

Research Article

Comparative study of marital adjustment and life satisfaction among spouses of patients with alcohol dependence and normal healthy control: a case control study

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ABSTRACT

Background: Alcohol dependence is associated with domestic violence, which in turn aggravates the physical and emotional distress of the family. Alcohol dependence also leads to decrease in social support not just for the affected individual but for the family. Various studies revealed low level of life satisfaction and among the family members of patients with alcohol dependence. The aim of the study was to compare marital adjustment and life satisfaction among the spouses of patients with alcohol dependence with normal healthy control.

Methods: It was cross sectional study conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences, Ranchi. Thirty patients with alcohol dependence syndrome with their spouses and 30 age and socio-economic status matched healthy control with their spouses were inducted in the study based on inclusion and exclusion criteria. Spouses of the two groups were compared for their life satisfaction and marital adjustment using life Satisfaction Scale and Marital Adjustment Questioner respectively.

Results: There was significant difference in respect to life satisfaction among the spouses of individual with alcohol dependence syndrome and normal healthy control. Life satisfaction as well as marital adjustment was better in spouses of normal healthy control as compared to spouses of patients of alcohol dependence.

Conclusions: There is significant difference in respect to life satisfaction among the spouses of individual with alcohol dependence syndrome and normal healthy control. Wives of normal healthy control had better marital adjustment as compared to spouses of alcohol dependence syndrome. There was positive co-relation between life satisfaction and marital adjustment.

Keywords: Alcohol dependence, Life satisfaction, Marital adjustment

INTRODUCTION

The magnitude of the problem of alcohol dependence in India can be gauged by the fact that 33% of its population consumes alcohol with an annual rise in consumption.¹⁻³ Besides the numerous chronic and acute health effects, alcohol consumption is also associated with widespread social, mental and emotional consequences. These are reflected, for example, as absenteeism or abuse in workplaces and in relationships.

A vast body of research has demonstrated a strong relationship between male-perpetrated intimate partner violence which may be physical, verbal and sexual,^{4,5} and alcohol problems.⁶ Maritally violent men are significantly more likely than a wide variety of comparison groups to abuse alcohol.⁷ The cumulative effect of which is marital maladjustment and life dissatisfaction,^{8,9} which in turn leads to high rates of psychiatric morbidity¹⁰⁻¹² especially mood and anxiety disorders in the spouse.

Also given the fact that majority of spouse of patients of alcohol dependence are also care-givers; any psychopathology that arises in them due to poor marital adjustment and life satisfaction seriously impairs their capacity to care and get their husbands treated.

Life satisfaction is related directly with the level of fulfillment of the desires of the individuals. Individuals are capable of living by means of fulfillment at varying levels of their vital requirements formed of material and psychological resources, requirements based on relations covering the satisfaction from the relations with individuals and friends, and the developmental requirements affecting the functionality. Life satisfaction is defined as the harmony of the targets that are desired and achieved in life.¹³

Alcohol dependence also has negative effects on the spouses of individual with alcohol dependence syndrome (alcohol dependence syndrome). The spouse may have feelings of hatred, self-pity, avoidance of social contacts, may suffer exhaustion and become physically or mentally ill, very often the spouses has to perform the role of both parents. Family responsibilities shift from two parents to one parent. . Having financial difficulties is another issue that families of Individual with ADS have to deal with. The family may have to give up certain privileges because of the large amount of money spent on alcohol also possible joblessness seriously impairing their marital adjustment and life satisfaction

Hence understanding and addressing the issues of marital and life satisfaction of spouses of alcoholics will not only decrease their burden, improve their coping skills and overall quality-of-life, but is also likely to have a bearing on the treatment and outcome of alcoholics.^{14,15}

Because of relative paucity of research on the topic of marital adjustment and life satisfaction among spouses of alcohol dependent patient carried out in Indian subcontinent this study was designed with the aim To assess and compare marital adjustment and life satisfaction between spouses of individual with alcohol dependence and normal control.

METHODS

Participants

It was cross sectional study conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences, Ranchi. Thirty patients with ADS with their spouses and 30 ages and socio-economic status matched healthy control with their spouses were inducted in the study. Informed consent was taken from all the participants.

Inclusion criteria:

- Couples married for at least 2 years.
- Spouse history of alcohol use for more than 2 years.
- Couples in which husbands diagnosed to meet the criteria for ADS according to ICD- 10 DCR criteria.
- Individual age range between 21-45 years. Education level at least primary school or above.
- Subjects who gave written consent to participate in the study.

Exclusion criteria:

- Subject with history of multiple substance dependence, mental illness, mental retardation, epilepsy and physical illness/Any other co-morbid psychiatric condition like- multiple substance dependence, mental illness, mental retardation, epilepsy and physical illness.
- Those who do not fulfill inclusion criteria.

Measures

Socio Demographic Data sheet: Semi-structured socio-demographic data sheet was used to obtain background information of the subjects on different dimensions like age, religion, category, education level, family size, type of family, duration of marriage, income etc.

Marital Adjustment Questioner Pramod Kr. & Kanchan Rohatgi¹⁴: It was developed to provide a more meaningful single composite marital adjustment score for the couple unlike other available scales which give separate marital adjustment scores for the two. It consist of 25 yes-no type items. (Yes-1, No-0). It has good test-retest reliability and face validity appears to be fairly high. The split-half reliability, correlating odd-even items, applying the Spearman-Brown formula for doubling the test length, was found to be 49 (n=60) with an index of reliability of .7014.

Life Satisfaction Scale (Hindi Version -1971-Q.G. Alam,1971) The scale consist of 60 items & viz., Health, Personal, Economic, Marital, Social and Job. The response is to be given in yes/no yes response indicates the satisfaction. Test retest reliability of the scale is .84 and the scale show a good validity there is no time limit, yet it takes about 20 minutes to complete questionnaire.¹⁵

Statistical analysis

Continuous variables were expressed as mean \pm standard deviation (Gaussian distribution), range and qualitative data were expressed as percentage. Chi- square test was used to compare qualitative data. Dependent and independent sample t test was used to compare normally distributed continuous data.

Mann Witney U test was used to compare continuous data which deviated from normality.

All P- values were two tailed and values of $p < 0.05$ were considered statistically significant. All confidence interval were calculated at 95% level. All Statistical analysis was done using SPSS software.

RESULTS

Sociodemographic variables

All patients were male in both the groups and their spouse female. The baseline socio-demographic variables were compared between the two groups. (Alcohol dependent v/s normal healthy control) using chi square

test and it was found that there was no significant difference between the two groups (Table 1A).

Age of spouse of the two groups were compared using dependent sample t test and the differences were not statistically significant ($p > 0.05$). Mann Whitney U was used to compare number of family members, duration of marriage, and number of children (Table 1B) as the variables was not normally distributed; the differences were not statistically significant. Hence the two groups were comparable as the baseline characteristics were same in the two groups.

Table 1A: Socio-demographic details of spouses of individual with ADS and normal healthy control.

Variable	Group		df	χ^2	
	ADS	Normal			
Religion	Hindu	18(60%)	24(80%)	3	7.02NS
	Islam	1(3.3%)	3(10%)		
	Christian	4(13.3%)	3(10%)		
	Sarna	7(23.3%)	(3.3%)		
Education	Primary	16(53.3%)	0	4	30.43NS
	Middle	7(23.3%)	3(10%)		
	Secondary	2(6.7%)	3(10%)		
	Intermediate	4(5%)	11(36.7%)		
	Other	2(3.7%)	11(36.7%)		
Residence	Rural	12(40%)	16(53.3%)	2	1.89NS
	Urban	13(43.3%)	12(40%)		
	Semi Urban	5(16.7%)	2(6.7%)		
Occupation	House Wife	20(66.7%)	19(63.3%)	3	4.09NS
	Government Job	1(3.3%)	4(13.3%)		
	Private Job	2(6.7%)	4(13.3%)		
	Other	7(23.3%)	3(10%)		
Type of Family	Nuclear	17(56.7%)	12(40%)	2	3.17NS
	Joint	13(43.3%)	16(53.3%)		
	Extended	0	2(6.7%)		
Husband Occupation	Government Job	5(16.7%)	9(30%)	3	2.72NS
	Private Job	7(23.3%)	4(13.3%)		
	Farmer	4(13.3%)	6(20%)		
	Other	14(46.7%)	11(36.7%)		

Table 1B: Socio-demographic details of spouses of individual with ADS and normal healthy control.

Variable	Group		P value
	ADS(N=30) Mean ± SD	Normal (N=30) Mean ± SD	
Age	33.53±5.62	32.73±6.04	$p > 0.05$
No. of Family Members	5.66±2.07	5.13±1.92	$p > 0.05$
Duration of Marriage	8.30±3.5	7.80±3.48	$p > 0.05$
No of Children	2.93±1.72	2.13±1.52	$p > 0.05$

Spouse’s marital adjustment and ADS

The comparison of marital adjustment (domain wise) was made between the spouses of individual with and without ADS. Significant group differences were found in terms of Sexual Adjustment (Table 2), Social Adjustment and Emotional Adjustment of Marital Adjustment between both the groups. The mean score in marital adjustment of both groups respectively were as 1.86 ± 1.04 , 3.83 ± 0.74 in sexual adjustments 4.23 ± 1.19 , 8.06 ± 0.73 in social adjustments and 6.40 ± 1.32 , 10.56 ± 1.16 in emotional adjustment.

Spouse’s life satisfaction and without ADS

Life satisfaction was compared between the spouses of the patients with ADS and normal healthy control using independent sample t test. The spouses of normal healthy control had better life satisfaction (25.46 ± 5.01) as compared to wives of ADS (44.10 ± 3.64) (Table 3).

Correlation among marital adjustment and life satisfaction

There was positive co-relation ($r = 0.85$) between life satisfaction and marital adjustment ($p > 0.5$).

Table 2: Comparison of marital adjustment among the spouses of individual with ADS and normal healthy control.

Variable	Group		df	t
	ADS (N=30) Mean ± SD	Normal (N=30) Mean ± SD		
Sexual	1.86±1.04	3.83±0.74	58	8.40**
Social	4.23±1.19	8.06±0.73	58	14.94**
Emotional	6.40 ±1.32	10.56±1.16	58	12.91**
Marital Adjustment	12.50±2.06	22.46 ±1.59	58	20.94**

(**=significant at 0.01 Level)

Table 3: Comparison of life satisfaction among the spouses of individual with ADS and normal healthy control.

Variable	Group		df	t
	ADS (N=30) Mean ± SD	Normal (N=30) Mean ± SD		
Life Satisfaction	25.46±5.01	44.10±3.64	58	16.46**

(**=significant at 0.01 Level)

DISCUSSION

Both the group of spouses of individual with and without ADS did not differ significantly in respect to distribution of age range, education qualification, occupational status, monthly income, domicile, duration of marriage, family size etc.

There is significant difference in respect to marital adjustment (domain wise - sexual, social and emotional) among the spouses of individual with and without alcohol dependence syndrome. It is correlated with previous studies.^{16,17} Stanley 2001 compared the marital dynamics between wives of alcoholics and those of non-alcoholics, who were matched on key socio- demographic variables. The reason for poor marital adjustment among Spouses of Individual with ADS could be disagreement among couples regarding alcohol dependency, frequent and intense arguments, poor communication and generally negative partner interaction. The result on sexual adjustment domain shows Spouses of Individual with

ADS had significantly poor sexual adjustment than Spouses of Individual without ADS. Plant, (1997) reported that greater substance use tends to decreased libido and to increase some types of sexual dysfunction, such as anorgasmia and vaginismus.

Other studies have also reported the negative impact alcohol has on family. Violence and physical abuse was found in significant number of alcohol dependence. Suman and Naglakshmi (1996) examined the variables that influenced the degree of family dysfunction in alcoholic family. The findings of the present study also reflected the marital adjustment problems felt by spouses of the individual with ADS. Such spouses felt stress. They also felt spouse rejection and lack of freedom from expression.

In an earlier study, researchers observed that alcoholic couples had more negative communication and attitudes (e.g. criticism, blaming) when the husband was consuming alcohol than when not. Poor interactions can have serious implications for drinking behaviour. On

comparing the basis of marital adjustment (emotional adjustment) between the two groups, significance differences were found. The probable reason could be that Indian women (spouses) are emotionally more attached and dependent on their husbands and in case of alcohol use, they are unable to discuss their problems, feelings with their husbands and which eventually leads to feeling of fear, anger, depression, isolation and feeling of inferiority among them.

CONCLUSION

This study draws the following conclusions

1. There is significant difference in respect to life satisfaction among the spouses of individual with ADS and normal healthy control.
2. Wives of normal healthy control had better marital adjustment as compared to spouses of alcohol dependence syndrome.
3. There was positive co-relation between life satisfaction and marital adjustment.

Limitations:

The limitations of present study are as follows:

1. Sample size was not large enough which made generalization of the result somewhat questionable.
2. Spouses Assessment of psychopathology could not be done.
3. Duration of marriage was 5 years and above which could have been lowered.
4. Both the sex (spouse) should have been included to have better understanding.

Future directions:

An understanding of this study will be extremely helpful to the professionals working in the field of mental health to extend their help to the patient and their family, how to improve their marital life, quality of life and family functioning.

1. Minimizing the impact of alcohol on the family and the marital life of the spouses.
2. To plan for safeguarding the future of the spouses, similar study should be undertaken with larger sample size.
3. Similar study should be repeated on community level also.
4. The future studies must attempt to carry out marital adjustment, life satisfaction and quality of life among spouses of individual with other substance dependence.
5. The scope for intervention by mental health professionals, especially, psychiatric social workers in planning and delivering adequate therapeutic services in the clinical context.

6. Intervention program at de-addiction centers can now recognize and include marital and family therapy and strengthen social support system.
7. Marriage and relationship education can also help facilitate healing the relationship.

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