Chapter II

Review of Literature
INTRODUCTION

Review of related literature is an essential aspect for the planning of a study, the objective of which is to justify the rationale behind a study. It provides an overview of historical perspective, development, deviations and departures of research in that area and also guides to identify the methods appropriate to the problem under investigation. Therefore literature survey is a valuable guide in defining the problem, recognizing its significance, suggesting and promoting data gathering devices, selecting appropriate study design and sources of data. This helps to sharpen the understanding of the problem area and provides a background for the research project. Hence review of literature forms an inevitable part of any research study.

Alcoholism has been a fascinating area of research that 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 metrological, socio-cultural, psychodynamic, interpersonal, biological, therapeutic intervention and outcome, to name a few.

While most researchers have focused attention on the alcoholic per se: his behaviour, communication pattern, personality, drinking pattern etc., the realization that it is the family particularly the spouse who bears the brunt of the husband's alcoholism and who is 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.

From this perspective and in the specific context of the present study, the review of literature presented in this chapter deals with the contributions of earlier investigators. The studies collected by the researcher concerning the selected problem area is classified into 2 main aspects

I. STUDIES RELATED TO ALCOHOLISM

• Causes of Alcoholism
• Consequences of Alcoholism
• Impact of Alcoholism on the Spouse
• Impact of Alcoholism in the Family
• Treatment and Treatment Evaluation

II. STUDIES RELATED TO MARITAL DIMENSIONS
• Conflict Tactics
• Proactive Coping
• Family Interaction Pattern
• Marital Quality
• Perceived Quality of Life
• Marriage and Family of the Wives of Non-alcoholics

I. STUDIES RELATED TO ALCOHOLISM
CAUSES OF ALCOHOLISM

Factors contributing to alcoholism are genetic, psychological and social/cultural (Mayo Clinic, 2006). Causes of alcohol use range from a single stressful event to the interaction of genetics and culture. The complexity continues as the causes themselves are impacted by the use of alcohol. For example, a stressful life event may trigger unhealthy drinking behaviour and the drinking, in turn influences the stressful event, which then causes more stress (Hart and Fazaa, 2004).

Some research indicates a genetic link to alcoholism (Nolen-Hoeksoma and Hilt, 2006). While many social and cultural variables may be present, genetics cannot be ignored. Recent research has shown alcoholism to be a deficiency disease related to neurotransmitters, which are chemical messengers between brain neurons (Antai-Otong, 2006). Certain personality characteristics, influenced by genetics, contribute to the development of alcoholism. This genetic connection is illustrated by studies that have shown that children with attention deficit hyperactive disorder are more likely to develop alcohol problems later in life. The tendency towards risk taking and aggressiveness both lead to alcoholism susceptibility (Pihl, McGill and Peterson, 2007). This link may also explain why men often drink more heavily than women but women often suffer more severe medical consequences as a result of alcohol abuse.

The environment, both home and at work, also has a powerful influence on drinking behaviours (Clark, Vanyukov & Cornelius, 2002). The environment established by the family of origin is responsible for the initial belief structures (Zucker, et al., 2006) but, as adults, alcohol use decisions are also a function of social
networks outside the family (Wageneer, Toomey and Lenk, 2005). Coping styles and motivations to drink can also influence alcohol consumption (Walter, 2003).

The emphasis placed on alcohol in society plays an important role in alcohol use and alcoholism. Messages from peers and the media promote alcohol use for fun, improved relationships, and even wealth. Messages and information regarding alcohol, influence the decision making process. Once drinking has commenced, events combined with alcohol consumption induce cravings and "consumption related stimuli produce different responses" (Tudor, 2007). A progression takes place, from moderate drinking to alcohol abuse to alcoholism (Nikelly, 2000).

Individuals in poverty (Caetano, Nedlson and Conradi, 2001) and people with less formal education (Zucker, et al., 2006) are more likely to abuse alcohol. Many minority individuals have less access to health care and often receive poorer treatment, which results in negative consequences and greater treatment needs (Schmidt, Greenfield and Mulia, 2006).

As mentioned earlier, homelessness is also strongly correlated with alcoholism. Difficulty in providing preventive services to this population plays a role in many health problems, including alcoholism (Podymow et al., 2006). Individuals with mental illnesses may be in similar situations. It is not unusual for at least half of patients in a mental health facility to have a history of problems concerning alcohol consumption (Lumsden, 2005). Among other issues, antisocial and violent behaviours accentuate problem drinking.

It is important to discuss the difficulty of maintaining abstinence during recovery from alcoholism and its relationship to alcoholism. Unfortunately, relapse during recovery is common, thereby placing the person back on the road of addiction (Chase, Neild and Batey, 2005). Because alcoholism is a progressive disease, the consumption, abstinence and relapse cycle places an individual at further risk for remaining ill.

CONSEQUENCES OF ALCOHOLISM

Most individuals who use alcohol in an abusive way will display one or more of four drinking-related problems including disruption of daily life, legal issues, social difficulties, and drinking in dangerous situations (Ringold, 2006). Heavy alcohol
consumption, often termed alcohol disorder, is a major expense (Chase, Neild and Batey, 2005), with economic costs of alcohol use estimated at $98.6 billion per year (Weintraub, 2001). For most individuals who suffer from alcoholism, alcohol abuse is the first stage of this progressive disease. Even when the disease of alcoholism does not manifest, there is the potential for both short and long term consequences with alcohol abuse. Short-term consequences include hangovers, alcohol poisoning, alcohol related injuries, fatalities, attempted suicide, sexual assault, property damage, and impaired driving (Jennison, 2004).

Problems with authorities (police, teachers, parents, etc.) may also occur. Alcohol-related motor vehicle accidents are the most common cause of injury (Ringold, 1999). In 2003, alcohol-related motor vehicle deaths totaled 44,800. This number represented a one to two percent increase from 2002. Moreover, according to the National Safety Council in the U.S. Motor Vehicle Accident Report, about one third of all traffic fatalities in 2002 were the result of an intoxicated driver (Park, 2005).

Major economic costs of alcoholism occur in the workplace. Poor performance, less productivity and absenteeism are higher among those who abuse alcohol (Booth and Feng, 2002). Alcohol misuse also plays a role in a person's ability to stay employed. A lifetime diagnosis of an alcohol disorder is correlated with greater unemployment and lower wages (Booth and Feng, 2002). Other workplace consequences of alcohol abuse are increased injuries and employee aggression against others (Gmel and Rehm, 2003).

Medical consequences result from long term alcohol abuse. There is a greater risk of organ damage, mental health disorders, social and legal problems with regular and heavy alcohol consumption (Chase, Neild and Batey, 2005).

According to the American Medical Association and the American Psychiatric Association, individuals with alcoholism may experience lack of ability to stop drinking, have withdrawal symptoms when they do stop and develop the need for more alcohol to feel drunk. Medical problems are the most apparent consequences of alcoholism (Hommer, 2003). Alcoholism contributes to the development of organ damage, severe mental health disorders and extreme social problems (Chase, Meild &
Batey, 2005). Other medical consequences of alcoholism include brain damage, weakening heart muscles and damage to body extremities (Hommer, 2003).

Liver problems are often the most recognized medical consequences of alcoholism. Alcohol changes the liver through cell damage, thereby causing disease. Cell damage results from the liver using more oxygen to break down the alcohol (Cunningham and Van Horn, 2003). Cardiovascular problems can result from alcohol consumption as well. Heavy use of alcohol weakens heart muscles and mortality due to heart malfunction has been found to be associated with frequent binge drinking (Malyutina et al., 2002).

Social and relationship problems are prevalent among individuals with alcoholism. Although alcoholism has not been shown to be a direct cause of domestic violence, it exacerbates the problem (Fantuzzo et al., 2007). Homelessness is another lifestyle problem associated with alcohol. One-half to two-thirds of the homeless population in United States is affected by alcoholism, with public drunkenness and impairment being more common when compared with the rest of the population (Podymow et al., 2006). Alcoholism can be either a cause or the result of homelessness. Parents with alcoholism more often have children with behavioural and emotional problems (Christenson and Bilenberg, 2000).

IMPACT OF ALCOHOLISM ON THE SPOUSE

Montgomery and Johnson (1990) in their study among wives of alcoholics found that the behaviour of the woman married to alcohol dependents reflects their stressful circumstances and the women reported interpersonal, extra personal and intra personal stressors. The most frequently reported and highest ranked stressor was their relationship with their husbands.

Moos, Finney and Cronkite (1990) in their study with spouses of alcohol dependents found that depression and other psychological distress are frequently seen among individuals with alcoholic partners. It was also reported that the marital distress appears directly related to stress or burden brought by their partners drinking.

Crisp and Barber (1995) conducted an evaluation study to measure the frequency of hardships experienced by the spouses of alcohol drinkers along with the degree of inconvenience suffered. Sixteen problems were generated representing a
A range of problems that spouses may experience as a result of their partner’s alcoholism. Depression and marital discord were also measured. An analysis of the sub-scales showed internal consistency and prediction of convergent and discriminant validity were supported in relation to both sub-scales. The study suggested that any assessment problem experienced due to a spouse’s drinking should include both the interpersonal and intrapersonal dimensions.

**Copello (2005)** has demonstrated the impact that substance misuse can have on the family is a solid evidence base for the negative effects of substance misuse in the family, especially with spouses, parents and children.

Through retrospective analysis using the data from a Queben community health survey **Tempiera et al., (2006)** examined the consequences of alcoholism on the mental health of spouses of lifetime at risk drinkers. The study explored the mental health of female spouses living with a male lifetime at risk drinkers, relationship between male lifetime at risk drinkers (aged 30 – 54 years) and the psychological distress of their non-drinking female spouses. It confirmed higher levels of psychological distress in female spouses of male lifetime at risk drinkers in the general population.

**IMPACT OF ALCOHOLISM IN THE FAMILY**

**Graham, Berolzheimer and Burge (1993)** found that substance misuse can impact negatively on a range of family systems and process including family rituals, roles within the family, family routines, communication systems, family social life and family finances. Substance misuse can also impact negatively on other individuals within the family.

**Schuckit (1995)** suggests that the families of problem drinkers are vulnerable to harm, as the adverse effects of alcohol are not restricted to the problem drinker. Often the individual problem drinker is seen as the main victim of alcohol abuse despite alcoholism being characterized as a family illness. There is a little written and much less done about the forgotten ‘Victims’ the spouse and children who participate by hiding the problem. By doing this they are unwittingly contributing to the dysfunctional behaviour in the family.

**Jean et al., (1999)** examined 150 families where one person fulfilled the criteria for alcohol dependency and found that alcoholic families display impaired
communication, inappropriate expression of anger, presence of unhappiness, hurt, guilt, mistrust, loneliness, anxiety and hopelessness.

**Benegal, Velayudhan and Jain (2000)** reported that the monthly expenditure on alcohol by the alcoholics is more than their monthly earnings. Their monthly earnings are likely to be reduced because of absenteeism, sickness and unemployment. As they tend to spend more than what they earn, they are more likely to incur loans. The economic burden of having an individual with alcohol dependence alters the structure and functioning of the family thereby forcing persons to take up responsibilities inappropriate to their roles. Further the study estimated that monetizable direct and indirect costs attributable to people with alcohol dependency alone was more than 3 times the profits from alcohol taxation and several times more than the annual health budget of that state.

**Rahman (2003)** evaluated the data of different National Sample Survey in India. It was observed that household that consumes alcohol, spends an average 5.1 percent of the total earning on alcohol and related items and 5 percent of the population spend more than 30 percent.

**World Health Organization (2003)** studied the long-term alcoholic consumption and its impact in the family and social life (family disruption, marital harmony, impact on children, deprivation of the family, growing rate of crime and violence etc) and how it affects the individual in their health domain. It has been found out that alcohol consumption include greater incidence of injuries to self and to others in the family.

**Gururaj et al., (2004)** compared alcoholic users verses non-users in Indian context. It was found that among alcohol users the health status of the family and self is worse, they sustain more injuries and inflict more harm to themselves, have a disastrous family life, they are found deficient in managing financial resources, have greater problems in work place and face interesting psychological problems.

**Andreas and Timothy (2007)** explored the psychosocial adjustment in children of alcoholics (n=114) in the year by and at three follow ups in the 15 months after their alcoholic fathers entered alcohol treatment, testing the hypothesis that children' adjustment problems will vary over time as a function of their fathers 'heavy drinking
patterns. Three unique patterns of heavy drinking in alcoholic fathers were identified through cluster analysis. The results demonstrated significant association between these drinking patterns in fathers and adjustment problems in children over time. Overall children whose fathers remained mostly abstinent following their treatment showed lowest and decreasing adjustment problems.

The causes and consequences of alcoholism, impact of alcoholism on the family and spouse are numerous. In truth, the absolute source for any one individual may never be known but is most likely an interaction of many factors. For this reason, recovery is difficult and requires specific and thoughtful treatment involving the individual and family. The following studies look at the possible alternative therapies and how well they work in the alcoholic’s life and his family. These studies include evaluations of BMT program, self help manuals, brief treatment program, traditional counseling and a community-based behavioural training program.

TREATMENT

Halford et al., (2001) conducted a study to evaluate the effectiveness of 3 approaches in assisting the female partners of male problem drinkers with the stress imposed by the males’ drinking. Participants were assigned randomly via random number tables of one of three treatment conditions; supportive counseling, stress management or alcohol focused couples’ therapy. 61 married women whose husbands drank heavily were selected. Participants reported protracted alcohol problems, severe marital distress, and several impact of alcohol on social functioning. The women stress, alcohol consumption of the husbands’ and relationship functioning were assessed at pre and post treatment and at 6 month follow up. All 3 treatments involved 15 one-hour sessions with the women. Results indicate that all 3 treatments were assisted with reductions in the women reported stress. None of the treatments produced significant reductions in men’s drinking or relationship distress. It was implicated that the treatments ease stress and burden but do not improve drinking or relationships.

A number of scholarly reviews, meta-analysis and systematic reviews have shown that the social component of treatment for alcoholic problems is highly effective. Hence Miller, Willbourne and Hettema (2003) showed that three of the top eight most effective treatments for alcohol problems were ones, which were highly ‘social’ in nature they are Behavioural marital therapy (BMT), community reinforcement and social skills training.
Copello et al., (2005) showed that there is evidence that family involvement in treatment can be very effective. A wide range of treatment involving family members resulted in better outcomes than treatments that did not involve the substance misusers' family.

Westmaas, Moeller and Woiciki (2007) suggest that informing consumers about the causes of alcohol abuse is important, however, helping them to recognize the causes and increasing awareness of interventions is where the major challenge lies. Information about alcohol expectancies, drinking motives and the influence of personality must be part of the behaviour change process

TREATMENT EVALUATION

The importance of the marital relationship is positively influencing treatment outcome in alcoholism, this was demonstrated by Bowers and Al-Redha (1990) who randomly assigned sixteen alcoholics to two outpatient 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 the termination of treatment the two groups did not differ significantly on 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 effectiveness of three types of spouse-involved behavioural 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 received alcohol focused spouse involvement and Group III received alcohol focused spouse involvement along with Behavioural marital therapy. A follow up was done eighteen months after therapy and all three groups reported decreased frequency of heavy drinking and improvement in reported life satisfaction, corroborated by independent spouse reports. While alcoholics in Groups I and 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. The study thus found support for the assumption underlying Behavioural Marital Therapy that decreased drinking and improved marital adjustment are associated with improved individual functioning.

O'Farrell (1994) reviewed 25 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 psycho-educational 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 (Behavioural 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.

O'Farrell Timothy and Christopher Murphy (April 1995) assessed the prevalence and frequency of marital violence for 88 male alcoholics and their wives at entry and 1 year after completing a Behavioural marital therapy (BMT) program. In the year before BMT, both the alcoholics and their wives had a significantly and substantially higher prevalence and frequency of marital violence than reported by a demographically matched, nonalcoholic comparison sample. Although violence decreased significantly in prevalence and frequency in the year after BMT, it remained significantly elevated relative to the matched controls when the entire sample of alcoholics was considered. However, extent of violence after BMT was significantly associated with the alcoholics drinking outcome status: After treatment, remitted alcoholics no longer had elevated marital violence levels whereas relapsed alcoholics did.

Barber and Gilbertson (1998) also conducted an evaluation. Their evaluation was of a self-help manual for the female partners of heavy drinkers. They were looking at the effectiveness of a self-help manual versus counseling versus no treatment for adult female partners of treatment-resistant heavy drinkers. Thirty-eight participants with a mean age of 43.5 years old were randomly assigned to either a counseling, a self-help, or a waiting-list control group. Clients were pre-tested and post-tested using
two self-report measures of distress, and the drinking behaviour of the male partner was also monitored. Both self-help groups and counseling groups were superior to the no-treatment group in producing behaviour change in the drinker and in relieving the female partner's level of depression. There was no difference between the counseling and self-help modalities.

STUDIES RELATED TO MARITAL DIMENSIONS

Alcohol use is often a part of the fabric of marriage and family life, and although it is associated with certain positive effects, excessive drinking and alcohol disorders can exert a negative effect on the marital development in the context of the family. It also seems obvious that excessive drinking and alcoholism would have a detrimental impact on marital life and if unresolved could result in marital separations and divorce. The following section considers evidence that alcoholism influences various marital dimensions and it also highlights the relationship between alcohol and family functioning.

CONFLICT TACTICS

Budd (2003) reported that 44 percent of domestic violence offenders were under the influence of alcoholism. In studies of individuals or couples receiving treatment for alcohol problems, other substance abuse problems, or both, the pretreatment prevalence of Intimate partner violence (IPV) has been in the range of approximately 50-65 percent (O'Farrell and Murphy, 1994).

Selwyn Stanley (1998) compared marital dynamics between wives of alcoholics and those of non-alcoholics, who were matched on key socio-demographic variables. Poor marital adjustment and higher conflict levels were seen in alcohol-complicated marriages. Further, these wives reported less marital satisfaction, cohesion, consensus and affectional expression and a higher prevalence of violence and verbal aggression. Implications for social work intervention have been discussed which indicate the need for heightened gender sensitivity in de-addiction management.

Fals-Stewart, William (2003) studied on the likelihood of partner physical aggression on days of male partners' alcohol consumption, during a 15-month period for men entering a domestic violence treatment program (n = 137) and domestically violent men entering an alcoholism treatment program (n = 135). For men entering the domestic violence treatment program (alcoholism treatment program odds in
parentheses), the odds of any male-to-female physical aggression were more than 8 times (11 times) higher on days when men drank than on days of no alcohol consumption. The odds of severe male-to-female physical aggression were more than 11 times (11 times) higher on days of men's drinking than on days of no drinking.

**Fuller et al., (2003)** explored the relationships involving grandparental and parental alcoholism, child aggression, marital aggression and parenting practices. This longitudinal study used a three-generation database involving measures of grandparental and parental alcohol use disorder (AUD), marital aggression and aggression to offspring to predict early and later childhood aggression of third generation offspring. Participants were a population-based sample of 186 young sons of alcoholics and both biological parents and 120 non substance-abusing families and their age-matched sons drawn from the same neighbourhoods. Results indicate continuity of aggression across three generations and also the child's pathway into risk for later AUD is not simply mediated by parental alcoholism, but is carried by other co-morbid aspects of family functioning, in particular aggression.

**Maffli and Zumbrunn (2003)** examined the episodes of domestic violence reported to the police, focusing on the drinking behaviour of the individuals involved. Over a period of 110 days, (November 1999-February 2000) a total of 53 calls to the emergency line of the police of the city of Zurich (Switzerland), related to domestic violence, were registered. Detailed data concerning the forms of violence, the persons involved, their alcohol intake, and the context of the incidents were collected in 42 cases by means of structured interviews of the officers who achieved the interventions and inquiries. Moreover, interviews by agreement of victims were performed in 12 cases, providing complementary data. Evidence of alcohol involvement was found in 40 percent of the investigated situations. Police officers thus believed there was a clear link between alcohol and violence in at least 26 percent of the 42 cases. The interviews of the victims suggest a wide range of attributions made to the role of alcohol in situations of domestic violence.

**Solomon (2003)** examined the relationship between alcohol consumption and marital violence. Both male (n = 140) and female (n = 50) subjects who had been convicted of spousal abuse completed questionnaires assessing the degree of alcohol abuse and severity of spousal abuse upon entry into a treatment program. Females convicted of spousal abuse showed a positive correlation between marital violence and
alcohol consumption that did not reach statistical significance. No significant difference was found between the correlations obtained for male and female subjects. In addition, significant gender difference was found for severity of spousal abuse, but males scored significantly higher than females on the measure of alcohol consumption. Findings suggest that both males and females are capable of marital violence of similar severity. As the severity of violence increases, both males and females tend to consume more alcohol.

Busch and Rosenberg (2004) compared women and men arrested for domestic violence. Participants were 45 women and 45 men convicted of domestic violence between 1996 and 1998. Results indicate that women were less likely than men to have a history of domestic violence offenses and nonviolent crimes. They were also more likely to report that they had been injured or victimized by their partner at the time of their arrest. However, in other ways, women and men were similar, they were equally likely to have used severe violence and inflicted severe injuries on their victims; to have previously committed violence against non-inmates, and have been using drugs or alcohol at the time of their arrest.

Sarah Galvani (2004) examined the role of alcohol in their partner's violence. The results of the research are summarized and placed within the theoretical model, 'Responsible Disinhibition'. The model is grounded in the women's view and highlights individual responsibility for violence regardless of the level of intoxication. Finally, this article argues that the theory needs to reflect the socio-cultural context in which it was constructed - a context that combines two culturally male and culturally tolerated behaviours - heavy drinking and violent behaviour. There is on-going debate about the explicit and implicit differences inherent in the use of 'domestic violence' as opposed to 'partner violence', 'wife abuse', 'violence to women' and so on. For some researchers the choice is a political one and centres around the gendered nature of the violence. They point out how the terms used for it often hide or minimize men's role in such violent and abusive behaviour by absenting the gender of the perpetrator.

Fals-Stewart William et al., (2005) studied the moderating effects of antisocial personality disorder (ASPD) on the day-to-day relationship between male partner alcohol consumption and male-to-female intimate partner violence (IPV) for men entering a domestic violence treatment program (n = 170) or an alcoholism treatment program (n = 169). For both samples, alcohol consumption was associated with an
increased likelihood of non-severe IPV among men without a diagnosis of ASPD but not among men with ASPD (who tended to engage in non-severe IPV whether they did or did not drink). Drinking was more strongly associated with a likelihood of severe IPV among men with ASPD compared with those without ASPD who also drank. These results provide partial support for a multiple threshold model of intoxication and aggression.

Maharajh, Hari and Ali Akleerna (2005) studied the aggressive sexual behaviour of alcohol-dependent men and its implications in clinical practice. A total of 30 women of male alcohol-dependent partners were taken from a psychiatric clinic and matched with a control group of spouses of healthy non-drinking men for the variables of age, gender, ethnicity and social class. These groups were tested for sexually induced marks over a one-month period, areas of the body that were marked, duration of body marks and lovemaking experiences. Findings indicate that spouses of alcohol-dependent men are subjected to more aggressive and painful sexual experiences, more body marks in more regions that lasted an average of 7 days and more biting of body surfaces than wives of non-alcohol-dependent men. These behaviours are interpreted as subtle signs of domestic violence that should not be ignored in clinical practice.

Murphy et al., (2005) studied about alcohol consumption and intimate partner violence by alcoholic men-comparing violent and non-violent conflicts. Alcoholic men and their relationship partners were interviewed about a conflict in which physical assault occurred and in which psychological aggression occurred without physical assault. The interview assessed the quantity of alcohol consumed prior to each conflict, other drug use, and the topics, location, timing, duration, and speed of escalation for each conflict. The number of standard drinks consumed by the husband in the previous 12 hr was significantly higher prior to violent versus nonviolent conflicts for both self and collateral reports, as was blood alcohol concentration estimated from self-report. Other drug use was not significantly different. Greater drinking by wives prior to violent conflicts was found in some analyses. These within-subject comparisons help to rule out individual difference explanations for the alcohol-violence association and indicate that alcohol consumption is a proximal risk factor for partner violence in alcoholic men.

Sekii, Shimizu and Nihon (2005) examined the actual state of domestic violence in alcoholics' families and compared this with a national representative
sample. The results were as follows: (1) Domestic violence in families of alcoholics is serious. (2) In such families, 63.5 percent of wives have been injured as a result of physical violence by the husbands'. (3) In 86.6% of such incidents, the husband or the woman herself had been drinking. (4) Physical, social and economical violence lead to the breakdown of marital relationships. (5) After alcoholics gave up drinking, their levels of domestic violence were reduced

Sarah Galvani (2006) studied on alcohol and domestic violence. It was reported that alcohol's role in men's violence to women is a controversial issue. In the United Kingdom, little research has been conducted on the link between the two, and no in-depth studies have sought the views of the women who suffer such violence. Hence this article reported an in-depth research with 20 women that aimed to hear their views on the role of alcohol in men's violence to them. The results of the research show that women do not blame alcohol for their partner's violence, they hold the men, not their alcohol consumption, responsible for their actions.

Gregory Stuart (2006) has produced an article on 'Alcohol problems contributing to physical violence, psychological aggression'. The article focuses on a study, which states that psychological aggression and physical abuse in both men and women were related to alcohol problems. The perpetrators studied, were arrested for domestic violence. There was hardly any difference between men and women in the relationships of most distal risk factors with physical violence.

Bye and Elin (2007) assessed the aggregate association between alcohol consumption and violence, while controlling for potential confounders. The data comprised aggregate time-series for Norway in the period 1880–2003 and 1911–2003 on criminal violence rates and per capita alcohol consumption. Possible confounders comprise annual rates of unemployment, divorce, marriage, total fertility rate, gross national product, public assistance/social care and the proportion of the population aged between 15 and 25. Autoregressive integrated moving average (ARIMA) analyses were performed on differenced data. Both semi logarithmic and linear models were estimated. Findings indicate that alcohol consumption was associated significantly with violence, and an increase in alcohol consumption of 1 litre per year per inhabitant predicted a change of approximately 8% in the violence rate. The parameter estimate for the alcohol variable remained unaltered after including the covariates both in the semi logarithmic and the linear models. Of the seven covariates included in the
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models, only divorce was associated significantly with violence rate. The results suggest that alcohol consumption has an independent effect on violence rates when other factors are controlled for.

Selwyn Stanley (2008) conducted a comparative study on 75 wives of alcoholics with an equal number of wives of non-alcoholics matched on key socio-demographic variables, using a cross sectional Ex-Post Facto research design. Instruments to assess the extent of conflict and danger perceived by them in their marital relationship, besides the communication apprehension experienced towards their partners were administered. He found that the wives of alcoholics as a group had higher levels of conflict, perceived more danger and experienced more apprehension in relating with their spouses, than the subjects of the reference group. Results indicate the need to consciously focus on the spouse of the alcoholic and to help her resolve various marital issues with which she is faced.

PROACTIVE COPING

Orford (1992) found that spouses develop ways of dealing with the stress, coping behaviour that seems to be rather uniform even though spouses of alcoholics are of course a heterogeneous group with varying backgrounds. Based on extensive case studies and qualitative methods of data collection he 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 which evolve around questions of control, confrontation, collusion and support.

Rao and Kuruvilla (1992) who administered the Orford and Outline questionnaire to 30 wives of alcoholics. Results revealed that "discord" and "avoidance" were the 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 is duration of marriage, duration of alcoholism, socio-economic status and wives' educational status. They also observed that the wives cope with their husband's alcoholism according to their personal assets and cultural upbringing.
Thirumoorthy (1995) conducted a study on the experiences of wives of alcoholic abstinent and relapsed employees. The results indicated that the wives of abstinent group has significantly better interpersonal relationship with other family members and a significant difference was found between the wives of abstinent and relapsers with regard to the coping behaviour and seeking social support.

Barber and Gilbertson (1998) conducted a multiple regression study in which the efficacy of positive and negative coping responses adopted by the partners of heavy drinkers were compared under conditions of drinker intoxication and sobriety. Results indicated that only one combination of response type and drinker state was associated with higher levels of partner well being; positive responses when the drinker is sober. It was concluded that programs which aim to improve the quality of partner's lives should not generalize about desirable coping behaviours but should take account of situational and individual difference variables.

Chandrakekaran and Chitradeka (1998) studied on the patterns and determinants of coping behaviour of wives of alcoholics. One hundred wives of alcoholics with a confirmed diagnosis of alcohol dependence syndrome according to DCR 10 were studied with a "coping with drinking questionnaire". "Avoidance" was the most commonly endorsed coping behaviour. There was a significant correlation between all the coping components and alcohol related problems. No correlation was observed between neuroticism scores and coping behaviour. It is evident from the study that both personality and situational variables play a role in determining the coping behaviour of the wives of alcoholics.

Carolyn, Alex and Jim Orford (1999) conducted an exploratory study on the predictors of coping and psychological well-being in female partners of excessive drinkers. Cross-sectional questionnaire survey was given to 29 women with a recent experience of coping with excessive drinking in a male partner. It was found that “Engaged” coping (characterized by attempts to change the drinker) was best predicted by a single cognitive variable (self-demands). In contrast, “Tolerant” coping was best predicted by a combination of participant’s beliefs about their ability to withdraw from the drinker and the degree of drink-related hardship experienced within the family. “Withdrawal” coping, characterized by avoidant and independent behaviours by the women, was best predicted by a combination of beliefs about the necessity of
withdrawal and the duration of time the participants had been coping with excessive drinking.

Schaffer and Tyler (1999) studied the degree of sobriety in male alcoholics and coping styles used by their wives. 'Coping With Drinking' questionnaire was administered to 124 Al-anon members, was factor analyzed and revealed nine identifiable styles of coping. Multiple regression analyses between three measures of sobriety and each of the nine styles of coping factors provide support for the general hypothesis that the coping styles used by wives of alcoholics are related to drinking outcome. Further, those modes of coping in which the wife communicates her feelings of distress and frustration to the drinking husband in a way that is minimally threatening for him seem to be most positively related to his attainment of sobriety.

Shantala et al., (1999) studied on stress, morbidity and coping in spouses of Alcoholics. The sample for the study comprised of 100 wives of alcohol dependent patients at the De-addiction Unit, NIMHANS. Instrument used was semi-structured questionnaire, incorporating the somatization disorders, anxiety disorders, mood disorders, drug and alcohol abuse questions to tap stressors and coping strategies as well as the socio demographic variables. Results showed that the common stressor faced by the spouse were their husbands drinking, financial problems, physical abuse of self and children and social stigma. Comorbidity seen commonly were depressive disorder, generalized anxiety disorder and somatization disorder. Panic disorders, phobia, dissociative disorders and drug abuse were less common. Common coping strategies used were talking to friends and family and getting engaged in religious practices.

Sreedevi, Gangadhariah and Benegal (2000) studied the consequences of living with an alcoholic family member. Wives of 75 alcohol dependent individuals, admitted in the De-addiction centre at NIMHANS were selected. Data was collected through personal interview using a socio-demographic information schedule, the Perceived stress scale (Cohen et al., 1983), Coping with drinking questionnaire (Orford and Guthrie, 1975), and the Questionnaire on domestic violence (developed by the researcher). Domestic violence was commonly reported. Intellectual violence was the commonest variety of violence (69%) followed by emotional violence (58.6%) and social violence (57.8%). Physical violence was found in 47% of women, and economic violence in 41.6%. The least commonly reported violence was sexual violence
(27.4%). High stress was seen in wives of alcoholics. Wives with higher levels of domestic violence showed higher level of stress. The major coping styles adopted were Avoidance (53%), Discord (51.5%), fearful withdrawal (40.4%), and sexual withdrawal (25.8%).

Bhowmi et al., (2001) examined the relationship between social support, coping resources and co-dependence in the wives of individuals with drug and alcohol dependence. The husbands’ were administered Addiction Severity Index (ASI) and their wives were administered Social Support Scale (SSS), Coping Resource Inventory (CRI) and Co-dependence Assessment Questionnaire (CAQ). Out of 60 patients 49 were found co-dependent. On the ASI, the co-dependent group had more impairment in the financial and legal domains of the husbands’. Co-dependent wives had lower coping resources and social support.

Yoshihama (2002) investigated the types of coping strategies used by the women of Japanese descent (both Japan born and US born) and their perceived effectiveness in dealing with their alcoholic partners. Japan born respondents were significantly less likely to use ‘active’ strategies and perceived them to be less effective as compared to the U.S born respondents. For the Japan born, the more effective they perceived effectiveness of ‘active’ strategies, the higher is their psychological distress, whereas the more effective they considered ‘passive’ strategies, the lower is their psychological distress. The opposite was true for the U.S born respondents. These findings indicate that a match between the cultural prescriptions and coping factors might serve as a protective factor for psychological distress.

Christopher et al., (2003) examined the sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking outpatient, conjoint alcohol treatment. Results indicated that greater psychological distress among these women was strongly associated with lower satisfaction with the marital relationship, presence of domestic violence, lower frequency of male partner's drinking, lower perceived social support from family, and more frequent attempts to cope with the partner's drinking. Controlling for psychological distress, greater marital satisfaction was associated most strongly with greater attempts to reinforce positively the partner's abstinence and with less effort to detach from the partner's drinking. Results highlight the close connection between
psychological and relationship distress and potential relations between alcohol-related coping behaviours and both psychological and relationship distress.

Rob Rotunda, Laura West and O'Farrell Timothy (2004) conducted a study with alcohol-dependent clients and their partners to study their enabling behaviour. Behavioural Enabling Scale was administered to 42 alcoholic clients and their partners enrolled in a couples counseling program. Results indicated that majority of both clients and partners reported that the partner took over chores or duties from the alcoholic client at some point during the relationship, drank or used other drugs with the client, and lied or made excuses to others to cover for the drinker. Moreover, particular relationship beliefs were associated with higher behavioural enabling scores, providing clear direction for cognitive and behavioural interventions.

Elizabeth Howells and Jim Orford (2006) studied on Coping with a problem drinker. A series of case studies (n = 15 partners, all women) was done to develop guidelines for an intervention. A before-and-after study of the intervention offered to partners (n = 50, all but three women) by the first author and volunteer counselors, with follow-up to six months plus comparison with a small waiting list group and partial follow-up to 12 months was taken for the study. Instruments used for the study were Symptom Rating Test (SRT), Short Coping Questionnaire (SCQ: sacrificing and engaged coping), Self-esteem (SE); Independence (IND), Drinking Related Behaviour (DRB), and Outcome for the Problem Drinker (OPD). It was found that there were significant changes from initial assessment to three month follow-up, and between three and six month follow-up, in the case of SRT and SCQ sacrificing coping. In addition there were initial to three months changes on SE and IND, and three to six months changes for SCQ engaged coping. The small waiting list comparison suggested that changes in SRT and sacrificing coping occurred after the start of the intervention, and the partial 12-month follow-up suggested that changes could be maintained.

FAMILY INTERACTION PATTERN

Jacob and Krahn (1988) replicated and extended their study by including a depressed group along with alcoholics couples. Roughly 35 couples were placed in each group, with an alcoholic husband. Previous findings (Jacob, Ritchey, Cvitkovic and Blane, 1981) were replicated, in that alcoholic couples were more negative (i.e., more critical and disagreeable) than couples with a depressed spouse or non-distressed couples on drink night but were indistinguishable from than on no-drink night.
Investigations have been unable to detect unique communication patterns specific to alcoholic couples on sober nights. Thus various aspects of the marriage are stressed when a spouse exhibits disordered behaviour as a result of alcoholic symptoms, but possibly less discordant in certain conditions.

**Liepman et al., (1989)** studied twenty alcoholic families alternating, between the two phases, using seven dimensions of the Family Assessment Device. They observed 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.

**Leonard (1990)** pointed that in contrast to the absence of alcohol, alters the marital and family interactions of alcoholics. As noted by Schaap, Schellenkens and Schippers (1991), it is noted that when drinking, alcoholics’ couples release emotions, which they may suppress when, sober. Alcoholic family interaction cannot be adequately observed or measured unless in a drinking context. Out of context, that is when not consuming alcoholic beverages, alcoholic couples would be expected to function as other distressed marital couples function.

**Baucom et al., (1995)** reported that one of the most researched marital behaviours is marital interaction. There are possibly three reasons for this abundance of literature in this area. First communication tends to be a major source of rewarding and punishing the partner during couple interactions. Second, it also serves as a primary mechanism for stabilizing understanding and intimacy. Third, in theory, negative communication is likely to impact or stem from negative marital attributions and marital dissatisfaction.
**Suman and Nagalakshmi (1995)** studied the nature of family interaction patterns in alcoholic families. 40 alcoholic families and 10 non-alcoholic families, comparable in age and duration of marriage, were assessed using the Family Interaction Scales. Results revealed significant differences between alcoholic and non-alcoholic families. Alcoholic families were characterized by poor communication patterns, lack of mutual warmth and support, spouse abuse and poor role functioning. The spouses of alcoholics expressed greater dissatisfaction in all the areas of family functioning than the alcoholics. Non-alcoholic families were characterized by free and open communication, mutual warmth and satisfaction and sharing of responsibilities. The study highlights the importance of planning marital and/or family therapy for alcoholics so that effectiveness of treatment programs is enhanced.

**Christopher Murphy and O'Farrell (1997)** examined the couple communication patterns of maritally aggressive and non-aggressive male alcoholics. Ninety newly abstinent treatment-seeking male alcoholics and their wives completed a 10-minute problem discussion while both partners were sober. Their communication behaviours were coded with the Marital Interaction Coding system. Couples were separated into maritally aggressive (n = 60 couples) and non-aggressive (n = 30 couples) groups on the basis of any husband-to-wife physical aggression in the previous 12 months. Results indicate that the base-rate percentage of aversive-defensive communication was significantly higher for couples with a physically aggressive husband than for couples with a non-aggressive husband. Alcoholic husbands in general displayed lower rates of facilitative-enhancing communication than did their wives. The author concludes that husband-to-wife marital aggression was associated with problematic communication among couples with an alcoholic husband during a sober interaction. The maritally aggressive alcoholics were high in negative responses contingent upon their wives' prior negative behaviour, and were unlikely to terminate aversive interchanges.

**Haber and Jacob (1997)** assessed the interactions of alcohol and non-alcohol couples as they engaged in discussions of personally relevant problems. For 50 couples the husband was alcoholic, for 15 couples the wife was alcoholic, for 16 couples both the spouses were alcoholic and for 50 couples, neither spouse was alcoholic. Observations were conducted during sessions when alcohol was consumed and in non-drinking sessions. All alcoholic groups demonstrated great negativity and lower positivity and congeniality in their marital interaction compared to non-alcoholic
couples. Couples with male alcoholics were the least divergent from normal control couples.

**Leonard and Roberts (1998)** examined the marital interaction of 60 maritally aggressive and 75 non-aggressive men and their wives under a baseline condition, and then after the husband had received no alcohol, a placebo or alcohol. These sessions were videotaped and coded with the marital interaction coding system by coders who were unaware of group status and specific condition. Aggressive couples exhibited more negative behaviour and higher levels of negative reciprocity in the baseline interaction than did non-aggressive couples.

**Roberts et al., (1999)** examined the marital interactions of 30 male alcoholics who had maintained continuous sobriety for various lengths of time ranging from a few days to over 7 years. The findings indicate that the duration of the husbands' sobriety was significantly negatively correlated with the number of statements of disagreement emitted by husbands' and wives'. Also, there were trends for duration of sobriety to be negatively associated with the frequencies of question-asking and aggressive behaviours by husbands, and positively associated with the amount of talk time by husbands. Contrasts of 11 high sobriety couples (duration of sobriety: 2 years or longer) and 11 low sobriety couples (duration of sobriety: less than 4 months) revealed that high sobriety husbands asked fewer questions, stated fewer disagreements, and emitted fewer aggressive behaviours than husbands in the low sobriety group. In addition, high sobriety husbands displayed a trend toward more active talk time, and their wives showed a trend toward asking fewer questions than their low sobriety counterparts. The results suggest that marital functioning is superior in couples with longer periods of sobriety.

**Connors, Donovan, & DiClemente (2001)** Families of individuals with alcohol use disorders are often characterized by conflict, chaos, communication problems, unpredictability, inconsistencies in messages to children, breakdown in rituals and traditional family rules, emotional and physical abuse

**Halford et al., (2001)** reports that wives of alcoholics often present significant rates of mental and physical problems, communication problems, low social activity and poor marital satisfaction.
Jacob et al., (2001) found that the nature of family interaction is related to both alcoholism type and consumption, and the marital interaction of alcoholism type could be differentiated on the basis of the frequency and sequential structure of negative exchanges. He examined the effect of alcoholism type (high-antisocial versus low-antisocial alcoholics: HAS, LAS) and drinking condition on family communication patterns. Marital and parent-child dyads from 100 alcoholic families were videotaped while they discussed personally relevant issues during drinking and no-drinking sessions (no children were offered any alcohol). All interactions were coded with Marital Interaction Coding System. It was found that HAS couples were more negative during the drink versus no-drink condition, whereas drinking did not affect negativity for LAS couples. In addition, the negative communications of HAS versus LAS alcoholics were more likely to increase spouse negativity during the drink versus no-drink condition.

Floyd et al., (2006) examined problem-solving marital interactions of alcoholic and non-alcoholic couples (n = 132). Four alcoholic groups (alcoholic husband with antisocial personality disorder or not, paired with alcoholic or non-alcoholic wives) were compared with each other and with both-spouses-non-alcoholic group. Consistent with the alcoholic subtypes hypothesis, couples with an antisocial alcoholic husband had higher levels of hostile behaviour regardless of wives' alcoholism status. In contrast, rates of positive behaviours and the ratio of positive to negative behaviours were greatest among couples in which either both or neither of the spouses had alcoholic diagnoses and were lowest among alcoholic husbands with nonalcoholic wives. The study focuses on possible mechanisms linking anti-social alcoholism and discrepant alcoholic diagnoses to poorer marital outcomes.

Omer, Atakoy and Kisim (2006) reported that marital interactions within the family system seems an important requirement that the clinician involves, and maintains the presence of the family in its entirety in the treatment process. It was suggested that participation of the family in the treatment process as group members and by assuming a supportive role are assets in terms of preventing relapse, and extending clean time, are also very important for solving conflicts, that give rise to abuse of alcohol or substances.
MARITAL QUALITY

Couples with an alcoholic spouse report lower marital satisfaction than couples without alcoholic problems. Halford and Osgarby (1993) illustrated this point. They sampled 84 women and 56 men seeking marital therapy. A standardized alcohol screening measure and cutoff scores of 20 drinks per week for men and 10 drinks per week for women were used to distinguish safe from unsafe drinking styles. Regression analyses revealed that alcohol problems in individuals seeking marital therapy are associated with a higher degree of marital distress than those reporting no alcohol problems.

Wadsworth, Wilson and Barker (1995) examined the determinants of marital happiness and unhappiness rated by alcoholics and their wives. Alcoholic husbands' and their wives' generally agreed that the major aspects of marital happiness dealt with the quality of interpersonal relations. "Undesirable vices (excessive gambling, drinking, etc.)" ranked first as contributing to marital unhappiness while their absence was ranked 27.5 by the husbands and 9.5 by the wives as contributing to marital happiness. The elimination of undesirable habits may resolve much marital misery but it does not necessarily follow that, as unhappiness decreases happiness will increase.

O'Farrell et al., (1997) studied about the sexual satisfaction and dysfunction among alcoholics. Married couples with an alcoholic husband (n=26) were compared with 26 maritally conflicted and 26 non-conflicted couples without alcohol related problems on both sexual dysfunction and sexual satisfaction. The male alcoholics and their wives experienced less sexual satisfaction across a range of variables and more sexual dysfunction, specifically husbands' diminished sexual interest, impotence, premature ejaculation and wives painful intercourse than non-conflicted couples. There was a greater decline in frequency of intercourse with older age among the alcoholics than among the conflicted couples.

Kelly et al., (2000) evaluated the efficacy of a short-term alcohol-focused intervention for maritally distressed women, and explored the changes in relationship functioning. A sample of 32 women with alcohol and marital problems were recruited through the media. The study group reported protracted alcohol problems, moderate to severe impact of alcohol on social and occupational functioning, and moderate to severe marital distress. Participants were assigned randomly to an alcohol-focused treatment or to a waiting-list control group. The waiting-list control group began the
intervention at 1-month follow-up. Measures of average alcohol consumption, marital distress, relational efficacy and depression were administered at pre-therapy and post-therapy, and at 1, 6 and 12-month follow-up. Results showed that at 1-month follow-up, improvements were seen in alcohol consumption, marital satisfaction, relational efficacy and depression, and these effects were sustained at 12-month follow-up. The author concludes that at 1-month follow-up the intervention was associated with decreased alcohol consumption and depression, and increased marital satisfaction and relational efficacy, with evidence of maintained effects at 12-month follow-up. However, it is unlikely that reduced problem drinking and improved confidence in resolving problems were the only factors producing low marital quality in these couples.

Kahler et al., (2003) investigated the sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking outpatient, conjoint alcohol treatment. The study indicated that greater psychological distress among these women was most strongly associated with lower satisfaction with the marital relationship, presence of domestic violence, lower frequency of male partner's drinking, lower perceived social support from family, and more frequent attempts to cope with the partner's drinking. Results highlight the close connection between psychological and relationship distress and potential relations between alcohol-related coping behaviours and both psychological and relationship distress.

Michael Marshal (2003) studied on the effects of alcohol use on marital functioning. Sixty studies were reviewed that tested the relation between alcohol use and one of three marital functioning domains (satisfaction, interaction, and violence). Results provide overwhelming support for the notion that alcohol use is maladaptive, and it is associated with dissatisfaction, negative marital interaction patterns, and higher levels of marital violence. A small subset of studies found that light drinking patterns are associated with adaptive marital functioning.

Jennifer Marchand (2004) studied on Husbands and Wives Marital quality: The role of adult attachment orientations, depressive symptoms, and conflict resolution behaviours, were examined together in a community sample of 64 married couples. Correlation analyses revealed significant associations among the study variables and generally supported the hypothesized relations. When a regression series was applied to the data to examine indirect links between husbands' and wives' attachment
orientations and their marital satisfaction, results provided some support for mediation. Husbands' conflict resolution behaviours partially mediated the association between husbands' depressive symptoms and marital satisfaction. Interestingly, wives' conflict resolution behaviours did not mediate the association between wives' depressive symptoms and marital satisfaction. Instead, a different pattern was found, wives' conflict resolution behaviours partially mediated the association between wives' attachment anxiety and marital satisfaction.

**Gregory, Kenneth and Kearns (2005)** conducted a study on Marital Quality and Congruent Drinking. Newlywed couples (n=418) were assessed for marital satisfaction and drinking behaviours and then they were re-assessed at their first and second anniversaries. Cross-sectional analyses compared couples at each assessment and multilevel modeling assessed changes in marital satisfaction over time. Results indicate that each assessment, husbands and wives who usually drank with their partners reported greater levels of marital satisfaction. Over time, marital satisfaction declined for both husbands and wives. When the authors assessed changes in marital quality based on the three groups, husbands in each group experienced similar declines in marital quality. Among wives, the rate of decline was not the same. Although wives in the non-drinking group and wives who usually drank with their husbands had similar initial marital satisfaction, the non-drinkers experienced a greater decline in marital satisfaction than the wives who drank with their husbands. The rate of change for the wives in the non-drinking group was quite similar to wives who more often drank apart from their spouses. Findings suggest that alcohol use may be a part of the couple's socializing and may increase interaction, thereby increasing marital satisfaction.

**Jan Ostermann, Frank Sloan and Donald Taylor (2005)** conducted a national representative survey of middle-aged persons in America between 1992 and 2000, the association between alcohol consumption and separation and divorce (combined as divorced in the analysis) for 4589 married couples during up to four repeated 2-yr follow-up periods was assessed. It was found that discrepancies in alcohol consumption between spouses were more closely related to the probability of subsequent divorce than consumption levels. Couples with two abstainers and couples with two heavy drinkers had the lowest rates of divorce. Couples with one heavy drinker were most likely to divorce. Controlling for current consumption levels, a history of problem drinking by either spouse was not significantly associated with an increased probability of divorce.
Kearns-Bodkin, Jill and Leonard Kenneth (2005) examined Alcohol involvement and Marital Quality in the early duration of marriage. Couples (n=592) were assessed at the time of their marriage, at the first anniversary, and at the second anniversary. Husbands and wives completed separate, self-administered questionnaires at home. Latent growth curve analysis was used to examine husbands' and wives' alcohol use and marital quality trajectories and to test the bi-directional relationships between alcohol involvement and marital quality both within and between couple members. Results showed that husbands' and wives' alcohol involvement and marital quality declined over time and there was significant individual variability in these changes over time. Hence the author concludes that there is an association between husbands' and wives' alcohol use and marital quality.

Gregory, Kenneth and Jill (2006) examined how one spouse's alcohol involvement and alcohol-related problems affect his/her spouse's depressive symptomatology over time. Couples (n = 634) were assessed for past year alcohol involvement and alcohol-related problems (marital and non-marital) and depressive symptomatology when they applied for a marriage license. They were reassessed at their first and second anniversaries. Multilevel models were used to analyze the association between one spouse's alcohol involvement and alcohol problems and his/her partner's depressive symptomatology over time. Results indicate that both husbands' and wives' marital alcohol problems were associated with wives' depressive symptoms. Neither spouses' alcohol consumption was associated with wives' depressive symptoms. Husbands' marriage-related alcohol problems and frequency of heavy drinking were related to husbands' depressive symptoms; however, wives' alcohol problems and alcohol use were unrelated to husbands' depression.

Kenneth Leonard and Rina Eiden (2007) studied on marital and family processes in the context of Alcohol Use and Alcohol Disorders. This study showed evidence that alcohol influences and is influenced by marital/family processes, including transitions into marriage and parenthood, marital satisfaction, marital violence, parenting, and child development.

Gregory, Kenneth and Jack (2008) examined the patterns of illicit drug use in a community sample of adults during the transition and early years of marriage. Additionally, this work examined if couples who were discrepant in their drug use (i.e.,
one individual reported past year drug use and the partner reported no use) experience sharper declines in marital satisfaction compared to other couples. Multilevel regression models explored these issues over the first four years of marriage ($n = 634$ couples). Although rates of illicit drug use decline over the first four years of marriage, a significant number of husbands and wives continued to use illicit drugs (21% and 16%, respectively). At the transition to marriage, both husbands and wives who had discrepant drug use behaviours experienced lower levels of marital satisfaction compared to other couples. Over the first four years of marriage, couples in each group experienced significant declines in marital satisfaction.

PERCEIVED QUALITY OF LIFE

Carels, Sherwood and Blumenthal (1998) found that women who reported lower marital satisfaction had higher systolic blood pressure and heart rate responses when recalling marital conflict than did women with high marital satisfaction. Thus this study evidences that marital satisfaction affects the physical health of the spouses.

Regardless of ethnicity, wives of alcoholics are at a risk of mental health problems. Spouses of alcoholics are likely to face depression (Golding, 1999), anxiety (Jaffe et al., 1986), low self-esteem (Agluliar and Nightingale, 1994) and post-traumatic disorder (Cascardi O’ Leary and Schelle, 1999).

Coker et al., (2000) found that higher levels of emotional support can modify the effect of intimate partner violence on health and suggested that interventions to increase emotional and social support might reduce the negative consequences to physical and mental health.

Kumar et al., (2005) conducted a household survey of rural, urban – non-slum and urban slum areas in seven sites in India, the population of woman aged 15-49 years was sampled. This study found that the consumption of alcohol by the husbands was found to be significant association with the mental health status of the women. Women whose husbands drank regularly had poor mental health. Rural 64 percent, urban slum 74 percent, urban non-slum 48 percent.

Salize and Hans Joachim (2006) studied on Quality of life, social deprivation and mental disorders - Is there an association in populations at risk. The study aims at assessing the psychiatric morbidity and the quality of life of persons at immediate risk.
for getting homeless as well as identifying risk factors and correlations between quality of life, threatening homelessness and mental disorders. The sample included 101 citizens of Mannheim, Germany, who were threatened to be thrown out of their apartment due to not paying their rent or other causes. Instruments used for the study were SKID interview and Munchener Lebensqualitata-Dimensionen Liste (MLDL). Results showed that acute mental disorders requiring treatment were determined in 79.3% of the sample. Addiction disorders specifically alcoholism played a major role.

Mahima Nayar (2006) found that women having alcoholic husbands' undergo continuous violence and they have reported chronic headaches, undiagnosed hearing, vision and concentration problems these also suggest possible neurological problems from injury. In addition it was found that approximately 40% to 45% of women are forced into sex by their alcoholic partners. This forced sex results in increased pelvic inflammatory disease, increased risk of STD's, vaginal and anal tearing, bladder infections, sexual dysfunction and other genitourinary health problems.

Dawson et al., (2007) studied on the impact of partner alcohol problems on women's physical and mental health. This comorbidity study was conducted by the National Institute on Alcohol Abuse and Alcoholism. The NESARC sample represents the civilian, non-institutionalized adult population of the United States, including the District of Columbia, Alaska, and Hawaii. The results of the study were, women with partner alcohol problems experienced 46% more past-year negative life events than women without partner alcohol problems, and their mean psychological and physical quality-of-life scores were lower by 11% and 5%, respectively. Moreover wives of alcohol dependents had physical health problems which (1) were mild enough in physical terms that they did not require acute medical attention and (2) did not receive needed medical attention possibly because of fear, embarrassment, or both on the part of the women.

MARRIAGE AND FAMILY OF THE WIVES OF NON-ALCOHOLICS

Wright and Aquilino (1998) compared care giving and non-care giving wives and their disabled husbands. Care giving wives reported less support from their husbands and were less satisfied with the marriage. The opposite was true for the non-care giving wives.
Carl, Mari Wilhelm and Catherine (2001) studied about the conflict within a marital relationship, this study had two purposes: (i) to identify married couples' conflict response profiles, and (ii) to relate these conflict profiles to appraisals of marital quality. Spouses in 173 intact married couples completed a questionnaire that included measures of a sample of aggressive, withdrawing, and problem-solving responses occurring during conflict episodes, and indices of marital quality. Results indicated that couples who endorse different conflict profiles could be distinguished according to their level of marital adjustment.

Whitton et al., (2007) investigated communication, conflict and commitment among married and cohabiting partners. They found for first time marriages, money was the top issue for conflict followed by children. Also, how couples argue was more related to divorce potential than what they argue about. The authors assessed negative patterns of interaction (i.e. little arguments escalate into ugly fights, criticizing/belittling, withdrawing) that have been associated with relationship failure. The authors also found couples who argue money tended to have higher levels of negative communication and conflict than other couples.

Paul Amato et al., (2003) used data from two national surveys of married individuals-one from 1980 and the other from 2000-to understand how three dimensions of marital quality changed during this period. Marital happiness and divorce proneness changed little between 1980 and 2000, but marital interaction declined significantly. A decomposition analysis suggested that offsetting trends affected marital quality. Increase in marital heterogamy, premarital cohabitation, wives' extended hours of employment, and wives' job demands were associated with declines in multiple dimensions of marital quality. In contrast, increases in economic resources, decision-making equality, non-traditional attitudes toward gender, and support for the norm of lifelong marriage were associated with improvements in multiple dimensions of marital quality. Increase in husbands' share of housework appeared to depress marital quality among husbands but to improve marital quality among wives.

Loreen Olson and Dawn Braithwaite (2004) explored the conflict management strategies used by 31 individuals who had experienced verbal and/or physical aggression during conflicts with their partners. Sillars' (1986) conflict tactics coding system was used as a framework to analyze 960 pages of transcribed data. The
results of this deductive content analysis indicated that the participants reported using primarily distributive conflict strategies. Analytic induction was also used to interpret non-verbal forms of conflict management, revealing three common tactics: crying, nonverbal avoidance, and aggression.

**Jamila Bookwala (2005)** examined the role of marital quality in the physical health of mature adults. Participants were from the National Survey of Midlife Development in the United States aged 50+ years who were in their first marriage. Five dimensions of marital quality and four indicators of physical health were used. Regression analyses indicated that marital quality indices accounted for a significant amount of explained variance in physical health. Most notably, higher levels of negative spousal behaviours uniquely contributed to physical health, predicting more physical symptoms, chronic health problems, and physical disability, and poorer perceived health.

**Rauer and Volling (2005)** investigated that distressed and non-distressed couples differ in multiple ways with regards to communication. First, compared to distressed couples, non-distressed couples were observed to verbalize more self-disclosures and positive suggestions, and show less interruptions, criticisms, complaining and negative solutions. Further, even within studies that included higher functioning married couples, marital quality has been shown to be affected by both positivity and negativity in communication expressed by spouses.

**Christensen and Miller, (2006)** Sexual intimacy is another common marital problem. The label sexual problems can define a broad range of topics related to physical intimacy such as frequency of sex, differing sexual desires, sexual quality, and sexual infidelity.

**Mattingly and Sayer (2006)** found that marital discord was higher in marriages where wives had to deal with both employment and household demands. Although it is common for both partners to be employed, women are still largely accountable for the majority of the housework and childcare. This additional work can be an added stress for women.

**Reichenheim et al., (2006)** conducted a multi-stage study in Brazil in 2002 and 2003 comprising a sample of 6,760 women ranging from 15 to 69 years old, with the
objective of accessing the prevalence of intimate partner violence in fifteen state capitals in Brazil. The Brazilian version of the Conflict Tactics Scales was used to access levels of partner violence. Results showed that the prevalence of psychological aggression was 78.3%, minor physical abuse 21.5%, and severe physical abuse 12.9%. Violence was more frequent in relationships where women were younger than 25 years old and with less than 8 years of education. The study also compared prevalence of Brazilian violence to international findings, showing that Brazil’s rate (12.9%) is much higher than the mean of the estimates in North America (2%) and Europe (8%) and lower than North Africa/Middle East (33%) and Latin America averages (21%).

Ford, Heinen and Langkamer (2007) family stressors can have a negative impact on the family domain, work domain and marital satisfaction. Prominent family stressors include lack of emotional support from children, not being challenged at home, lack of task sharing and no co-operation between spouses in household chores.

Maggie Chuoyan Dong and Stella Yiyan Li (2007) investigated the impact of Chinese women changing roles (traditional and modern) and perceived marital happiness on their adoption of different conflict resolution strategies in family purchase decision making (FPDM). The study also explores how the relationships vary for women whose marriages have short and long durations. Data was taken with 735 married Chinese women. Results show that traditional and modern female role orientation has differential effects on the adoption of conflict resolution strategies, and the relationships are significantly moderated by marriage duration.

CONCLUSION

In conclusion, though this literature survey on marriage and family has been brief and selective, it has provided insight into several factors, which influence marital life in general. Though a considerable amount of research has been done on spouses of alcoholics, most of it has been fragmented in nature, studying only specific aspects of marital life separately. 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. Most research on marital correlates 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.