

A Study to Assess Psychological Distress, Quality of life, and Coping Styles in spouses of Alcoholic persons

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ABSTRACT**Background**

In today's world, alcoholism poses a significant global public health concern. Persistent alcohol use not only impacts the individual but also exerts effects on family members. The spouse of alcoholics often experiences significant trauma and stress in their domestic environment, leading to profound psychological problems in them. The spouse's ability to cope efficiently seems to be affected by the psychological distress and consequently, their overall quality of life is compromised.

Aim

This study aimed to assess the psychological distress, quality of life and coping styles in alcoholic spouses.

Methods

This cross-sectional study was carried out at Rama Medical College, Hospital and Research Centre, Kanpur among the wives of patients fulfilling the alcohol-dependence criteria as per ICD-10 DCR guidelines. Patients attending the OPD of the psychiatry department were recruited serially till the required sample size was reached. The total sample consists of 50 participants. Socio-demographic information was obtained through a semi-structured questionnaire. Kessler Psychological Distress Scale, WHOQOL-BREF, and Brief COPE were administered to participants to assess psychological distress, quality of life and coping mechanisms.

Results and Discussion

According to the study, it was found that the majority of the participants had moderate levels of psychological distress, all 4 domains of quality of life were affected. It was observed that spouses predominantly leaned towards employing emotion-focused coping strategies, which encompassed seeking emotional support, acceptance, and turning to religion for solace.

Conclusion

Alcohol dependence syndrome not only affects individuals but also has a profound impact on their families. The spouse of individuals struggling with alcoholism may employ diverse coping mechanisms to mitigate the negative impact of their partner's drinking habits. It's crucial to develop interventions focused on easing their distress and enhancing their mental well-being and overall quality of life.

Keywords: Alcoholism, Distress, QoL, Coping, Spouses

Introduction

In today's world, alcoholism poses a significant global public health concern. In the modern lifestyle, alcoholism has become a source of social pride, and excessive drinking may be the root of several social issues.^[1] Alcohol is the most commonly used psychoactive substance among Indians, with country-made liquor and Indian-made foreign liquor being the predominant beverages consumed.^[2] Alcohol consumption rates in India are remarkably high, designating it as the third-largest market for alcoholic beverages in the world.^[3]

Persistent alcohol use not only impacts the individual but also exerts effects on family members.^[4] The WHO Global strategy emphasizes the importance of providing special support to individuals beyond the drinkers themselves, such as spouses or partners, who may also be impacted by the harmful effects of alcohol consumption.^[5]

Cultural factors play a significant role in influencing the quality of life of wives of alcoholics in India. Cultural expectations of women to maintain family harmony, fulfil traditional roles, and prioritize the well-being of their families can add pressure on alcoholic spouses. The female spouse in India is expected to be the more understanding one and bear with all of the husband's good as well as bad habits without raising a voice. The spouse of alcoholics often experiences significant trauma and stress in their domestic environment, leading to profound psychological problems in them, including mental and physical health challenges, difficulties in communication with others, financial strain, marital violence, damage to social reputation, and a decline in libido affecting sexual performance.^[6-8]

Nayak et al.^[9] found that when a partner engages in excessive alcohol consumption, the risk of developing disorders like depression and anxiety increases by two to three times. The spouse's ability to cope efficiently seems to be affected by the psychological distress caused by these

factors. Consequently, their overall quality of life is compromised, with psychological well-being often at stake. Coping mechanisms become crucial for spouses in these situations.

The concept of coping in alcohol research was first introduced by Orford et al.^[10] and it was later expanded by Mood et al.^[11]. Coping refers to thoughts and behaviors employed to navigate internal and external stressors. When individuals are subjected to a stressor, their diverse approaches to handling it are called coping styles.^[12] Coping mechanisms emerge as crucial determinants of a spouse's ability to navigate the complex dynamics of living with an alcoholic partner. Some individuals adopt adaptive strategies, seeking support networks, attending therapy, and implementing effective coping mechanisms. Conversely, others may find solace in maladaptive behaviors, perpetuating a cycle of distress.

Ravindran et al.^[13] studied how wives of alcoholics cope with emotional distress. They found that alcohol abuse was connected with great mental torment in wives and it was also proven that they have used both adaptive and maladaptive coping.

World Health Organization^[14] defined Quality of life (QOL) as “an individual's perception of their position in life, and in the context of culture and value systems in which they live, and also in relation to their goals, expectations, standards, and concerns.”

Those who live with alcohol addicts, specifically family members are affected by the level of alcohol dependency. The repercussions include significant losses, ranging from financial instability to enduring physical, psychological, and verbal violence and these factors collectively diminish the quality of life. Studies conducted earlier have reported significant burden experienced by caregivers of individuals dependent on alcohol, further influencing the well-being of the spouse.^[15,16] The quality of life for spouses of alcoholics is inherently intertwined with their coping mechanisms and psychological well-being.

The necessity for this study stems from a gap in the existing literature, where previous studies have individually examined coping mechanisms, quality of life, and psychological distress. However, there is a notable lack of comprehensive research that integrates these factors. This study aims to fill this gap by investigating these interconnected dynamics within the Indian population. By exploring how wives of alcoholics are affected and understanding the impact on their lives, this research seeks to provide valuable insights into challenges faced by alcoholic spouses.

Material and Methods

This cross-sectional study was carried out in department of psychiatry at Rama Medical College, Hospital and Research Centre, Kanpur from March to May 2023 among the wives of patients fulfilling the alcohol-dependence criteria as per ICD-10 DCR guidelines ^[17].

Permission from Institutional ethical committee was obtained for the study. Written and informed consent was obtained from all the participants. The sample was drawn based on the purposive sampling technique. Patients attending the OPD of the psychiatry department were recruited serially till the required sample size was reached. The sample size was calculated using scientific statistical tools. The total sample consists of 50 participants.

Inclusion and Exclusion Criteria

Wives of the patients having the age group 20-59 years were included in the study. Patients of alcohol dependence currently on treatment for any comorbid psychiatric disorder as per ICD-10 criteria as well as those having any other substance use disorder were ineligible for our study and their wives were excluded to minimize the confounding factor.

Assessment Tools

Sociodemographic data were collected through a semi-structured questionnaire. The structured performa contained socio-demographic characteristics which include age, education, number of years of marriage, number of children, occupation, domicile, socio-economic status, and family type.

The tools used for study purpose were-

Kessler Psychological Distress Scale ^[18] -It was designed by Kessler et al. This scale consists of 10 items, with each item having five responses (1–5) on a Likert scale. It measures psychological distress based on anxiety and depression that a person has experienced in the most recent four-week period. Scores 10–19 show that there is no sign of any distress, 20–24 mild distress, 25–29 moderate distress, and 30–50 severe distress.

WHOQOL-BREF ^[19,20] - This is the short version of the WHOQOL 100 consisting of 26 items across 4 QOL domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). Items are rated on a 5-point Likert scale (a low score of 1 to a high score of 5) to determine a raw item score. The mean score for each domain is then calculated, resulting in a mean score per domain between 4 and 20. Finally, this mean domain score is then multiplied by 4 to transform the domain score into a scaled score,

with a higher score indicating a higher QOL. When transformed by multiplying 4, each domain score is then comparable with the scores used in the original WHOQOL-100.

Brief COPE ^[21] -It consists of 28 items that are assessed on a four-point Likert scale. There are 14 domains on the scale, with two categories in each domain. The domains are further divided into three coping groups: emotion-focused coping (humor, religion, acceptance, and emotional support); problem-focused coping (instrumental support, active coping, positive reframing, and planning); and avoidance coping (self-distraction, venting, self-blame, behavioral disengagement, denial, and substance use).

Statistical Analysis

Participants were assured of the anonymity and confidentiality of their information to prevent reporting bias. Sociodemographic and individual characteristics were presented as numbers and percentages. Data were tabulated and analyzed using descriptive statistics such as frequency, percentage, mean, and standard deviation. All analysis was conducted using IBM SPSS version 29.0.1.0 for Windows.

Results

Table 1 depicts the socio-demographic details of the wives of alcohol-dependent males. The majority of the participants in our study belonged to the age group of 20-39 years (64%). Almost 40% of the participants had secondary education. Most participants belonged to Hindu family. 56% belong to the nuclear family, and 40 % of participants were from urban residences type. With regard to family income, 48% of participants had a monthly income of less than 15000. 48% of alcohol-dependent males had an intake of alcohol for 5-10 years.

Table 1- Sociodemographic detail of study participants and clinical variable related to patients with alcohol dependence

Variables	N=50	%
Age (Years)		
20-29yrs	14	28
30-39yrs	18	36
40-49yrs	10	20
50-59yrs	08	16
Education		
Illiterate	8	16
Primary	16	32
Secondary	20	40
Graduation	06	12
Religion		
Hindu	34	68

Muslim	06	12
Christian	10	20
Residence		
Rural	12	24
Urban	20	40
Semi-urban	18	36
Occupation		
Housewife	18	36
Daily Wage Worker	16	32
Self-employee	10	20
Govt/private employee	06	12
Family Income		
<15000	24	48
15000-30000	22	44
>30000	4	08
Duration of marriage		
0-5yrs	24	48
5-10yrs	20	40
10yrs and above	06	12
Number of Children		
1-3	26	52
>3	24	48
Type of Family		
Nuclear	28	56
Joint	22	44
Duration of alcohol intake of husband		
<5yrs	19	38
5-10yrs	24	48
>10yrs	07	14
Duration of treatment of husband		
6-12 months	13	26
1-2 years	18	36
2-5 years	19	38

In Table 2, by using the Kessler psychological distress scale severity of psychological distress in wives of alcoholic patients with alcohol dependence syndrome was assessed. Nearly 22 % of participants had mild distress, 48% had moderate distress and 30% had severe distress.

Table 2- Severity of psychological distress among alcoholic spouses.

Psychological Distress	N	%
Mild distress	11	22.0
Moderate distress	24	48.0

Severe distress	15	30.0
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In Table 3, using WHO-QOL BREF quality of life of participants was assessed across four domains i.e. physical, psychological, social, and environmental. in that, we found that in domain 1 (physical health) mean was 43.16 ± 10.52 , in domain 2 (psychological health) mean was 50.16 ± 7.83 , domain3 (social relations) mean was 58.16 ± 8.66 and in domain 4 (environmental) mean was 38.50 ± 11.34 . Most affected domains came out to be environmental and physical.

Table3- Quality of life domain in spouses of alcoholics

Domains	Mean	SD
QOL- DOMAIN 1 PHYSICAL HEALTH	43.16	10.52
QOL- DOMAIN 2 PSYCHOLOGICAL HEALTH	50.16	7.83
QOL -DOMAIN 3 SOCIAL RELATIONS	58.16	8.66
QOL -DOMAIN 4 ENVIRONMENTAL	38.50	11.34

In Table 4, coping styles used by wives of the individual with alcohol dependence syndrome are illustrated. In our study sample, the use of instrumental support was the most prevalent coping style used by the wives, then it was religion, and after that it was use of emotional support and acceptance. The least used coping style was humor and positive reframing.

Table 4- Coping orientation among the wives of persons with alcohol dependence syndrome.

Coping Styles	Mean	SD
<u>Problem Focused</u>		
Active Coping	5.75	0.50
Use of instrumental support	7.12	0.35
Positive reframing	2.50	0.70
Planning	4.60	0.89
<u>Emotion Focused</u>		
Use of emotional support	6.20	0.44
Venting	2.50	0.70
Humor	2.33	0.57
Acceptance	6.00	0.83
Religion	6.85	0.37
Self-blame	3.66	0.51
<u>Avoidant</u>		
Self-distraction	4.85	0.89
Denial	3.80	0.44

Substance Use	3.40	0.54
Behavioural disengagement	4.40	0.54

Discussion

Alcoholism can disrupt family dynamics and create a cycle of dysfunction, with wives often assuming multiple roles and responsibilities within the family unit. For the spouse, it often involves feelings of stress, anxiety, depression, and a sense of helplessness in dealing with their partner's addiction. Persistence use of alcohol can lead to financial instability due to spending on alcohol, medical bills, work absences, or job loss. Spouses may withdraw from social activities or avoid socializing with others due to embarrassment or shame about their partner's alcoholism leading to feelings of loneliness and isolation.

Our study, assessed the severity of psychological distress in terms of tiredness, nervousness, hopelessness, restlessness and fidgety, sadness, effortlessness, and worthlessness among wives of persons with alcohol-dependent syndrome. In the present study it was found that the majority of the participants had moderate levels of stress i.e. 48%, and 30% had severe levels of distress. This finding is corroborated with the findings of a study conducted in Uttarakhand, India by Srinivasan et al.^[22] in which more than half of the wives of alcoholics had moderate level of stress. Similarly, in a study conducted by Verma et al.^[23] in Patiala, India among 200 wives of alcoholics 84% had moderate level of stress. This particular finding is also consistent with recent study done in 2020 by Sapharina et al.^[24]

Quality of life encompasses the holistic well-being of an individual, comprising their physical, mental, psychological, and social dimensions. In our study, all 4 domains of quality of life assessed by WHO-BREF were affected. This finding is consistent with the finding of the study done by Jose et al.^[25] in their study also all 4 domains were affected. In their study environmental and physical domains were more affected which is same as our study. Contrary to our study, a study done by Nithya Damodara et al.^[26] in that physical and psychological domains were more affected.

Coping encompasses a range of mental and practical approaches aimed at managing and adapting to stressful situations. It involves both thought processes and actions geared towards effectively handling challenging circumstances. In this current study, it was observed that spouses predominantly leaned towards employing emotion-focused coping strategies, which encompassed seeking emotional support, acceptance, and turning to religion for solace. On the other hand, when it came to problem-focused coping, the utilization of instrumental support,

active coping emerged as the prevailing approach among participants. Some participants resorted to maladaptive coping mechanisms, self-blame, and behavioral disengagement, though less frequently. These findings can be corroborated by study done by Gaga et al. [27] in that participants were mostly using problem-focused and emotional-focused coping strategies. In a study conducted by Ravindran et al. [28], they identified that most alcoholic spouses used coping strategies such as discord, avoidance, indulgence, antidrink, assertion, sexual withdrawal, and taking special action. Personality is known to influence an individual's coping style, and in a study conducted in India by Chandrasekaran and Chitraleka [29] it was found that both personality traits and situational factors contribute to the coping behaviors exhibited by wives of alcoholics.

Conclusion

Alcohol dependence syndrome not only affects individuals but also has a profound impact on their families, especially spouses. The spouse of individuals struggling with alcoholism may employ diverse coping mechanisms to mitigate the negative impact of their partner's drinking habits. Addicts and their couples face major problems based on the prevalence of addiction that requires more attention and it is essential to design interventions that aim at allaying their distress and improving their mental health and quality of life. It's crucial to develop interventions focused on easing their distress and enhancing their mental well-being and overall quality of life.

Limitations

The study has few limitations. This study exclusively focused on female spouses of male alcoholics, as there was scarcity of sample of male spouses of female alcoholics. The study was conducted in a tertiary care hospital as well the sample size was small thereby restricting the generalizability of its findings to wider community. Furthermore, the study design being cross-sectional hospital -based constrains the ability to draw causal inference.

Financial support and sponsorship – Nil

Conflicts of interest- There are no conflicts of interest.

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