



ISSUES AND CHALLENGES OF WIVES OF ALCOHOLIC HUSBAND IN INDIA

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Abstract: The study attempts to discuss the issues and challenges of an alcoholic husband's wives in India. The published articles, books and internet websites have been used for the study. The World Health Organization estimated that about 2 billion people worldwide consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorder. In India, the wives of alcoholics face immense problems. The uncertainty of his behaviour, poor communication, social embarrassment, fear of the future, frustration at not being able to alter his drinking and having to take over his responsibilities in addition to her own puts her under much stress both physically and psychologically. Adjustment to the husband's alcohol problem resulted in an increase in the family's emotional and physical illness (Bloom, 1985) and altered family function. The spouses suffer from elevated rates of depression and anxiety (Halford et al., 1999). The wives of alcoholics usually resort to suicidal behaviour in response to the stress associated with their husband's drinking. The wives of alcoholics usually resort to suicidal behaviour in response to the stress associated with their husband's drinking. It leads to effects on their children's education. The study highlighted the coping behaviour of the wives of alcoholics. So, it is concluded that the central and state governments should take strict steps towards controlling India's alcohol.

Keywords: Alcoholic, Husband, India, Issues and challenges, Wives.

I. INTRODUCTION

Family is a more or less durable association of husband and wife with or without children. Alcohol abuse is one of the major factor contributing to instability. There is a lack of mutual trust.

Alcoholism puts strains on a marriage. Long-term alcohol abuse can have dangerous physical and emotional effects. Alcoholism can also put financial strains on marriage. The money being spent on alcohol may cause problems and the strains among alcoholic wives.

These are the obvious marital problems alcoholism causes, but many other issues are faced by the women who are the wives of alcoholics. For example, some women may blame themselves for their husband drinking. They may worry they have not done enough to make their husbands happy or that something they have done (or did not do) led to their husbands' drinking. These feeling of guilt may cause wives to feel stressed, anxious, or depressed. Other people may also blame a wife for her husband's drinking, which feeds into the feelings of guilt her already has (<https://alcoholism-solutions.com/alcohol-abuse-facts-on-alcoholism/living-with-an-alcoholic-a-helpful-approach/wives-of-alcoholics/>).

The World Health Organization estimated that about 2 billion people worldwide consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorder. The global burden related to alcohol consumption in terms of morbidity and mortality is considerable in most countries. Alcohol consumption has health and social consequences via intoxication, alcohol dependence and another biochemical effect of alcohol (WHO, 2004). For that reason, the study attempts to describe the issues and challenges of husband's wives.

In India, 62.5 million people were estimated to be alcohol users with per capita alcohol consumption, which increased by 106.7% over the fifteen years from 1970 to 1996. The sale of alcohol in India has been steadily growing at 6% and is estimated to grow at 8% per year. During the last few decades, the mean age of alcohol use initiation has decreased from 23.6 years to 19.45 years, indicating that people are drinking alcohol at an earlier age. About three million alcoholics or one in 25 who consumed alcohol and became severely addicted.

The wives of alcoholics face immense problems. The uncertainty of his behaviour, poor communication, social embarrassment, fear of the future, frustration at not being able to alter his drinking and having to take over his responsibilities in addition to her own puts her under much stress both physically and psychologically (Selwyn Stanley, 2004). They have to endure years of isolation, the blame of relatives, lack of friends, violence and unsatisfactory sexual relations (Wiseman, J. 1991). They are involved in fewer social activities and report more stressful life events and suffer from elevated depression and anxiety and somatic complaints. Few studies speak of the psychopathology of the non-alcoholic spouse married to an alcoholic and of her tendency to breakdown or decompensate if his

deviance diminishes (McDonald, 1956). Wiseman, Jacqueline et al. (1975) describe the self-reported lives of 75 women married to the alcoholics out of the 40% got separated from the husbands while others tried to help them. If the husband of such a wife attempted to stop drinking after this separation occurred, his wife might be placed under stress by the choice they used. Orford et al. (1976) stated that the husband's function normally has to be taken over by the wife will add to her psychological stress. Crisp and Barber et al. (1995) studied the hardship experienced by the wives of alcoholics. He used the drinkers' partners distress scale to measure depression. Wives with active alcoholic partners have experienced a higher level of depression* trauma and stress-related disorders. (Roberts and Brent, 1982; Svenson Foster, Woodhead, and Platt, 1995). Rosamma Varghese, Sekar et al. (1998) examined the psychological distress, social disability and coping patterns in wives of alcoholics. They observed that most of them were moderately distressed, suffered a mild degree of overall disability. The frequently used coping patterns were discord, avoidance, assertion, fearful withdrawal and marital breakdown. The working women experienced higher degrees of psychological distress and social disability compared to non-working women. Shantala, George, Henry and Benegal et al. Bangalore (2001) Studied the stress and morbidity in the spouse of male alcoholics in a sample of 100 wives of alcohol-dependent patients seen at the De-addiction Unit, NIMHANS, Bangalore. The instrument used was a semi-structured questionnaire, incorporating the mood disorders and to tap stressors. The result showed that the spouse's common stressor was their husbands drinking, financial problems, and physical abuse. Comorbidity seen commonly were depressive disorder, somatization disorder and generalized anxiety disorder. Deborah A. Dawson, Bridget F. Grant, S. Patricia Chou, Fredrick S. Stinson (2007). studied the impact of partner alcohol problems on women's' physical and mental health. This was a retrospective survey of a nationality representative sample of U.S consisting of 11,683 married women. Classification of their alcohol use disorders was based on DSM IV criteria. Mental health measures included DSM IV mood and anxiety disorders, number of past year stressors and SF 12v2 based psychological quality of life. Results showed what women with alcoholic partners were more likely to experience mood disorders and anxiety disorders. They had a lower psychological quality of life scores. Adjustment to the husband's alcohol problem resulted in an increase in the family's emotional and physical illness (Bloom, 1985) and altered family function. The spouses suffer from elevated rates of depression and anxiety (Halford et al., 1999). The wives of alcoholics usually resort to suicidal behaviour in response to the stress associated with their husband's drinking.

The national family survey (2010) results indicate that among the Indian population, 17% of men and 2% of women aged 15 and above are consuming alcohol. Statistics regarding the gross sales of alcohol and related substances shows that Punjab stands first in the per capita consumption, which comes to 11.5 litres. As the years go by, alcohol consumption is also building up. In 2008-09 rupees 3974.14 crores worth alcohol was sold, which rose to 4376.24 crores in 2009-10 and 4776.80 crores during 2010-2011. And this rate will increase in the coming years also. Husbands' alcohol use has been associated with family-level stress and intimate partner violence (IPV) against women in India. This study examined 1,038 postpartum women's reports of their husbands' alcohol use and their own IPV experiences (my husband) and non-violent maltreatment from husbands and in-laws. Overall, 15% of husbands used alcohol, ranging from daily drinkers (10%) to those who drank one to two times per week (54%). Prevalence of postpartum IPV and family maltreatment was 18% and 42%, respectively. Prevalence of IPV among women married to alcohol users was 27%. Most abused women's husbands always (27%) or sometimes (37%) drank during violent episodes. The risk for IPV increased with a man's increasing frequency of consumption. Women who lived with a husband who drank alcohol, relative to non-drinkers, were more likely to report postpartum IPV, aOR = 2.0, 95% confidence interval (CI) = [1.3, 3.1]. Husbands' drinking was marginally associated with increased risk for family maltreatment, aOR = 1.4, 95% CI = [1.0, 2.1] (Jennifer et al., 2016). The study revealed that exactly 50% of wives of alcohol dependents had a severe level of depression and 35 % had a moderate level of depression whereas 33.7% and 63.7% of wives of non-alcoholics had a mild and minimal level of depression respectively. It also showed a significant association between the levels of depression and selected demographic variables such as duration of alcohol intake, reasons for alcohol intake and amount spent in buying alcohol at $p < 0.01$ (Sumathi, G. S. (2018). Another study reported that the husband's report and his wife's report of his problem drinking were concordant ($r = 0.57-0.75$) on eight out of 10 items and the total AUDIT score. The AUDIT-WR is a reliable and culturally relevant measure of husband's problem drinking. In India, men with problem drinking are hard to reach. Therefore, proxy report of the wife may be useful when the husband is either unavailable or uncooperative for assessment (Satyanarayana et al.; 2010). The problem of alcoholism is not just related to the alcoholics but also the lives of those around them are adversely affected especially the wives leading onto social, occupational and psychological damage (Rao and Kuruvilla, 1992). Alcohol dependence is a complex behaviour with far-reaching harmful effects on the work, family and society

(Schaef, A.W. (1986). The most negatively affected are the spouse and children of an alcoholic (Shanthi & Veeramuthu, 2017). Very often, the wives of alcoholics have to perform both parents' roles and may become physically or mentally ill (Berger, 1993). Female partners of male alcoholics have been labelled as 'enablers' or 'codependents'. 'Codependency' is an unconscious addiction to another person's abnormal behaviour. An 'enabler' is a person who unknowingly helps the alcoholic by denying the drinking problem exists and helping the alcoholic get out of trouble caused by his drinking (Silverstein, 1990).

II. COPING BEHAVIOR OF THE WIVES OF ALCOHOLICS

Coping is a process of managing taxing circumstances expending effort to solve personal and interpersonal problems and seeking to master, minimize or reduce stress or conflict (Lazarus: R. 1984). The nature of their coping behaviour depends on the personality, degree of the duration of her husband's alcoholism, and the duration of the marriage. Jones A. Jackson et al. (1954) (27) first propounded the 'stress model'. She conceived alcoholic's wives' behaviour in terms of crisis reaction precipitated by the stress posed by their husband's drinking. She outlined 9 stages of family adjustment to the problem. They were seen as neurotic and poor copers obsessed with controlling their husbands' alcohol drinking (Kalashian, 1959).

James and Goldman et al. (1971) (28) have reported a study which reports that the wives of alcoholics used all sorts of coping in response to the intensity of the alcoholism episode. Cheek et al. (1971) trained the wives of alcoholics to use behaviour modification techniques to change family interaction. She found that people who participated in the training reported at least moderate improvement in marital communication. Orford and Guthrie's (1976) factor analysis of the response of the wives of alcoholics to 50 yielded five distinct styles of coping behaviour, namely Avoidance, Withdrawal, and Protecting alcoholic husband. T.S.S. Rao and Kuruvilla et al. (1992) conducted a study on 30 wives of alcoholics using an Orford - Guthrie - 'Coping with drinking questionnaire'. The commonest coping behaviour reported was discord, avoidance, indulgence and fearful withdrawal while marital breakdown, taking certain action, assertion, and sexual withdrawal were least frequently used. T.S.S. Rao et al. (1998) studied 100 wives of alcoholics using 'CWDQ' again. The study showed that avoidance was commonly endorsed by 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. They concluded that both personality and situational variables play a role in determining the coping behaviour of the wives of alcoholics. C. Ramasubramanian et al. (1998) attempted to describe the different coping styles adopted by wives of alcoholics who were attending TRISHUL, a De-addiction Hospital, Madurai and whether or not they differ with other wives who did not have an alcoholic husband. Forty wives accompanying their alcoholic husbands to De-addiction hospital were selected randomly, and their coping styles (using coping behaviour questionnaire) were collected. Another 40 wives whose husbands were neither alcoholic nor suffering from any medical illness were randomly selected and matched with the former group. The author found that there exists a significant difference between the groups in different styles of coping. Chandrasekaran, V Chitralakha et al. (1998) studied 100 wives of alcoholics with a confirmed diagnosis of alcohol dependence syndrome were studied with a 'Coping with drinking questionnaire'. "Avoidance" was the most commonly used 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 was evident that both personality and situational variables play a role in determining the coping behaviour of the wives of alcoholics. Wives with active alcoholic partners have experienced a higher level of depression, trauma and stress-related disorders. (Roberts and Brent, 1982; Svenson Foster, Woodhead, and Platt, 1995). The Wives of 75 alcohol-dependent individuals, admitted in the De-addiction centre at NIMHANS were selected and 'coping with drinking questionnaire' was administered. The major coping styles used were Avoidance (53%), Discord (57.5%), Fearful Withdrawal (40.4%) and Sexual Withdrawal (25.8%) (M. Sreedevi, Gangadaraiah and V. Benegal, Bangalore, UP, Apr 2001).

III. CONCLUSION

The alcoholic's family distinguishes itself from other families in that there may be a negative, critical, hostile, and rejectionist environment which is eventually passed on to their children. The alcoholic shows poor adjustment in his relationships with his wife and children, and there is possibly a show of dissatisfaction and disinterest in the dyadic relationship. Despite the small number of reviews in our study, it is clear that the alcoholic's family does show the characteristics of dysfunctionality and poor adaptation. Prevention such measures should include addressing societal tolerance towards intimate

partner violence, accepting excessive drinking as a mitigating factor, and normative beliefs about masculinity and heavy drinking. This study implicates they are able to cope up with their husband's alcoholism effectively actively. The case group score a significant difference in depression scores as compared to controls. This highlights the vulnerability of these wives of alcoholics to various psychopathologies and the need to address alcohol dependence in a family context. They also had medium lethality intent of the previous suicide.

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