A STUDY ON THE COPING BEHAVIOURS OF WIVES OF ALCOHOLICS

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A study was conducted on 30 wives of alcoholics using Orford-Guthrie's 'coping with drinking' questionnaire. The commonest coping behaviour reported was discord, avoidance, indulgence and fearful withdrawal while marital breakdown, taking special action, assertion and sexual withdrawal were least frequent. There was no significant correlation between the coping behaviours and the variables like duration of marriage, duration of husband's alcoholism, socio-economic and educational status. Implications of these findings are discussed and a cross cultural comparison is made.

The impact of alcoholism on marital-family functioning and the influence of marital-family relationship on the development and the maintenance of the alcoholism are challenging problems to both the clinicians and researchers. Apart from wife's 'disturbed personality model', the efforts to understand and explain the experience of wives of alcoholics has led the research at 2 other perspectives: stress model and psychosocial model.

Jones A. Jackson (1954) first propounded the 'stress model' which has been highly influential since then she conceived the behaviour of alcoholics' wives into crisis reactions precipitated by the stress imposed by the presence in the family of alcoholic. She outline seven successive stages of family adjustment to alcoholism. They are: Denial of the problem, Attempt to eliminate the problem, Disorganization, Attempts to reorganize despite of problem, Efforts to escape the problems, Reorganization of part of the family and recovery and reorganization of the whole family. While Jackson's stage theory may not be applicable to all alcoholic families (Lemert, 1960), disorganization of the family system and reorganization along other lines occurs, to some extent, in the majority of alcoholic families (Block, 1965).

James and Goldman (1971) have reported a study which also belongs to the "Stress-Response" tradition. Each of the 85 wives were asked 25 questions concerning their methods of "coping" during four stages of their husbands' drinking. Stages were social drinking stage, excessive drinking stage, alcoholismic drinking stage and abstinence stage. The wives reported a progressive increase in all types of coping from the first to the third of these stages. He also noted that wives who reported that their husbands had become violent and aggressive were those who were most likely to report that they themselves had reacted with quarrelling, avoidance, anger and helplessness, pretending to be drunk themselves, locking the husband out of the house and seeking a separation. The authors concluded 'Clearly the wives cope in response to the intensity or frequency of the alcoholismic episode'.

Orford (1976) in his review doubts whether such clear cut stages are regularly seen and whether such a pattern is unique to alcoholic marriages. He also describes how similar patterns are seen in other situations such
as economic depression and unemployment, bereavement, war separation and reunion, and also in couples undergoing marital counselling for non-alcoholic problems.

From the available evidence it could be understood that the nature of wife's coping behaviour depends on her personality, the degree of duration of her husband's alcoholism and duration of marriage etc. The nature of coping behaviours, irrespective of whether cause or effect, are important in the course and outcome of the husband's alcoholism. In view of dearth of information in Indian setting, the study was undertaken to assess the nature and extent of coping behaviours used by the wives towards their spouses alcoholism and to study the relationship between coping behaviours and various personal, marital and socio-demographic variables.

MATERIAL AND METHODS

SAMPLE

Consisted of 30 wives of alcoholics who attended the department of psychiatry, Christian Medical College, Vellore for the treatment of their husbands who also formed the experimental group for another study concerning the personality characteristics of wives of Alcoholics (Sathyanarayana Rao and Kuruvilla (1991).

INSTRUMENT

Orford-Guthrie's 'Coping with Drinking' Questionnaire

The concept of coping in stressful circumstances is an accepted fact in many different research areas (Lazarus, 1966) and the concept was used explicitly by Orford and Guthrie, in the field of alcoholism (1976). They reported preliminary investigation in which 80 wives were asked to respond to multiple choice questionnaire containing 79 items, each of which represented an aspect of coping behaviour reported by at least one wife during the course of preliminary individual and group interviews. Analysis revealed 5 interpretable components which they labeled attack, withdrawal, protection, acting out and safeguarding family interests.

The present study utilizes the shortened version of the above questionnaire which Orford and Guthrie (1976) used on 100 wives of alcoholics to interpret drinking outcome. The 56 item retained in this version were those with loadings of minimum of ±30 on at least one of the 5 factors identified by them. On statistical analysis they arrived at 10 components accounting among them for 55.3 percent of the total variance.

PROCEDURE

To the experimental group 'Coping with Drinking' questionnaire was administered by reading it out to them. They were advised to recollect their coping as accurately as possible to indicate their choices - 'yes-often', 'yes, sometimes', 'yes, once or twice' or 'no'. These responses were given scores of 4, 3, 2 and 1 respectively. The responses were marked by the experimenter himself to avoid cognitive and perceptual factors affecting self-report accuracy.
RESULTS (Table I and Figure I)

Table-I: Distribution of types of coping behaviour (n = 30)

| Frequency   | 30% | 31-70% | 100% |
|-------------|-----|--------|------|
| I. Discord  | -   | 12(40)*| 18(60)|
| II. Avoidance| -   | 15(50) | 15(50)|
| III. Indulgence | 11(37) | 18(60) | 1(3) |
| IV. Competition | 2(7) | 27(90) | 1(3) |
| V. Antidrink   | -   | 27(90) | 3(10)|
| VI. Assertion  | 8(27)| 20(67) | 2(6)|
| VII. Sexual Withdrawal | 12(40)| 13(43)| 5(17)|
| VIII. Fearful Withdrawal | - | 25(83) | 5(17)|
| IX. Taking Special Action | 3(10) | 26(87) | 1(3)|
| X. Marital Breakdown | 1(3) | 29(97) | -|

* Figure in parentheses indicate percentage

As a group most common coping behaviours restored to by the subjects were discord, avoidance, indulgence and fearful withdrawal. Occurring least frequently were marital breakdown, taking special action, assertion and sexual withdrawal.

In order to assess the frequency of coping behaviours used by individuals, the scores on Orford-Guthrie's scale were converted into percentage frequency. It is clear that 60 percent of the subjects restored to 'discord' more than 70 percent of the time. While 'avoidance' was used by 50 percent of the group to similar extent, 'marital breakdown', 'taking special action' and 'competition' occurred rarely.

Considering the possibilities that many marital and socio-demographic variables influence the coping strategies, further analysis of data was carried out in relation to duration of marriage, duration of husband's alcoholism,
socio-economic status and wives' educational status. There were no statistically significant correlations between the coping behaviour and any of the above parameters. The sample was too small for analyses regarding religion, working status of wives and regional distribution of cases.

DISCUSSION

Coping behaviour is an important area which has drawn the attention of researchers (Asher, R. and Brissett, D., 1988; Bergman et al., 1988; Edwards et al., 1973; Farid et al., 1986; Harrell, W.A., 1986; James and Goldman, 1971; Maisto, S.S. et al., 1988; Makey et al., 1989; Natera, G. et al., 1988; Orford and Guthrie, 1976; Perodeau, G.M. and Kohn, P.M., 1989; Rychtarik, R.G. et al., 1989; Schafer and Tyler, 1979). There are two different views. Orford et al. (1976) were confident that personality would be a major determinant of coping behaviours, but James and Goldman (1971) listing some of the same self-report items, emphasized the situational determinants of coping. Maisto et al. (1988) reported both Intrapsychic and situational determinants. Asher and Brissett (1988) emphasize, however, on 'co-dependent' behaviours. O'Farrel et al. (1986) in their study on alcoholic couples accepting and rejecting an offer of out-patient marital therapy noted a significant discriminant function indicated by acceptors who had husband with more education, better marital adjustment, full time employment and larger number of alcohol related arrests. Rejectors were characterized by wives with better marital adjustment, greater living distance from clinic and a husband with more alcohol related hospitalizations. A significant number of women had reported 'emotional dependence' on the man in question in a study on wife battering, particularly in alcoholic marriages (Bergman et al., 1988).

In the present study we were interested to know how wives cope with alcoholism. How far the culturally assigned feminine role contributes to this? Do they really differ from their Western counterparts? All the findings on 16 P.F. points towards the passive role of the subjects (Sathyanarayana Rao T.S. and Kuruvilla K., 1991). In that study, the women in both the experimental and control groups were found to be submissive, dependent, trustful and timid. In comparison, normative data for Western women (Cattell, 1962; 1963 and 1967) shows them to be more dominant, adventurous and self-sufficient.

Orford and Guthrie (1976) and later Schaffer and Tyler (1979) predicted poor outcome for behaviours that suggested withdrawal or disengagement from marital bond. The elements are 'those of avoiding, refusing to talk, feeling hopeless, refusing to sleep together, feeling frightened, making special financial arrangements, seeking outside help and contemplating terminating the bond altogether'.

On the other hand elements such as 'pleading, arguing, hitting or the wife getting drunk herself, trying to make them jealous or seem ridiculous and hiding or pouring away his alcohol' are not associated with poor outcome. According to Orford (1976) although they do not sound like sorts of things that go on in most cohesive marriages, they do suggest a degree
of engagement or involvement between wife and husband which is lacking in items related to a bad outcome. As this study was cross sectional, drawing conclusion from the present sample regarding outcome at this juncture may not be possible. But strikingly, there was not even a single case which reported divorce procedures, or even considered it. The other infrequent behaviours noticed were marital breakdown and taking special action. Behaviour related to competition, antidrink and assertion were less than 50 percent, which again may be culturally determined. Also high frequency behaviour like discord, avoidance and fearful withdrawal may have cultural determinants. The fact that 86 percent of them were housewives and had to depend solely on husband’s income and the special status of ‘husband’ in the society and wife’s ‘duty’ to keep him pleased may explain the high frequency of ‘indulgence’ behaviour (Kapadia, 1986).

The coping strategies described give only an overall picture and individual differences in coping may get ignored. Even among strategies like antidrink, two of the five items said to carry good prognosis. For example, trying to find her husband’s alcohol, hiding or pouring it away and making a firm rule of not allowing alcohol to the house do not carry unfavourable prognosis (Orford, 1976; Schaffier et al., 1979). ‘Despite its active and controlling flavour, such behaviour carries relatively little risk of reinforcing the family pathology cycle. The attack here is directed at the drink, not the man. Instead of fighting him, it is the bottle which is hidden and the contents which are poured away, not her affection and concern for the husband.’ Even in our sample, atleast 70 percent of the husbands had avoided bringing drinks home for the above reason.

LIMITATIONS OF THE STUDY AND SUGGESTIONS

This study has few limitations. Subjects selected were from a hospital population and the sample size was small. Self support questionnaire method was used but still it is a crude method and open to distortion due to poor recall and misinterpretation. Further studies must examine family as a whole, involving various interactional patterns. Significance of coping factors lies in predicting outcome. Conclusions on that issue can be arrived at only with a longitudinal study. It should be remembered that all of the coping styles change over time just as the family isolation and other problems associated with alcoholism do. Secondly all the wives use more than one single type of coping behaviour. Certain types of coping strategies appear secondarily. For example ‘withdrawal’ and ‘attack’ styles appear secondary to husband’s violence following his alcoholic consumption and not to alcoholism itself. Hence, it is suggested that further study involving a larger patient sample, which is broad based and longitudinal in nature should be undertaken.

CONCLUSION

In conclusion, the data presented add to the growing evidence that alcoholism can have serious consequences on families, perhaps as important as the impact of alcoholism on the alcoholic. This study also demonstrates that there is no valid basis for the assumption that wife’s psychopathology is responsible for
husband's alcoholism (Sathyanarayana Rao & Kuruvilla, 1991). Wives cope with the stress of husbands alcoholism, differently depending on various factors. One of the major determinant is cultural upbringing, in addition to one's own personal assets. The findings of the present study are in agreement with James and Goldman (1971) that "the husband's personality causes the alcoholism which in turn causes the coping behaviour of the wife".

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