging her husband's alcoholism in order to cater to her own neurotic needs. It was believed that cessation of the husband's drinking would result in a disintegration of her own personality (Decompensation Hypotheses) prompting her to interfere with her husband's treatment and recovery process. However, rigid empirical investigations failed to find support in favour of these two hypotheses.

The stress theorists contended that the personality abnormalities often reported in wives of alcoholics emerged consequent to the tensions and pressures experienced by them in coping with the crises precipitated by their husbands' alcoholism. The realisation that for a better understanding of the alcoholic's spouse it was necessary to study the interplay between her personality factors and the other cultural and environmental factors, resulted in the birth of the psychosocial theory. The body of empirical research from this perspective developed rapidly and provided valuable insights particularly with regard to the coping behaviour of the wife in relation to the progressive stages of her husband's alcoholism.

The focus on the individual spouse;her pathology and stress shifted in the early 70's with the introduction of the systems theory to the understanding of the family as a unit. Attention was now turned on understanding familial aspects such as roles, status, interactional dynamics and the efforts of the family in maintaining its shifting homeostasis. Research from this orientation broadened the scope of understanding alcoholic families and contributed immensely in obtaining a near- holistic perspective. Besides relying on inventories and questionnaires, controlled laboratory based investigations
enhanced the credibility of the systems perspective. The need to combine the systems approach with the family stress model, to obtain a more comprehensive picture of individuals within the alcoholic family unit to enable better assessment and intervention was advocated by Captain (1989) and the researcher concurs with this integrated theoretical framework.

It was seen from the review of literature on wives of alcoholics that there is evidence for personality disturbances in them. The profile which emerges is one of a woman who is highly anxious, depressed and neurotic who vacillates between masculine and feminine roles and dependance and independance needs. The crisis precipitated by her husband's alcoholism, changes the entire complexion of intra-familial dynamics and brings with it role and status changes, communication difficulties and generates tremendous strain on the resources of the family, resulting in dysfunction in several areas. The family environment is vitiated and marred by conflict, hostility and violence. The transactional pattern between the spouses, both with personality abnormalities; further offsets the equilibrium of the family and threatens the very survival of the institution of marriage.

The review has indicated that most researchers of alcoholic marriages have been focussing exclusively on alcoholic families treating them as 'unique' with typical alchol-induced dynamics, totally different from other normal families. However, as many crisis theorists believe, the alcoholic family may be just like any other normal family reacting to an extremely stressful (of course, alcohol-induced) situation. In this context, it may be apt to make yet another observation: most researchers of alcoholic families it appears, have only been drawing from and adding to the literature on alcoholic families for substantiating their own findings and making comparisons with those of others. There has not been much concious effort to draw from the parallel stream of literature already existing on marriage and family life in general, which in turn could qualitatively enrich the body of literature on alcoholic families. Hence there is a need to step beyond the exclusive confines of the alcoholism literature and to blend the same with the conceptualisations and empirical research existing in the general field of marriage and the family.

In this context it would be appropriate to quote Orford (1975) with
who's views the researcher is in absolute agreement. He says that "little use has been made in the specialist alcoholism literature of unifying concepts such as those of marital happiness, satisfaction or cohesiveness which are global concepts investigated for long in the general literature on marriage. The gains to be had from bedding the study of alcoholism and marriage within more general ground are also to be seen if marital happiness is viewed not from a dyadic perspective but rather from the monadic perspective of a study of the individual personalities of marital partners."

The present study originates from this background and so, the subsequent section carries a brief and selective review of the literature on marriage and family in general with regard to a few important aspects such as:

1) Conceptual issues.
2) Influence of socio-demographic factors.
3) Duration of marriage.
4) Influence of children.
5) Inter-spousal perception in marriage.
6) Personality variables in marriage.
7) Marital conflict.
8) Neuroticism and Depression.
Most research on marriage in the past has attempted to study the influence of several variables on aspects of marital life such as marital quality, success, happiness, satisfaction, adjustment and stability. These terms have been used to delineate the subjective state of the marital relationship and have many nuances of meaning, which in the absence of a foundational theory have created definitional problems for marital researchers (Hicks and Plitt, 1970). Moreover the tools devised to measure these dimensions have by and large facilitated the subjective assessment of individual marriages based on the self-report of the spouses and hardly any objective assessment of marital relationship based on well defined parameters has been possible.

The use of the term "Marital happiness" for instance, has come in for criticism as early as in 1969 when Lively observed that it is difficult to pinpoint the source of one's happiness, whether it is the result of marriage or other things in life. Moreover both spouses do not agree about the level of happiness and it was felt that the personality traits of the partner may have a lot to do with the frequency of reported happiness.

Burgess et al. (1963), had also earlier objected to the use of the term "happiness" since its evaluation is subjective, a marriage may be happy for one of the partners but not necessarily for the other, one may not know whether one is happy or not and subjects have a tendency to give socially desirable responses. Luckey (1964), points out that happiness has been used both as a single criterion of and as one of the components of a successful marriage. The use of this term has also been criticised by Burgess et al. (1963) who opined that it is not by itself an adequate measure of marital success since the spouses may be dissatisfied with the marriage even in the absence of any discernible conflict or may be highly satisfied with a relationship which has unresolved adjustment problems. It is important to take note of Campbell et al. (1976), who have shown that people attach different meanings to the terms 'satisfaction' and 'happiness' and that measures of these two terms relate differently to the same variables.

With regard to the study of marital quality, Glenn (1990), observes that there exists conceptual confusion and disagreement over its measurement. On
the one hand marital quality has been studied by some researchers using self-
reports of marital happiness or satisfaction regarding how they feel about their
marriage. On the other, many researchers have viewed marital quality as being
a characteristic of the relationship between spouses and have favoured measures
of marital adjustment and understanding of relational components such as
communication and conflict. He further opines that marital happiness is an
aspect of marital quality and other aspects of marital life such as interaction,
disagreements, problems and instability may affect or be affected by it.

Lewis and Spanier (1979), observe that quality of marriage involves
multi-dimensional phenomena. They define marital quality as the subjective
evaluation of a married couple’s relationship on a number of dimensions and
evaluations. The range constitutes a continuum from high to low reflecting
numerous characteristics of marital interaction and marital functioning such as
adjustment, communication, marital happiness, integration and degree of
satisfaction with the relationship.

Glenn (1990), has distinguished between marital quality and marital
success. Marital quality according to him is how good a marriage is from the
standpoint of the spouses at one point in time, or as a combination of the spouses
feelings and relational characteristics at one point in time. Marital success on
the other hand, refers to what happiness to a marriage over a period of time. One
that is intact and satisfactory to both spouses is considered to be successful while
one which ends in divorce or separation and is unsatisfactory to one or both
spouses is a failure.

Fincham and Bradbury (1987), observe that marriage researchers have
attempted to measure and explain variance in marital quality without an
adequate understanding and specification of the construct of "marital quality",
Consequently a major shortcoming pertaining to research in this area is that
marital quality is not readily distinguished from other relevant constructs such
as communication. This in turn, results in measures that have a great deal of
overlap in item content, thus preventing clear interpretation of the empirical
relationships between the constructs. The authors suggest that one way of
overcoming these problems is to treat marital quality solely as the global
evaluation of one's marriage. They are of the view that it may be more relevant in a clinical situation for the purpose of planning therapy, to deploy multi-dimensional measures for marital assessment but for empirical research it may be more appropriate to use a uni-dimensional measure comprising of global, evaluative judgements of the marriage in determining the correlates of subjective marital distress.

Family cohesion is the emotional and/or physical oneness or bonding that family members feel towards one another. It is conceptualised as a continuum with four levels ranging from disengaged (very low) to separated (low to moderate) to connected (moderate to high) to enmeshed (very high) (Olson, 1988).

'Marital pathology' has been defined as a marriage in which the minimum needs of one or both partners are not met (Dominian, 1979). From this standpoint, marital pathology is then an important determinant of marital adjustment or maladjustment. Lenthall (1977) conceptualised marital satisfaction as a function of the comparison between one's marital expectations and one's marital outcomes and marital stability as a function of the comparisons between one's best available marital alternative and one's marital outcome.

Burr et al. (1979), preferred an intrapersonal conceptualisation of marital satisfaction as the subjectively experienced reaction to one's marriage as opposed to an interpersonal understanding of marital satisfaction as the amount of congruence between the expectations a person has and the rewards he receives.

Spanier (1976, 1979), incorporated marital satisfaction as a component of marital adjustment which was defined as "a process, the outcome of which is determined by the degree of 1) troublesome marital differences, 2) interspousal tensions and personal anxiety, 3) Marital satisfaction, 4) dyadic cohesion and 5) consensus on matters of importance to marital functioning".

Trost (1985), gave a call to abandon the term adjustment since it is unclear and not properly defined. She has specifically criticised Spanier and Cole's (1976) definition on the ground that though they define marital adjustment as a
'process', a term which implies change, their scale for its measurement in no way measures the 'change' aspects of adjustment. Further, the criteria for marital adjustment have themselves not been defined and are not mutually exclusive as a good definition ought to be. Marital adjustment may be viewed in two distinct ways - as a process, or as a qualitative evaluation of a state (Spanier, 1976). Viewing adjustment as a continuous process and not as an unchanging state implies that it could be best understood using a longitudinal design. On the other hand, viewing adjustment as a qualitative evaluation of a state would imply that though marital relationship is an everchanging state, the quality of marital relationship can be evaluated at any point of time on a continuum from well adjusted to maladjusted.

The latter perspective had earlier met with disapproval from Lively (1969), who opined that terms such as "success" and "adjustment" suggest the existence of an ultimate condition or state whereas they are in fact transitional and continuous processes.

This researcher concurs fully with the comprehensive orientation suggested by Spanier, which while acknowledging the dynamic and transitory nature of marital relationship (like any other interpersonal dyad) does not exclude the ability to obtain insight into the extent of adjustment made by spouses at a particular point of time and not solely by resorting to a longitudinal study. Spanier (1976), also emphasises the point that marriage researchers must broaden their conception of marital functioning and besides understanding marital adjustment must focus on other dimensions of marital quality such as adaptability, communication, interpersonal tensions and conflict.

**SOCIO-ECONOMIC STATUS VARIABLES AND MARRIAGE**

Several researchers, in the nineteen sixties and seventies endeavoured to establish a relationship between demographic and socio-economic status variables suggested as being important for marital happiness and or stability.

The employment status of the wife and its relation to marital happiness has been investigated by many researchers. Axelson (1963), studied 122 couples and found poor marital adjustment when the wife works outside home and when
she worked full time rather than part time. He opines that the working wife may be perceived as a threat to the husband's culturally defined dominance and that the husband believes that the children would suffer from her absence at home.

Nye (1961), found that marriages of employed mothers were more likely to be characterized by conflict. He reported a higher proportion of non-employed mothers with good marital adjustment in his sample. He further observes that the net adverse effect of the wife's employment on marital adjustment is less in higher socio-economic families than the lower groups.

In contrast, Houseknecht and Macht (1981), who studied 663 women with graduate degrees from the same university, found average marital adjustment to be higher among those working outside the home. However, the study also revealed that the woman's working was not as important as the husband being supportive of her work in determining marital adjustment.

Locksley (1980), using data from a large United States sample and fourteen indicators of marital quality found evidence that wives' employment affects marital quality from the perspective of both spouses. The negative relationship between wives' employment and marital happiness has also been reported by other authors (Johnson et al., 1986; Booth et al., 1984).

A few studies on the other hand have reported a correlation between marital adjustment and the husband's (rather than wife's) background status. Income, occupation and husband's educational background have been found to be positively correlated to endurance of marriage (Bernard, 1966) and reported happiness with marriage (Gurin et al., 1960).

The importance of the husband's social standing in the community as a source of marital satisfaction for the wife was reported in a cross-sectional study of nine hundred wives by Blood and Wolfe (1963). They observe that the higher the husband's status the greater was the satisfaction reported by the wife. They also found that working wives of low income husbands and non-working wives of high income husbands were equally satisfied with their marriage.

Further, the relationship between the husband's educational status and
marital adjustment has been conclusively established by Hillman (1962) and Bernard (1966). Cutright (1971) provided a causal model for marital stability based on socio-economic status. He found that a causal chain exists from education to occupation to income to marital stability.

Galligan and Bahr (1978) through a longitudinal study 1,349 married females over a five year period found that income by itself had little effect on marital dissolution. The level of assets had a rather substantial effect on marital break up even after other relevant variables were controlled. Further, marital dissolution decreased as level of education increased.

Campbell et al. (1976) found that reported marital satisfaction varied inversely with amount of education among both husbands and wives. They suggest that reported happiness may vary directly with education while reported satisfaction varies inversely because marital happiness involves an affective evaluation while satisfaction depends on a cognitive evaluation of marriage.

Grover (1963), divided 361 wives in to middle and working class categories on the basis of their husband's occupation. He found that non-employed wives on an average had higher marital adjustment scores than those employed and that the difference in average scores was larger in the lower than the upper socio-economic group.

While these studies have established that status variables do influence marital happiness particularly in terms of the wife's employment, Order and Bradburn (1969) tried to understand if choice of employment for the wife influenced marital happiness. They studied 781 husband's and 957 wives using the Marriage Adjustment Balance Scale and found that both marital partners report lower marital happiness when the wife is denied a choice and opts for employment because she needs the money then when she works by choice. They observe that when the wife works out of necessity, the husband experiences an increase in the negative aspects of marriage and the wife sees a reduction in the positive side - sociability with her husband.

Lee (1988), found that for couples in the later stages of the family life cycle, there were no effects of either their own or spouse's employment status on
marital satisfaction for the husband. Wives, however had higher marital satisfaction levels if they themselves were not employed but their husbands were employed. Wives who were employed but whose husbands were not, showed lesser marital satisfaction than other wives.

Levinger (1966), observes that both husbands and wives differ with regard to marital satisfaction and so do the socio-economic classes. He found that lower class wives were more likely than those from the middle classes to complain about financial problems, physical abuse and drinking. In a study of 600 couples who were divorce applicants, he observed that spouses belonging to the middle class were more concerned with psychological and emotional interaction while those belonging to the lower classes gave more importance to financial problems and the unstable physical actions of their partners.

The relationship between low income, less education and high marital dissatisfaction in couples was reported by Renne (1970). Her data also revealed that men who were satisfied with their jobs were also likely to be satisfied with their marriages.

Several authors have reported that socio-economic variables such as education and income have no significant effects on marital satisfaction (Lee, 1988; Donohue and Ryder, 1982; Jorgensen, 1979; Glenn and Weaver, 1978).

Age at marriage is also seen to be related to marital outcome. Landis (1963) found that men who married below 21 years and women below 19 years were more likely to opt for divorce than those married at a later age. Men who married above 30 years of age, tend to stay married even if unhappy. He also found that persons whose marriages included higher occupational status, higher level of education, where the wife was employed and who had less religious feeling tended to end unhappy marriages through divorce.

The observation that, the probability that a marriage will end in divorce during the first few years is substantially higher if one or both partners was below 20 years at the time of marriage has also been substantiated by other studies (e.g. Bumpass and Sweet, 1972; Glick and Norton, 1977; Schoen, 1975).
However, a few studies have not found any positive relationship between age at marriage and marital quality (e.g. Bahr et al., 1983; Glenn and Weaver, 1978).

Bahr et al. (1983) developed a model in which quality of self role enactment, spouse role enactment and role consensus were considered as intervening variables between age at marriage and marital satisfaction. Data was collected from a sample of 704 couples. Analysis revealed that age at marriage did not positively influence either self role enactment, role consensus or marital satisfaction. The quality of self role enactment, spouse role enactment and role consensus were positively related to marital satisfaction.

A multivariate study was conducted by Glenn and Weaver (1978) to ascertain the influence of socio-economic variables on marital happiness. Their data was based on three U.S. national surveys. They found no strong positive relationship of either husband's occupation or family income to the marital happiness of either husbands or wives. For males, the relationship of occupational prestige to happiness and that of income to happiness was non-significant while for women being married to high status husbands contributed only moderately to marital happiness. They found that higher education was conducive to the success of the marriage for men and associated with lesser marital stability for women. Further, for women marital happiness tends to decline as their age and the duration of marriage increased whereas for men it was seen to increase. Age at marriage also did not show any strong relationship to reported marital happiness. They found no evidence to support the notion that the wife's working outside the home has a negative effect on the marital happiness of the husband.

The gender of the spouse also seems to be related to marital satisfaction since the review indicates that men and older subjects in general find greater satisfaction in marriage (Argyle and Furnham, 1983; Campbell et al., 1976).

Hicks and Platt (1970), conclude a review on marital happiness and stability by observing that the literature has revealed a positive relationship between marital happiness and variables such as higher occupational status, income and education of the husband; husband - wife similarities such as socio-economic status, age and religion, affectional rewards such as esteem for spouse,
sexual pleasure, companionship and age at marriage.

Data analysis from matrimonial advertisements has also enabled the understanding of what factors are considered important in one's marital partners. Ramanamma and Bambawale (1978), observe that women look for men with higher education and income. More women indicated their preference for men's occupation in matrimonial advertisements than men do about women. Rao and Sudarsen (1978), observed that among female advertisers, a majority furnished details of age, caste, religion, education and physical appearance while the minority provided details of their occupation, family background, income and household skill.

Kumar (1984), administered a check list of 25 factors which could influence selection of marriage partners in pre-University students. These factors were grouped as physical, socio-economic and psychological factors. He found that more females had an ideal image of their mate than male students.

**DURATION OF MARRIGE AND SATISFACTION**

Contrary and inconsistent findings are seen in the literature on marital satisfaction at various stages of the family life cycle. Several investigators have reported lower levels of marital satisfaction in the middle than in the early years of marriage (Anderson et. al., 1983; Rhyne, 1981 Swenson et.al., 1981). While other researchers have provided evidence to conclude that higher levels of marital satisfaction and adjustments are seen in couples in the later stages of the life cycle compared to those in the middle stages (Johnson et.al., 1986; Gilford and Bengston, 1979; Rollins and Canon, 1974). Several studies on the other hand have reported that marital quality is no higher in the later stages than in the middle stages of the life cycle (Booth et.al., 1984; Spanier 1979).

Gurin et.al. (1960) found a curvilinear trend with regard to marital satisfaction which decreased during the early stages, levelled off and then increased in the later stages. They found the low point in marital satisfaction to be close to the "empty - nest" stage just before retirement (Gilford, 1984). Evidence for the curvilinear pattern between family stage and reported marital
happiness has been provided by several others (Anderson et al., 1983; Spanier and Lewis, 1980; Glenn, 1989). That marital tensions decrease over time and especially when the children leave home with concomitant increase in marital happiness was also reported by Bradburn and Coplovitz (1965) who studied a probability sample of 2,006 people.

In an explanation of the curvilinear pattern between marital happiness and family life stage, Rollins and Cannon (1974) attributed it to the role of strain experienced by the spouses. They contend that the multiple roles played by each partner often conflicting in nature, is likely to peak in the middle years of the life cycle. In the later stages these role complexities tend to diminish owing to events such as retirement, children leaving home etc, allowing the partners to invest more time and energy in their relationship thereby enhancing marital quality in the later years. Role strain was considered to be related to the stages of the family life cycle in the form of a bell shaped curve.

A crossectional study by Lee (1988), however did not find evidence in support of the role strain hypothesis. In an analysis of data collected from 2,327 married respondents aged 55 and above having a mean length of marriage of 35 years, he found that for both men and women, duration of marriage was not significantly related marital satisfaction. He reports that a significant negative effect of length of marriage on marital satisfaction for each sex was the frequency of interaction with friends. Further, church attendance had a positive effect on husband's marital satisfaction but not for the wives.

Blood and Wolfe (1960), found that with increase in time, wives experienced decrease in marital satisfaction and this decline began after the children pass the infantile stage. In an exhaustive study which probed marital satisfaction of couples in various stages of the family life cycle. Rollins and Feldman (1970) studied 799 middle class couples. They found an association between marital satisfaction and stages of family life and also reported a variation for both the spouses. A substantial decline from the beginning of marriage to the pre-school stage in the frequency of positive companionship experience was reported by both spouses in their sample. This was followed by a leveling off over the remaining stages. Stimulating common activity in
marriage was seen to decrease from the very beginning with no recovery. Both spouses rated the child bearing and early child rearing phases very highly with regard to satisfaction. A substantial increase in marital satisfaction was reported by both spouses through the retirement stage with an apparent temporary setback just before the husband retires.

In a twenty year follow up study, Pineo (1961) studied satisfaction in couples first during engagement, again after four to five years of marriage and finally after twenty years of marriage. He opines that a process of disenchantment sets in since his data revealed a general decline in marital satisfaction and adjustment. He found that disenchantment occurred sooner in marriage for husbands than for wives. He delineated satisfaction as a general term referring to such phenomena such as love, permanence etc. He noted a greater decline with regard to marital satisfaction in the areas of companionship, affectional expression, consensus, common interests, belief in the permanence of the union and marital adjustment scores.

Similar findings were reported from another longitudinal study by Paris and Luckey (1966). Data was collected from 31 satisfied and an equal number of unsatisfied couples using Locke's marital adjustment scale and Terman's self rating scale first in 1957 and again in 1963. It was found that satisfaction with marriage decreased over time, satisfied couples tended to decrease and unsatisfied couples to increase over time. In general, more than the husbands, the trend with the wives was to experience a decrease in satisfaction with increase in the duration of marriage.

**MARITAL INTERACTION AND COMMUNICATION**

Interspousal interaction has been acknowledged to be an important determinant of the quality of marital relationship. Several researchers have attempted to understand communication patterns between spouses in order to obtain an insight into the interactional dynamics which promote marital satisfaction and adjustment. Miller (1976), examined the effect of children, child spacing, length of marriage and socio-economic status on spousal interaction. He found that number of children had a significant negative effect on interaction.
while socio-economic status had a direct positive effect.

Nye (1976), from an exchange theory perspective posits that individuals high on marital happiness are likely to choose higher levels of interaction with their spouses. He observes that communication (interaction) has both costs and rewards; when interaction is rewarding, it will be encouraged. Positive sentiments towards a person increases the likelihood of interaction to be rewarding thereby increasing its manifestation.

White (1983), carried out a telephone survey of 2034 married men and women to determine whether interaction is a cause, consequence or component of marital happiness. The effect of job involvement of the spouses, sex-role measures, presence of children and socio-economic status on spousal interaction was analysed. It was found that both husband's and wives' work involvement had a negative effect on marital interaction. The number of children at home significantly reduced the amount of interspousal interaction. Traditional sex-role values showed no relationship to interaction, but a traditional division of household labour did significantly reduce the same. Neither income nor education was related to spousal interaction. A positive correlation was obtained between marital interaction and marital satisfaction. Her analysis provided support for a non-recursive relationship, with a strong feedback loop between interaction and marital satisfaction and she concludes by observing that it is more important to include marital satisfaction in attempts to explain interaction than vice versa.

That inadequate communication between family members is an important factor of marital dissatisfaction has been established by several authors (Bey and Lange, 1974; Jourard, 1964; Navran, 1967; Satir 1964). Raush et.al. (1974), have observed that conflict is inevitable when partners in a close relationship seek to satisfy their various needs and that clear communication is a pr-requisite for conflict resolution. They also noted that poor communication and marital disharmony may mutually reinforce each other.

Based on responses from 200 couples, Snyder (1979), developed a multidimensional measure of marital satisfaction. A rank ordering of the
correlations obtained indicated that a couple's affective and problem solving communication was the best single predictor of overall marital satisfaction. This was followed by variables such as the spouses' common interest, quality of leisure time together, satisfaction with sexual life and the extent to which they agreed on financial matters. Last in rank order of significant predictors was the couple's agreement on child rearing practices and their own individual histories of marital and family disruption.

In a comparative study of marital satisfaction and communication in Indian and American couples, Yelsma and Athappilly (1988), found that in Indian arranged marriages all three modes of communication namely verbal, non-verbal and sexual are less influential in affecting marital satisfaction than in Indian love marriages or American marriages. Verbal and non verbal communication was found to be used in arranged marriages more for matters of daily life than for emotional excitement and little is expected emotionally from the spouse in such marriages. Yet wives and husbands in arranged marriages report more marital satisfaction than those in love marriages in Indian and American couples. The authors suggest that the more emotional people are in their relationship, the more intense the conflict, the higher the level of expectation and the greater the dissapointment. High correlations were obtained between measures of communication effectiveness and marital satisfaction.

In a study which brought out the characteristics of good communication between spouses and which sought to study the relationship between verbal and non-verbal communication, Navran (1967), compared 24 happily married couples with an equal number of unmarried ones. His data revealed that happily married couples had both better verbal and non-verbal communication than did the unhappy couples. Further, good verbal communication was more strongly associated with good marital adjustment than good non-verbal communication. He reports that happily married couples: a) talk more to each other b) convey the feeling that they understand what is being said to them c) have wider range of subjects available to them d) preserve communication channels e) show more sensitivity to each others feeling f) personalize their language symbols and g) make more use of supplementary non-verbal techniques of communication.
Hofl and Treat (1989), identified five important aspects of the relationship style of a couple which influence their marital adjustment. They are: 1) Inclusion, control and affective/intimacy issues. 2) Feelings, rationality and behaviour. 3) Communication skills. 4) Problem solving and decision making process and 5) Conflict management. Noller (1980), found that distressed couples make more misinterpretations of basic communication between them than do non-distressed couples.

Self-disclosure in marital relationships was studied in sixty couples by Cutler and Dyer (1965), who concluded that contrary to what might be expected, open talking about violation of expectations does not always enhance adjustment. In another study on self-disclosure and marital satisfaction, Levinger and Senn (1967), studied thirty-two couples. They found that disclosure of feelings tended to be correlated positively with general marital satisfaction and with good feelings about the other person in the relationship.

Desai (1991), found that factors associated with marital adjustment include feeling of security, sexual satisfaction, faithfulness, self-disclosure, verbal communication and age difference. He concludes that marital dyads vary in their extent of adjustment due to personal, interpersonal or family factors and the process of adjustment may be helped or hampered in crisis situations.

Hawkins et al. (1980), have identified four styles of communication behaviour. Controlling and contactual styles are classified by them as high disclosure styles and conventional and speculative styles as being low disclosure in nature. In a study of 171 couples with regard to spouse differences in preferred, perceived and experimentally observed communication styles, they found that the wives preferred to see less controlling communication behaviour and more contactual styles in their husbands than the husbands preferred to see in themselves. Also the men valued conventional behaviour in the wife somewhat less than did their wives. However both spouses rated the contactual styles higher than other styles. Further the women perceived their husbands to exhibit more "low" quality speech (especially controlling style) and much less "high" quality speech (especially contactual style) than the husbands claim for themselves. The contactual style involves moving towards another person...
without defense or pretense and is thus psychologically risky and the authors opine that husband's prefer to use less of this style than the extent described by their wives.

Communication apprehension is another dimension of interpersonal transaction which has been investigated. It has been reported to affect an individual's communication behaviour in several ways such as reduced self-disclosure (Hamilton, 1972), reduced trust in others' communication (Giffin and Heider, 1967) and reducing the amount of communication (Freimuth, 1976; Wells and Lashbrook, 1979). Mc Croskey et.al. (1975), have found that an individual high on communication apprehension is perceived by others negatively in terms of social attraction, being a desirable partner in communication and attraction as being sexually desirable. Besides, it has also been associated with reduced language facility and speech effectiveness (Freimuth 1976).

Furthermore, communication apprehension has been found to be positively related to anxiety, dogmatism and external control and negatively related to emotional maturity, confidence and self control in addition to other personality variables, (Mc Croskey et.al., 1975).

MARRIAGE: INFLUENCE OF CHILDREN.

Most researchers have found a decline in marital quality on transition to parenthood following the birth of the first child and this decline has been found to be more for the wives then the husband (Belsky et.al., 1985; Belsky and Rovine, 1984; Belsky et.al., 1983; Cowan et.al., 1985; Goldberg et. al., 1985; Miller and Sollie 1980; Waldrion and Routh, 1981; Johnson et.al., 1986; Glen and McLanahan, 1982; Rollins and Galligan, 1978).

In a longitudinal study, Feldman (1971), found a decrease in marital satisfaction after the birth of the first child. He also reported that the greatest loss was for couples who had earlier reported the highest marital satisfaction. Ryder (1973), found no different "baby-related" changes with regard to marital quality irrespective of whether they had high or low scores in the initial period of their marriage. Though he found that in young couples with a new born, the father
tended to pay less attention to the mother, these couples did not seem to be different in terms of marital satisfaction, when compared to a control group of young childless couples.

However, since most couples have their first child in the early years of their marriage, it is possible that the decline in marital quality attributed to parenthood could be confounded by the effects of the general decline in marital quality observed in the early stages of marital life by several authors (eg. Huston et.al., 1986) irrespective of whether the couple had a child or not.

In order to overcome this difficulty, Mc Hale and Huston (1985) gathered data from 168 couples two months after marriage and then a year later. Comparisons were made between couples who attained parenthood and those who remained childless. It was then seen that both groups showed a decline in marital satisfaction to an equal extent. However, those who attained parenthood showed changes in companionship and marital role patterns not experienced by the childless group. This study demonstrated the important effects of the transition to parenthood and suggested that much of the change attributed to transition is actually the effect of the duration of marriage.

Houseknecht (1979), compared 50 women who were childless by choice to a matched group of 50 mothers and found higher marital adjustment in the first group of women, indicating the importance of choice in motherhood vis-a-vis marital adjustment.

A longitudinal study by White and Booth (1985) established the predominant effects of duration of marriage rather than transition to parenthood. A national sample of married people were interviewed twice; during 1980 and then in 1983. Comparison of the childless couples was made with those who turned parents during this period and the data revealed a general decline in marital quality for both the groups.

Figley (1973), found no relationship between marital satisfaction and child density (number of children divided by years of marriage). Miller (1975), also arrived at the same conclusion. He however found that when companionship between the spouses was low, the relationship between the number of children
and the marital satisfaction was negative and vice versa. Hurley and Palonen (1967) found that the higher the ratio of children per years of marriage, the less satisfactory the marital experience. Their observations was based on a study of 40 couples using the Locke-Wallace scale. Luckey (1966), found no relationship between the number of children and marital satisfaction. However in a later study (1970), she reported that children may be the only source of satisfaction in an otherwise unhappy marriage.

Lee (1988), reported that having children at home is negatively related to marital satisfaction for both men and women. Parents report lower levels of marital satisfaction than childless persons, although the effect of having children is significant only for men. However, the effect of number of grand children was positive for men suggesting that men relate differently to their grand children and to their own children.

MARITAL CONFLICT

The manifestation of conflict is an inevitable aspect of any interpersonal system and the marital relationship is no exception. Marital conflict has been the subject of many investigations and has been identified to be an important determinant of marital happiness, satisfaction, success and stability. Further, the tactics or conflict resolution strategies deployed by the spouses and their outcome, influence one's perception and experience in the marital relationship.

Straus (1979), points out how the term "Conflict" has been used by researchers to mean differently. Dahrendorf (1959) used the term to refer to "conflict of interest" between members of a social group while Coser (1956), used it to refer to "conflict management" or the behaviour used to pursue one's interest. It is in subscription to Coser's viewpoint that Straus has used the term "conflict" to mean "conflict tactics" which refers to the overt actions used by persons in response to a conflict of interest. It is this conceptualisation which forms the basis of the Conflict Tactics Scale (Straus, 1979) used for i nvestigation in this study.

Disagreement and conflict are common in marriage (Burgess, 1981). Argyle and Furnham (1982,1983), found that "arguing" was one of the
distinctive activities of marital partners. In an analysis of sources of satisfaction and conflict in long term relationships, they analysed nine significant relationships, in 52 subjects and demonstrated that satisfaction and conflict are compatible with each other. Their data revealed that the spouse was by far the greatest source of both satisfaction and conflict. They also found evidence for universal sources of satisfaction in all relationships, especially shared interests. They comment that a high level of conflict is normal in marriage.

However, there seems to be a negative relationship between marital happiness and the manifestation of conflict. Mathews and Milhanovich (1963) studied 984 catholic subjects and used the Burgess-Wallin scale to measure marital happiness. They found that those unhappy had more conflict than those reporting happy. They describe the unhappy category as neglected, receiving little affection, understanding, appreciation or companionship, their self-respect is attacked, their faults magnified by their spouses and they feel worthless, belittled and falsely accused by their spouses. A study of divorced couples by Locke (1951), showed that they experience disagreement on a number of issues and report less give and take to settle disagreement.

Cherlin's (1978) "incomplete institutionalization" hypothesis posits that step-families are relatively lacking in the kinds of norms that guide two-parent biological families in dealing with complex family relations. Consequently, step-families in comparison with biological families are expected to experience greater levels of conflict. MacDonald and De Maris (1995), studied 2,655 couples to verify Cherlin's hypothesis and to ascertain the impact of remarriage and step-children on marital conflict. They found that remarriage does not necessarily increase the frequency of conflict between spouses. Further they found that couples having both biological and step-children did not differ from families having only biological children with regard to the frequency of marital conflict.

Scanzoni (1979), in the exchange theory tradition has shown how conflict arises when one partner is dissatisfied with the exchange achieved and may use hostility as the ultimate bargaining move. Hawkins et. al. (1980) have shown that conflict is often the result of the wife's desire for more power, the need for close co-ordination of behaviour and their different roles and spheres of activity.
The inevitability of conflict suggests that perhaps more important in determining its impact on any interpersonal relationship would be the means used to resolve it. Braiker and Kelly (1979) suggested that a close relationship having deeper commitment often requires working through rather than avoiding conflict. Scanzoni (1979), observes that at a greater level of interdependence, conflict is more likely but that its resolution would lead to higher rewards.

Managing conflict is one of the central tasks in maintaining a marriage and so it is important to identify what specific conflict resolution styles are linked to change in marital satisfaction (Gottman, 1994). Earlier studies have indicated that marital satisfaction is positively related to the frequency with which each spouse uses constructive conflict resolution strategies such as humour, compromise and agreement and negatively to the use of destructive strategies such as withdrawal, defensiveness and conflict engagement. Further marital satisfaction has been found to be negatively related to the joint frequency with which the wife uses conflict engagement and the husband uses withdrawal (Heavey et al., 1993; Noller et al., 1994).

Two theoretical perspectives have attempted to explain the causal relationship between marital satisfaction and conflict resolution style. The first based on interdependence theory (Rusbult, 1983), posits that perceived rewards to a relationship such as the frequent use of conflict resolution strategies and perceived costs to the relationship such as the frequent experience of negative conflict resolution styles determine satisfaction with the relationship. The second based on self-fulfilling prophecy theory (Snyder et al., 1977), holds that one's attitude (e.g. level of marital satisfaction) provides a psychological environment that elicits behaviour (e.g., conflict resolution styles) that reinforces and is consistent with the initial attitude.

Ort (1950), compared two groups of happily married and unhappy couples. He reports that the happily married group resorted to discussion more often to resolve conflict while the other group reported the use of aggression and avoidance of the issue.

Barry (1968), found that those couples whose marriages are in trouble are
characterised by the husbands being far more coercive and punitive and less conciliatory. The 'happiest' marriages in his study had husbands who were very conciliatory and supportive. The finding that maritally distressed couples use more coercive control techniques has also been reported by other authors (Billings, 1979; Gray-Little and Burks, 1983).

Kurdek (1955), conducted a longitudinal study with 155 couples to examine the link between husband's and wives' use of three conflict resolution styles (conflict engagement, withdrawal and compliance) and change in each spouse's marital satisfaction over a 2-year period. He found that in general, both spouses' conflict resolution strategies synergistically influenced each spouse's marital satisfaction. Low marital satisfaction was associated with the particular gender-linked spousal interaction in which the wife frequently used conflict engagement and the husband frequently withdrew. For husbands, the negative effect of withdrawal was negatively related to their own marital satisfaction independent of their conflict resolution strategy. Overall, the author concludes that husband's marital satisfaction was more frequently affected by how their wives resolved conflict than wives' marital satisfaction was affected by how their husbands resolved conflict.

Rollins and Galligan (1978) found that marital satisfaction is related to perceived consensus between the spouses rather than objective consensus. People tend to feel positive about their marriage when they think their spouses agree with them on important issues.

Scanzoni (1968) studied existing marriages of 54 upper-middle class, 58 lower-middle class and 48 manual-labour families and 110 people from dissolved marriages. He found that existing marriages were characterised by convergence over rewards and expectations pertaining to occupational behaviour of both spouses, similar social class and educational backgrounds, lower levels of conflict and dissolved marriages were characterised by divergence in these areas. Levinger (1965) has delineated three factors as determinants of marital cohesion: 1) satisfaction or attractions of the marriage itself 2) the barriers to getting out of the marriage and 3) attractiveness of alternatives to the marriage.

Barry (1970), concludes a review of literature on marital conflict by
commenting that by and large healthy marriages are those in which the husband is secure in his own identity that he can be supportive of his wife's role. The husband in such marriages is supporting, conciliatory, trusting and conflicts are easily settled. The wife responds positively since her need for sympathy and support is satisfied and thus mutual growth is fostered in the marital relationship.

Marital dissatisfaction provides a relationship context that favours the occurrence of marital aggression. O’Leary (1988) reported that negative interchanges between spouses is linked to marital aggression although maritally satisfied couples also experience such interchanges, the frequency of such episodes is relatively more among dissatisfied couples.

Marital aggression does not preclude the possibility of marital satisfaction and O'Leary et al. (1989) have observed that there are couples who acknowledge marital aggression and are yet relatively satisfied with their marriages. However, marital dissatisfaction though not a necessary condition has been demonstrated to be strongly related to marital violence. The relationship between marital dissatisfaction, discord and verbal aggression and marital violence has been established by several authors (Brinkerhoff and Lupri, 1988; Leonard and Blane, 1992; Margolin et al., 1988).

INTER SPOUSAL PERCEPTION

Yet another line of investigation pursued by researchers of marital life was to understand the nature of the marital relationship in terms of the perception of the spouses about themselves and their marital partner.

Gurin et al. (1960) studied the association between marital happiness and the quality of interpersonal relationship in couples. They found that people who report very happy marriages are more likely to concentrate on relationship sources of happiness, while those reporting less happiness tend to focus on the situational aspects of marriage (home, children, social life etc) as sources of their marital happiness. Further, those happy in marriage tend to focus on situational aspects when they give any reasons for unhappiness while the less happy, stress difficulties in the relationship aspects of their marriage. They also
reported that though the more educated tend to be happier, they also tend to have more feelings of inadequacy and more problems than the less educated.

Levinger (1965), postulated a theory of marital cohesiveness according to which the strength of the marital relationship is a direct function of the attractions within and around the marriage and an inverse function of such attractions and barriers from other relationships.

Luckey (1964), studied eighty couples divided into 'satisfied' and 'dissatisfied' groups on the Locke's Marital Adjustment Scale and administered the Leary Interpersonal Check List to them. The results indicated that satisfied couples saw their spouses as being moderately managerial, modest, competitive, docile, co-operative, responsible, considerate, helpful, tender and warm. Unsatisfied persons on the other hand saw their spouses as being impatient, cruel, unkind, hard hearted, bitter, complaining, jealous and being frequently angry and disappointed. She concluded that one's degree of satisfaction or dissatisfaction with marriage is very definitely associated with the personality concept one has of the spouse.

Luckey (1966) also investigated whether the duration of marriage was related to the perception of the personality of the spouse and the extent of marital satisfaction. She found that the longer the couples were married, the less favourable personality qualities each saw in his mate. This was true of couples irrespective of the degree of marital satisfaction expressed. She also found that overall marital satisfaction was related negatively to the duration of marriage.

A similar finding was reported by Kotlar (1965), who used Leary's Interpersonal Check list to study fifty couples described as adjusted on the Wallace Marital Adjustment Scale and compared them to fifty maladjusted couples. She found that congruence of perception was related to the husband's and couple's marital adjustment scores but not to those of the wives. In a similar study Taylor (1967), compared fifty couples obtaining high marital success scores on the Wallace Marital Success scale with fifty maladjusted couples. She administered
the Leary interpersonal check list and found that good marital adjustment was related to congruence between self-perception and spouse's perception of self.

In a related study which dealt with perception of spousal expectations, Stuckert (1963) studied fifty couples divided into satisfied and dissatisfied groups according to the Burgess-Wallin Schedule. He found that marital satisfaction for wives correlated the highest with the extent to which their perception of their husband's expectations correlated with the husband's actual expectations. Tharp (1963), reviewed earlier studies on interpersonal perception among spouses and concludes that marital happiness is related to the wife's perception of the husband being congruent with his self-perception.

Murstein (1967) studied 99 couples who were going steady or were engaged using a modified version of the Edwards Personal Preference Schedule. He found that these couples showed a lesser disparity between the self concept of one of the partners and the ideal spouse desired by the other and between their concept of ideal spouse and their perception of their fiancee, than randomly paired men and women.

Yoge and Brett (1985) studied satisfaction in relation to spousal perception of division of house work and child care. They found that husbands in dual-earner marriages and wives in single earner marriages were most satisfied, if they perceived that their spouse did more than his or her share of work, while other spouses were satisfied if they perceived that each spouse did a fair share.

In an illustration of the rigid culturally re-inforced male-female stereotype in India, Jain and Dave (1982), found that a majority of husbands and wives across all age groups believed that looking after children was a job to be totally done by the wife. A study of role perceptions and performance in single and dual earner families was reported by Ramu (1987). He found that employed wives tended to be more conservative in their perceptions of the ideal role of husbands and concluded that the wife's employment influenced her perception of the husband's role. In a similar study, Shukla (1980) found that more dual career couples expected the husband and the wife to be equally responsible for
the provider and house keeper roles and evaluate the wives more favourably in the provider and the husband in the housekeeper role than couples with a single earner. In both groups of couples, the wives desired greater happiness in their marriages when they were satisfied with the provider role. Husbands on the other hand, attached greater importance to satisfaction with and a favourable evaluation of themselves in the provider and kinship roles. He concludes with the observation that increase in education and employment status of women leads to change of unequal role stereotypes.

In a study of marital roles and power in urban Indian couples Ramu (1988), observes that marital role stereotyping is present even in nuclear families though the couples have the freedom to define their marital and family roles. He found remarkable consensus between the spouses about each others roles; the husbands as bread winners and wives as home makers. Channabasavanna and Bhatti (1985), commenting on spousal roles in Indian couples observe that each spouse has two sets of roles; one towards the family of procreation and other towards the family of orientation.

In an effort to investigate the effect of marital conventionalisation on measures of marital adjustment and person perception, Murstein and Beck (1972), studied sixty couples using Edmond's Marital Conventionalisation scale. They concluded that marital conventionalisation was not a major contaminating factor in assessing marital adjustment since correlations of adjustment scores with other variables were not affected even when the conventionalisation scores were partialled out. They found further that though the perception of a partner as being similar or different was correlated significantly to marital adjustment, such a relationship was not obtained regarding whether the partner was perceived as fulfilling the ideal roles ascribed to them by their spouse. It was also seen that self-acceptance was correlated significantly to marital adjustment. Accuracy in predicting the partner's responses also was correlated to marital adjustment and this was more when the husband was the perceptual target. Finally, role compatibility correlated significantly with marital adjustment.
PERSONALITY VARIABLES AND MARRIAGE

The mate selection hypothesis was the subject of investigation of many family and marital life researchers. It held that people choose their mates based on complementarity of needs or in accordance with perceived similarity of traits between themselves and their partners.

While Winch (1958) found that need complementarity was the norm for mate selection, Tharp (1963), after a review of studies on mate selection, concluded that homogamy (like choosing like) is the basic norm in mate selection rather than need complementarity. He found evidence for homogamy not only in terms of cultural and social variables (race, age, religion, ethnic origin and social class) but also in regard to personality traits, as determinants of mate selection.

Murstein (1967) who studied 99 couples who were engaged or going steady reports that his data supported the homogamy theory that people are likely to choose their partners according to their perception of similar personality traits. On the other hand, Coombs (1966), propounded a value-consensus theory to explain mate selection. It holds that a) people with similar back grounds learn similar values b) interaction between such people is mutually rewarding since they share a universe of discourse which fosters communication and understanding with a minimum of tension and ego threat c) these rewards leave a feeling of satisfaction with the partner and a desire to continue the relationship. The findings of Kerckhoff and Davis (1962) lend support to the value consensus theory.

A large volume of research that one finds in the literature of marriage pertains to the exploration of the personality traits of the spouse and its relationship to the quality of marital life and adjustment as perceived by them. Several authors have established the relationship between similarity of personality traits of the spouses and marital adjustment (Dymond, 1954; Corisini, 1956; Blazer, 1963). Levinger and Breedlove (1966), suggested that assumed similarity of attitudes may provide an index of marital satisfaction.

Murstein and Glaudin (1968), observe that there is some relationship
between negative types of personality characteristics and unhappiness in marriage. However, they maintain that it is unclear whether these personality characteristics produce marital problems or are in turn created by the latter.

The relationship between personality traits of the spouses and the stability of marriage was investigated by Cattell and Nesselroade (1967). They administered the 16 PF Questionnaire to 102 stable and 37 unstable couples. Their findings revealed that marital instability was associated with large differences in outgoingness, enthusiasm, sensitivity and drive. Stability on the other hand was facilitated by differences in dominance and guilt proneness and likeness in intelligence, emotional stability, enthusiasm, conscience and imagination. The results of a longitudinal study by Bentler and Newcomb (1978), showed that wives who were extroverted were more successful in their relationship and more successful marriages were related to the relative introversion on the part of the husbands.

Marital competence of spouses has been considered to be an important determinant of marital happiness by several researchers. Kieren and Tallman (1972), found that while husband's adaptability (a measure of marital competence) did not affect the wife's marital happiness, her adaptability was related to his marital happiness. The ability to communicate nonverbally as an important characteristic of interpersonal competence has been mentioned by Gottman and Potterfield (1981).

Dean (1966) investigated the relationship between emotional maturity and marital adjustment. From a random sample of 6000, He studied 117 couple using the Dean Emotional Maturity scale and the Nye scale of Marital Adjustment. He obtained positive correlations for the self-rated emotional maturity scores of both spouses individually and their marital adjustment scores. Further spouse rated emotional maturity scores for both the partners also were positively correlated with their marital adjustment scores. His data thus indicates that emotional maturity of both partners is a significant aspect of marital adjustment. Cole et. al. (1980), suggested that emotional maturity would be manifest in higher self-esteem and this would augment the individuals ability of handling interpersonal situations which would lead to enhanced
coping with the environment and would significantly affect the satisfaction with the relationship.

Spiritual intimacy has also been found to be significantly correlated with emotional intimacy and marital satisfaction. It however does not directly influence marital satisfaction but operates indirectly through the intervening variable of emotional intimacy (Hatch et al., 1986)

Burgess and Wallin (1963) after a review of earlier studies on the association between personality factors and marital adjustment observed that the happily married were characterised as being emotionally stable, considerate, yielding, companionable, self-confident and emotionally dependant than the unhappily married.

Barry (1970), concludes a comprehensive review of marriage research with the observation that the more stable and non-neurotic the husband is at the time of marriage, the happier would be its outcome. The higher he is perceived by his wife as being emotionally mature and fulfilling his role as husband in conformity to cultural expectations, the happier the marriage. Further, the more the spouses come to resemble one another in terms of attitudes and personality traits, the happier the marriage.

Renne (1970) observes that in an "adequate" marriage - not necessarily "happy" but certainly not "unhappy" - each partner is a source of emotional support, companionship, sexual gratification and economic support. Each spouse supports the other in his role as parent, colleague, friend and so on. Some degree of dissatisfaction is inherent in the marital situation since even the most compatible partners sometimes find their needs, impulses or interests in conflict. She studied 4,452 households in California to identify correlates of marital dissatisfaction. Her data revealed that men who were heavy drinkers were more likely than others to be dissatisfied with their marriage. She notes that heavy drinking is both cause and effect of marital dissatisfaction; both are parts of a syndrome of emotional illness. Further, people with few intimate associates were likely to be more dissatisfied with their marriages and were likely to have more feelings of alienation and depression.
NEUROTICISM AND DEPRESSION

Costa and McCrae (1987), consider neuroticism to be a very broad and pervasive dimension of personality and observe that many variables such as perceived stress, life satisfaction and subjective adequacy of social support reflect its influence. They consider neuroticism to be a broad dimension of individual differences in the tendency to experience negative, distressing emotions and to possess associated behavioral and cognitive traits. Among the traits that define this dimension are fearfulness, irritability, low self-esteem, social anxiety, poor inhibition of impulses and helplessness. They further observe that historically, neuroticism is linked to the general category of psychiatric illnessess called neuroses and that individuals suffering from anxiety disorders and depression would score high on neuroticism.

However, neuroticism is not synonymus with psychopathology since psychiatric disorders involve defects in cognition, social bonding and reality orientation that are not elements of neuroticism. Neuroticism (Costa and McCrae; 1987), is one of the five basic dimensions of the normal personality (along with extraversion, openness to experience, agreeableness and conscientiousness) repeatedly identified in comprehensive analyses of personality traits. The individual high in neuroticism, is prone to experience fear, anger, sadness and embarrassment; is unable to control cravings and urges and feels unable to cope with stress.

Several researchers have considered the dimension of neuroticism as being an important variable in determining the quality of inter-spousal and marital life. Neuroticism is the personality trait most often identified to be the source of marital instability (Barry, 1970). Early studies by Terman et al. (1938) and Burchinal (1967), established a correlation between neurotic traits in the spouses and marital unhappiness. In a longitudinal study on the association between neurotic traits and marital adjustment, Burgess and Wallin (1963), reported correlations for both men and women in terms of their neuroticism scores prior to marriage and marital adjustment scores on follow up. In a noteworthy observation, Terman et. al., (1938) held that " One would hardly expect a man and woman, both highly neurotic, to achieve a very high order of
marital happiness."

Haines and Waring (1980), have found a relationship between lack of intimacy and the prevalence and severity of non-psychotic emotional illness; a finding earlier arrived at by Henderson et.al. (1977). Kreitman (1968), had also indicated a high inter-spouse correlation for non-psychotic emotional illness in both spouses.

The relationship between marital status and the manifestation of depression has been explored by many authors. In general it has been observed that married individuals exhibit lower rates of depression and fewer depressive symptoms than those who are single, divorced or widowed (Beck and Weissman, 1987; Vernon and Roberts, 1982; Weissman and Myers, 1980).

Several investigations in the past have revealed the close relationship between aspects of marital life and the manifestation of depression in married women. Paykel et al. (1969) have demonstrated that marital difficulties are the events most likely to be reported by women prior to the onset of depression. Brown (1978), has demonstrated that lack of intimacy in marriage is one of several vulnerability factors in the development of depressive illness in women under adverse circumstances. In another study, Brown et.al. (1978) found that women who were most vulnerable to depression lack close and confiding relationships in their marriage. Rousaville et. al. (1979) have suggested that marital disputes characterised the clinical picture for substantial numbers of depressed women coming in for out-patient treatment.

Aseltine and Kessler (1993), in a longitudinal study of 1755 respondents from a community sample examined the relationship between marital disruption and depression. They found that marital disruption causes a significant increase in depression compared to pre-divorce levels within a period of three years after the divorce. The effect of marital disruption on depression varies significantly as a function of whether the couple had serious marital problems prior to break up. Marital disruption is associated with a reduction in depression among respondents who reported such problems indicating that termination of a highly stressful marriage provides relief. Also the aggregate association between marital disruption and depression was more pronounced among women than men.
In a study of neurosis and marital interaction, Krietman et. al. (1971), studied 60 male outpatient neurotics and their wives and a group of normal controls and their wives. They obtained no correlations for the "assertiveness" and "affection" scores. In both samples, husbands and wives showed no significant correlation on assertiveness, but correlated positively on affection scores. Among patients, the more assertive husbands displayed less affection towards and received less affection from their wives. Assertiveness was not related to the severity of the patients symptoms. Duration of marriage was not related to patterns of husband - wife correlation on assertiveness or affection. Further, assertiveness was found to be significantly associated with dominance in role playing activities and conflictual marriages tended to be characterized by two partners with high assertiveness scores. Affection scores were significantly lower in conflictual than other marriages. They found the neurotic group to be more isolated socially, husband dominated and deficient in cooperation. The degree of marital maldjustment was directly related to the severity of neuroticism.

In an analysis of family interaction patterns in neurotics, Bhatti and Channabasavanna (1986), administered the Family Interaction Pattern scale to a study group of 60 neurotics and compared them to an equal member of normal controls. The neurotics, it was found were not satisfied with their occupation, income and family status. The difference between the two groups was statistically significant in terms of parental interaction and it was seen that the neurotics had unhealthy interaction with their parents and siblings. Relationship with the spouse was significantly disturbed for the study group respondents. However, the type of neurosis had no relationship with interaction with the spouse, parents or siblings. The neurotics belonged to higher income joint families.

The hypothesis that, wives and neurotic spouses would perceive more problems of family interaction than husbands and less neurotic spouses was tested and proved by Narayanan and Venkatachalam (1980). They administered the Guilford - Moiser neuroticism questionnaire and the Interaction Problems Perception Scale to both spouses of a random sample of thirty couples. They found that gender, neuroticism and their interaction had a significant effect on
perception of family problems. They have attributed this trend to the heightened sensitivity of females and those who are neurotic. The authors concur with the findings of earlier researchers (Krietman, 1964; Ryle, 1967) that a significant association exists between neurosis and marital adjustment in women. Dominan (1979), found neurotic scores to be higher in those married having low self-esteem than in couples with high self-esteem. Ellis (1967), has observed that neurotics have unrealistic expectations and demand much more from those around them. This tendency is perhaps much more in the marital relationship where the neurotic expects too much from the spouse and is dissapointed if demands are not met leading to role conflict and marital disharmony. Likewise, the spouses of the neurotics who have to put up a great deal by way of demands from their partners may also experience considerable role strain and burden.

Waring (1986), observes that the explanation of neurotic manifestations in marital relationships involves role conflict, vulnerability to stress, selectivity and pathological interaction. His review of the literature in these areas suggests that non-psychotic emotional illness is associated with marital maladjustment and marital pathology.

Mayamma and Sathiyavathi (1987) compared a group of thirty neurotics (equal number of males and females) and their spouses with a matched group of normal controls using the Hurvitz Marital Roles Inventory. An index of strain was computed for both groups and it was found that neurotics differed significantly from the normals. The spouses of neurotics had a relatively higher mean index of strain than the spouses of normals though the difference was not statistically significant. They report that neurotics and their spouses appeared to have more conflict with regard to finance, household tasks and companionship. They conclude, supporting the notion of Tharp and Otis (1966) that marital disharmony may be understood as a lack of satisfactory role relationships.

In an examination of the relationship between life events and neuroticism, Bhatti and Channabasavanna (1985) studied 60 neurotics and compared them to an equal number of normal controls. They found that neurotics experienced more stressful life events than the normal population. Though they found that both
groups were not different in experiencing the stress due to education and bereavement, it was seen that in the study group, depressives had definite stress in the area of bereavement and hysterics and anxiety neurotics in the area of education. They also provided evidence to support the contention that a clinically neurotic person need not necessarily possess a neurotic personality dimension and also that a normal person can score high on neuroticism. No significant differences in terms of experience of life stresses was seen between high and low N-scorers and between introverts and extroverts, leading the authors to conclude that stressful life events are independent of personality dimensions.

Gurmeet Singh et al. (1984), found that subjects with high neuroticism scores report greater amount of subjective stress. This indicates that neurotic patients are likely to report higher number of experienced life events as well as significantly higher stress scores for the same stressful event than normals.

The issue of marital compatibility, has been viewed from two major theoretical perspectives observe Doherty and Jacobson (1982). The first perspective which is popular with trait theorists proposes intrapersonal causes of compatibility and holds that personality characteristics of the spouses either makes the marriage stable and mutually satisfying or fraught with discontent. The second perspective more popular among behaviorally oriented therapists concerns interpersonal rather than intrapersonal sources of compatibility. It holds that disturbed marriages are consequent to dysfunctional behaviour exchanges characterised by high ratios of punishments to rewards. The distressed spouses are seen as deficient in basic social skills and are more likely to react to and reciprocate the negative behaviour of the partner.

However, Kelly and Conley (1987), are of the view that these two perspectives on marital compatibility are not mutually exclusive. They hold that the second (interpersonal) perspective may be a description of the process by which the first (intrapersonal) perspective operates. High levels of neuroticism on the part of either or both partners could result in the dysfunctional behaviour exchanges seen in troubled couples.
Communication disturbances and marital disharmony was studied by Mayamma and Sathyavathi (1985). They administered the Marital Communication Inventory (Bienvenu, 1970) and the Personal Report of Spouse Communication Apprehension (Powers and Hutchinson, 1979) to 30 neurotic patients and 30 normal controls. Their results indicated significant difference between neurotics and normals and between their spouses with regard to communication as measured by the MCI. However, no significant differences were seen between neurotics and between their spouses with regard to spouse communication apprehension, though the neurotics showed relatively higher scores than the normals. Item analysis revealed that the neurotics and their spouses felt they did not understand each other, argued over money, were unable to calmly discuss problems and felt they did not receive cooperation, encouragement and support from their partners and confided in others rather than in each other. The spouses of neurotics felt that their partners monopolized conversation, did not pay complements or respect or admire them and never discussed issues with them. The authors opine that such communication anomalies would involve psychological need deprivation with regard to recognition, belongingness, self - respect and self-esteem.

In a longitudinal study of the personality characteristics of couples as related to their marital outcome, Kelly and Conely (1987) studied three hundred couples who were followed from their engagement in the 1930's until 1980. Personality characteristics of the couples were obtained from ratings by their acquaintances in the 1930's and were used as predictor variables to the marital outcome in the 1980's. Twenty two couples broke their engagement and of the 278 who got married, 50 eventually got divorced. Analysis of data revealed that the husbands impulsiveness and the degree of neuroticism in both spouses were potent predictors of negative marital outcome for both; the divorced group and the stably married but dissatisfied group.

According to these authors, neuroticism acts to bring about distress, and the other traits of the husband help to determine whether the distress manifests in divorce or is suffered passively, in a stable but unsatisfactory marriage. The overall marital satisfaction in stable marriages was influenced by several personality and social antecedents. Neuroticism (and in later life, impulsive-
ness) exerted negative influence on the marital satisfaction of both sexes. The number of stressful life events in early adulthood exerted a similar negative effect. Aspects of the early social environment had a larger impact on the marital satisfaction of women than men. They observe that neuroticism is a more or less normally distributed human characteristic and does not imply the presence of manifest psychopathology. It is a general substrate of behavioral disruption and as such quite reasonable to link theoretically with marital problems. Personality characteristics must be taken into account in a comprehensive analysis of marital interaction since many of the disrupted patterns of communications and behaviour exchanges seen in disturbed couples may be seen as the outgrowths of the personality characteristics of the partners.

Ovenstone (1973), investigated the development of neurosis in the wives of neurotic men. 40 male psychoneurotic men and their wives were included for the study of which 52.5 percent of the wives were found to be psychologically "ill" and the remainder classified as "well". A high proportion of dominated and segregated role patterns were seen in the majority of couples studied and the highest level of marital tension was seen in couples with segregated role patterns. Though the "ill" wives lived in an atmosphere of higher marital tension, no characteristic differences were seen in their marriage role patterns when compared to the "well" wives. The formation of divided roles was seen to be associated with the severity of the husband's neurosis. A high percentage of divided roles was seen in the area of child management and leisure. The husband's pathology was found responsible for the development of the wife's neurosis which was attributed to the high tension levels seen in their marriage. Initially. The wife responds with irritability and nervous tension in accordance with the fluctuating tension levels experienced by her but after prolonged exposure, chronicity is likely to develop.

In an assessment of psychiatric morbidity in general practice in Bangalore, Krishnamurthy et al., (1981), administered Goldberg's General Health Questionnaire for identifying psychiatric morbidity to 300 patients, comprising of every 10th patient attending their clinic. Further 30 patients (representing every 10th individual in the first phase) were also administered the Indian psychiatric survey schedule. Age, sex or occupation did not correlate with the
Goldberg scores. The psychiatric morbidity rate was estimated at 36% of the clinical population in general practice.

In a similar study carried out on medical outpatients in a general hospital at Bangalore, Sriram et al. (1986), who assessed 300 outpatients for psychiatric morbidity report an estimate of 53.7% (male - 45.7% and female -64.2%). The morbidity was higher in the 26 - 35 year age group and in the above 55 years category. Among the females, morbidity was higher in the married as well as those widowed or separated. There was no relationship between psychiatric morbidity and education, occupation, rural, urban background, duration of medical illness and medical diagnosis.

Mental illness in married couples was studied by Mahendru and Sharma (1981). 30 mentally ill couples (Group A) were compared to another group of 30 couples where only one partner was psychiatrically ill (Group B). Group A subjects were classified as primary and secondary depending on whether they became ill before or after their spouse. Age was not found to influence the two groups of married pairs but social class did. Significantly longer duration of marriage in Group A indicated the role of increase in duration of marriage in increasing the morbidity in the spouse of psychiatric patients. Further, the authors observe that wives are more susceptible than husbands to illness in the partner. The higher occurrence of neurotic illness in the secondary partner, longer duration of illness in the primary partners of group A and insignificant differences of neuroticism scores in the various groups of spouses lend support to the interactional theory. Further the higher proportion of schizophrenia and depression in the primary partners of group A adds to the stress of these chronic illnesses on the spouse. The authors observe that living with a partner having a long standing psychotic illness is likely to generate neurotic disturbances in the other.

Sood et al. (1996), conducted a study to assess the prevalence of neuroticism and its correlation with various socio-demographic factors in 142 patients attending a family practice outpatient clinic. They found a significantly higher incidence of neuroticism in women as compared to men, among housewives and in the middle age group when compared to the younger and elderly
group in the female population. The authors attribute the higher incidence of neuroticism among women to the cumulative effect of pent up emotions owing to restrictions on the expression of anger, hostility and aggression. Patients of both sexes with moderate education level had a higher neuroticism score than the illiterate and those with higher education. Neuroticism was found to be higher in unskilled male workers. The majority of patients with neurotic problems were married. Higher incidence was found in females from nuclear families and men from joint families. Further those from small sized families received a higher neuroticism score. The majority of patients had presented primarily with vague symptoms such as chronic headaches, backache, generalised bodyache, weakness, symptoms of anxiety and multiple somatic complaints.

**SUMMARY**

To sum up this section then, a selective review of the general literature on marriage and the family shows that by and large socio-demographic variables have a positive relationship with marital happiness. Some of these variables include higher education, occupation and income of the husband, age at marriage, employment status of the wife and similarities in the background of the spouses.

With regard to marital satisfaction over a time span, there seems to be a decrease in the initial years of marriage and an increase particularly for men in the later years of married life. Some studies have indicated a general decline in satisfaction for both spouses with increase in the duration of marriage. Transition to parenthood and the arrival of children has also been seen as a detriment to marital quality. However a few studies have shown that, it is the confounding influence of the duration of marriage rather than the arrival of children which is responsible for the decline in marital quality.

Research on spousal perception has indicated that with increase in duration of marriage one tends to see lesser favourable traits in one's spouse. Further, marital happiness was related to the congruence of the husband's self concept and that held of him by his wife.

Inter spousal interaction was seen to be positively related to
socio-economic variables and negatively to the presence of children and the job involvement of the spouses. A positive relationship exists between marital happiness and good communication with regard to self disclosure and expression of positive feelings about one's partner. Communication apprehension limits communication, reduces self disclosure and decreases a person's social and sexual desirability and can be expected to influence marital happiness.

Conflict in marriage is a normal and inevitable phenomenon. Most studies have shown a negative relationship between happiness and conflict. However it was also seen that conflict and satisfaction are not mutually exclusive and that the spouse may be at the same time the greatest source of satisfaction and conflict. Conflict resolution strategies such as discussion, being conciliatory and supportive, account for happiness in marriage.

Similarity of personality traits and attitudes were seen to relate positively with marital adjustment and satisfaction. Emotional maturity, the husband's adaptability and marital competence emerged as other variables to be correlated positively with marital adjustment.

Neuroticism has been identified as a source of marital instability. Evidence exists on how neuroticism in one or both spouses could undermine marital happiness and stability owing to increased role conflicts, dysfunctional interaction and heightened marital problems. It was also seen that pathology in the husband could result in neuroticism in the spouse. Depression has more often been reported in married women than men and has been attributed to marital difficulty and tension.

In conclusion, though this review of literature on marriage and the family has been brief and selective, it has provided valuable insight into several factors which influence marital life in general. Besides the influence of socio-demographic factors on marital life, it was seen that factors such as the role of personality, communication patterns, spousal perception, manifestation of conflict, the duration of marriage and the influence of children on marital satisfaction and adjustment have been major areas researched extensively in the past.
Though a considerable amount of research has been done on spouses of alcoholics, most of it has been fragmented in nature, either studying a few personality dimensions or specific aspects of marital life and there is a need for a comprehensive study integrating both these factors. Further, most of these studies (with a few exceptions) have been done with small sized samples and often did not include adequately matched control groups.

Personality dimensions in wives of alcoholics has been a much researched field both by Indian and Western authors. Most of these studies have investigated factors such as anxiety, depression, neuroticism and extraversion. One hardly finds mention of in the literature of investigations pertaining to aspects such as the self-esteem of wives of alcoholics and the manifestation of pessimism in them.

Indian researchers in the field of marriage in general and alcohol complicated marriages in particular, have evinced interest in understanding the influence of socio-demographic variables, communication anomalies, interaction patterns and the personality of the spouses. Hardly any material was seen pertaining to alcoholic marriages using global concepts from the general marriage literature such as cohesion, consensus, adjustment and conflict. Literature in the field of communication apprehension is scanty and only one Indian study in the context of neurotic interaction in marriage has addressed this issue (Mayamma & Sathyavathi 1985). Further, in the light of evidence that communication deficits exist in the interactional pattern within the alcoholic marital system, it is felt that the dimension of communication apprehension merits further investigation.

The coping behaviour of wives of alcoholics has been studied both by western and Indian authors. However it was seen that there is a dearth of literature dealing with the specific conflict management strategies used by wives of alcoholics and no information on whether these strategies are predominantly the same or differ from those deployed by wives of non-alcoholics. Indian literature on these themes is virtually non-existent.

The issue of marital conventionalisation has drawn the attention of western researchers more out of concern of it being a contaminant of self-report
marital adjustment inventories. Investigation is required into whether the inclination to conventionalize one's marriage and 'cover up' one's true life situation is a natural tendency to be expected in normal populations or a unique phenomenon seen only in distressed and stigmatized groups. This being an issue of vital concern to both marital researchers and therapists, it is surprising that hardly any Indian studies have taken this dimension into account.

Ironically, most research on marital dynamics in alcoholic families has progressed ignoring the wealth of information generated by researchers of marital life in general. It would certainly be to the advantage of the alcohologist to benefit from the conceptualizations and empirical inferences existing in the general literature on marital life and to compare if the same hold true for alcohol complicated marriages or not.