

A Study on the Quality of Life and Burden of Wives of Alcoholics

Lucy Sonali Hembram¹ and Sangita Dash²

^{1,2}Department of Psychology, Utkal University
E-mail: ¹lucysonali@gmail.com, ²dashesangita69@gmail.com

Abstract—The purpose of the present research is to study the impact of family type and locality on quality of life and burden of wives of alcoholics. A 2x2 factorial design was used for this research. The study involved two independent variables and two dependent variables. Independent variables were family type (joint / nuclear) and locality (rural/ urban). The study was conducted on a sample of 60 subjects from KIMS, Samarpan rehabilitation centre and Sankalp de-addiction centre (Bhubaneswar, Odisha). As the study involved collecting data from a sensitive population, the sample were selected by purposive and quota sampling method. The subjects taken for this research were the wives of alcoholics. Two standardized tests were measured namely "quality of life measurement scale" and "burden assessment schedule". The results revealed that the family types and locality has no significant role on the quality of life and burden of wives of alcoholics. Further the interaction effect of "locality and family type" was also found non-significant. The limitations and direction of future research was out lined.

Keywords: Quality of life, burden, alcoholic.

1. INTRODUCTION

*"More men are drowned in a glass than in the sea". –
Freedman*

Health is a resource for life, not the object of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities. All communities have highly variable, unique strengths and health needs and is a common theme in most cultures. Alcohol dependence has been showing a rising trend all over the world including India, and it is consider as one of the most serious public health problems. It is well recognized as a bio-psychological phenomenon and considered as a "family type. In India according to National family health survey, alcohol (21.4%) was primary substance used followed by cannabis (3.05%) and opioid (0.7%) respectively.

1.1. Definition of Alcoholism

Alcoholism is a broad term for problems with Alcohol and it's generally used to mean compulsive and uncontrolled consumption of Alcohol beverage. And it's a form of individuals and social disorganization, created by the

individual's maladjustments with the complex condition of the modern society.

The World Health Organization no longer recommends the term alcoholism but prefers the term alcohol dependence syndrome - "a state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioral and other responses that always include a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence; tolerance may or may not be present" (Carson, Butcher and Mineka, 2004).

1.2. Effects of Alcoholism

Negative effects from the overuse of alcohol have been considered a serious problem for many years. Alcohol consumption and problems related to its excessive use vary from country to country, and in a particular country often from region to region (Sarason & Sarason, 2002). The most common indication of intoxication are disturbance of perception, wakefulness, attention, thinking, judgement, motor behaviour, and interpersonal behaviour (Sarason & Sarason, 2002). Although individual characteristics have a major influence on person's response to a mood-or behaviour modifying substance, such substances do have certain general effects that are experienced by most people who use them.

1.2.1. Psycho Social Effects of Alcoholism

Alcohol intake has a number of important emotional consequences. Most people experience sadness, anxiety, irritability and a whole host of resulting interpersonal problems. At persistent higher doses, alcohol can cause almost any psychiatric symptom, including temporary pictures of intense sadness, auditory hallucinations, insomnia and paranoia in the presence of clear thought processes and intense anxiety. Behavioural disorders most commonly associated with alcohol use problems and dependence include depression, anxiety and antisocial personality in community (Epstein,2001;Palaksha, 2003; Kazdin, 2000; Roesch 2004; Bajaj, 2006).

1.3. Alcohol and Family

Alcohol consumption is increasing in the world and there is some evidence that the increase is soon accelerating most sharply in developing countries (WHO, 2002). Although alcoholism is primarily a problem of the individual, studies have explored the dynamics of family interaction and alcoholism. There has been much speculation about the effects of the family on alcoholism. The personality structure of the spouses of alcoholics has been the focus of many early studies.

According to research in process that families use to deal with an alcohol problem involves 5 stages: (1) denial behavior, (2) control attempts, (3) disorganization of the family, (4) disassociation, and (5) making choices on whether to stay with or separate from the family unit. Anger and guilt are the 2 most common family reactions to the crisis of hospitalization of an alcoholic family member.

2. REVIEW OF LITERATURE

A study conducted by Brown and Sunshine (1975) suggested that children of alcoholics, like their parents are isolated and typically bear shame, confusion, and quite alone. Groups can provide children with a feeling that their experiences are not unique.

Ambrozik (1979) diagnosed the social situation of 91 children from 34 alcoholic families. Generally, they lacked parental care and controls, lived in difficult financial and housing conditions, and were involved in disturbed and often pathological family relations. They witnessed incest, seductions, suicides, fights, and their mothers prostituting themselves, resulting in developmental disturbances. They showed poor health; unsatisfactory progress at school; lack of educational aspirations; disturbed relations with their parents, teachers, and other children; and socially unaccepted or even criminal behavior.

Throwe (1981) discusses alcoholism as a multifaceted affliction that directly affects the family as a total unit and each member as an interacting individual of that system. Four prevalent problems shared by alcoholic families include altered communication patterns, role difficulties, poor sexual interaction, and aggressive behaviors.

2.1. Indian studies

Devasahayam, et.al(2011) conducted a research on alcoholism and violence. The study indicates that violence and women living with individual with alcohol addiction or a family are closely related as well as widely documented in many research findings. The study involved 153 respondents showed that alcoholism and wife battering were more common to the scheduled cast respondents as violence against women than to other cast group.

A study by Kamalamnia, and Pushpa, K.S. (2012) have stated that the wives of alcoholics in general are the main sufferers of their husband's addiction and consequential problems. Further

it indicated that the women who are intolerant of the husband's drinking because of their ignorance and intolerance in dealing with this problem develop a strong tendency to over-react and go a long way to make a tough situation worse.

3. RATIONALE

Today, alcoholism is seen as the world's highly prevalent public health issue in the world and therefore alcoholism is a matter of serious concern, not confined to any group, culture or country. The magnitude of the problem in our country is considerable given that India has the second largest population in the world. The use of alcohol has been present since time immemorial. The problem of alcoholism is not just related to the alcoholics but also the lives of those around them. The family of alcoholics are adversely affected especially the wives leading onto social, occupational and psychological damage. Alcohol dependence is a complex behavior with far reaching harmful effects on the work, family and society. The most negatively affected are the spouse and children of an alcoholic. However less attention has been focused on them so far.

4. OBJECTIVE

The present research aimed to explore the following objectives.

- To study the role of locality on quality of life and burden of spouse (wives) of alcoholics.
- To examine the role of family types on quality of life and burden of wives of alcoholics.
- To assess the quality of life and burden of wives of alcoholics.

5. METHOD OF STUDY

5.1. Statistical Design

The study aims to find out the effect of locality and family types on quality of life and burden of wives of alcoholics. 2 x 2 factorial design was used to study the rural-urban difference and the two levels of family type i.e. Joint and nuclear. 2-way ANOVA method was used to find out the difference of rural-urban and family type on quality of life and burden of alcoholic wives.

Family type	Locality	
	Rural	Urban
Joint	n=4	n=24
Nuclear	n=23	n=9

5.2 Sample

The present study was conducted on a sample of 60 subjects (wives of alcoholics) in the age range of 20-55 yrs. The samples were selected through purposive and quota sampling technique. Data are collected from KIMS (Kalinga Institute of Medical Sciences) Department of Psychiatry, Bhubaneswar,

Sankalp rehabilitation center, Samarpan rehabilitation center, Bhubaneswar. It was a hospital and rehabilitation based cross sectional study. Data were collected over a period of two months.

5.3 Tools Used

Two standardized tools were used for the present study.

1. Demographic data sheet

Relevant demographics and clinical data for the spouses and patients were collected from the spouses. The data were collected with regards to their age, gender, education, occupation, background, number of children, type of marriage, duration of marriage, family type, relationship with in-laws, history of domestic violence, family history, substance use, diagnosis etc.

1. Quality of life measurement scale

The WHOQOL-100 quality of life assessment was developed by the WHOQOL group with fifteen international field centers and it's an attempt to develop a quality of life assessment that would be applicable cross-culturally.

1. Burden assessment schedule (BAS) of SCARF (Schizophrenia Research Foundation) by Thara et al.

5.4. Procedure

Three places namely KIMS hospital (Department of Psychiatry) Bhubaneswar, Sankalp rehabilitation center, BBSR and Samarpan de-addiction center, BBSR were chosen to carry out the study. At first, the study protocol was approved by the hospital ethics committee and all participants gave written informed consent to participate. Before collection of data, some time was spent with the wives to establish rapport and to take their consent. The objective of the study was explained to them. After completion of each test, the data sheets were collected back from them and they were thanked for their cooperation. Samples were collected through purposive and quota sampling method. Burden was assessed using Burden Assessment Schedule (BAS) by Thara et al. and quality of life was assessed by using WHOQOL-BREF questionnaire. The data sheets were scored and were analyzed by using appropriate statistical tests using SPSS software to interpret the results.

Ethics:

A fully informed consent was taken from all participants in the study prior to data collection. Participation or non-participation of the participants did not cause any benefit or loss to them. Participation is voluntary; the participants may withdraw from the study or may take a break at any point of time during the course of study. The study is of a research nature. The confidentiality of the participant is maintained and answers will be used by researcher and committee.

6. RESULTS

The objective of the present research was to find out the role of rural and urban locality and family type on quality of life and burden of alcoholics. Analysis of variance, mean, standard deviation has been done on the data to arrive at the significance level of the results and to draw definite conclusion.

Table 1: ANOVA performed Quality of life of spouses

Sources	Sum of square	Df	Mean square	F
Locality	117.19	1	117.19	.547
Family type	98.72	1	98.72	.229
Locality*family	781.33	1	781.33	1.973
Error	1277.23	56	228.147	

Result table-1 indicates that there is no significant effect of locality on quality of life of wives of alcoholics. Family type shows $F(0.265) = 0.547$, $p < 0.05$ and also non-significant effect of locality on quality of life of alcoholics $F(0.846) = 0.224$, $p < 0.05$. There is also no significant effect of family type on burden of alcoholic wives. The locality x family type effect also found non-significant.

Table 2: Mean and standard deviation of quality of life of spouses

Family type	Locality				Combined	
	Rural		Urban		Mean	SD
	Mean	SD	Mean	SD		
Joint	65.75	23.12	53.43	12.19	55.25	14.34
Nuclear	57.91	16.36	63.01	14.74	59.30	15.88
Combined	59.03	17.18	59.13	13.44	57.48	15.24

Results in Table-2 indicate the Mean and SD score of joint and nuclear family and also the rural and urban locality types. Comparison of burden of wives rural ($M=59.03$) mean scores indicates that there is almost same mean score with Urban score ($M=55.25$) On the other hand the burden score of joint family ($M=55.25$) is lower than nuclear family ($M=59.30$)

Table 3: ANOVA performed on burden of spouses

Sources	Sum of square	df	Mean square	F
Locality	132.19	1	132.19	1.423
Family type	543.20	1	543.20	5.849
Locality*family	63.409	1	63.409	0.683
Error	5277.23	56	228.147	

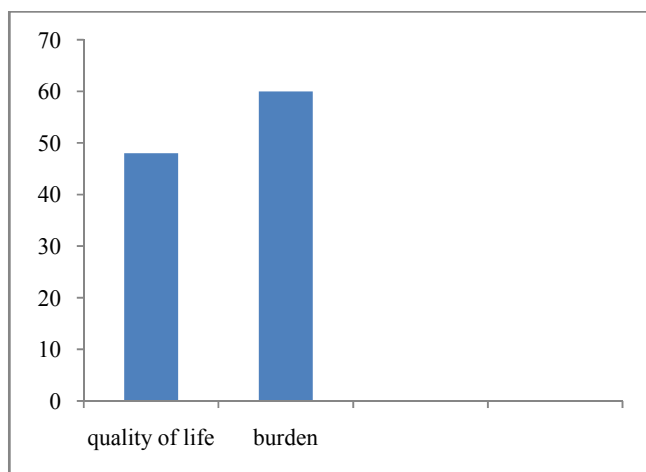
Result table- 3 indicates that there is no significant effect of locality on quality of life of wives of alcoholics. There is also no significant effect of family type on burden of alcoholic

wives. The locality x family type effect also found non-significant.

Table 4: Mean and standard deviation of burden of wives of alcoholics

Family type	Locality				Combined	
	Rural		Urban		Mean	SD
	Mean	SD	mean	SD		
Joint	33.50	6.45	40.00	12.22	39.03	11.70
Nuclear	28.37	8.25	29.55	5.174	28.69	7.48
Combined	29.55	8.13	37.06	11.65	33.35	10.84

Results in Table-4 indicate the Mean and SD score of joint and nuclear family and also the rural and urban locality types. Comparison of burden of wives urban mean scores of subjects indicates (M=37.06) have higher burden than rural (M=29.55). On the other hand the burden score of joint family (M=39.03) is higher than nuclear family (M=28.69).



(Assessment of Quality of Life and Burden of Wives of Alcoholics, N=60)
(Figure 1)

7. DISCUSSION AND CONCLUSION

The wife of an alcoholic always leads a very panic life with an extra burden throughout her life only because she is the wife of alcoholics without any of her faults. The quality of life of a wife of an alcoholic is somehow miserable. She lives a life of extra burden and very often remains depressed due to the act of her husband. When the husband shouts and shows his temper tantrum after taking alcohol then the poor woman's suffering is multiplied. She has to beg to apologize to the family members and to the neighbor for the shameful activities of the alcoholic husband; it is shameful because till now taking alcohol is a taboo in our society. Society has a negative attitude towards them.

This research found no such eye-catching role on the quality of life and burden of the wives of alcoholics either the

competition is with the urban and rural locality and also in joint and nuclear family. It is because for the smooth running of a family the husband and wife are like two wheels. Among them, if one is punctuated then the rest has to take the burden no doubt. In a similar manner when one wheel i.e. of the husband is not working perfectly, the wife has to take extra burden undoubtedly. This burden includes financial, social and psychological. For his alcohol, he has to spend an extra part of his earning which he may spend on other household works, education, health and many other requirements but as he is addicted to alcohol, so, he spends an average portion on it. So it is now the burden of the wife to deal with it.

Whether it may be a joint family or nuclear family it does not matter; she has to take extra burden and load for which the quality of life also hampered. Reviews also show that wives of alcoholics, in general, suffer a lot. They are the main sufferers of their husband's addiction and consequences.

The assessment of the quality of life and burden revealed that, the quality of life of alcoholics is coming under the lower level and their burden is coming under the higher level. From this sample (N=60), it is found out that they are living a lower quality of life than the normal wives. It is because of the family tension, pressure, lower self-esteem etc. and their burden is high as they have to take all the risk and burden.

From this research study it can be concluded that there is no significant role of locality i.e. rural and urban and family types i.e. joint and nuclear, on the "quality of life" and "burden of wives of alcoholic" dependents.

8. SUGGESTIONS FOR FUTURE RESEARCH

1. The current study would have been done on a larger sample using a combined quantitative and qualitative research approach for the better understanding the level of burden and quality of life among wives of alcoholics.
2. Longitudinal study can be done to see the effect of time duration of alcohol consumption and the after effect of rehabilitation.
3. Other demographic variables like type of marriage, duration of marriage, income of the family, number of children they have, relationship with in-laws, can also be used as variables to assess the burden and quality of life of spouses of alcoholics.

9. LIMITATIONS

The study has some limitations that are given below:

1. The study was based on a small number of sample and the data were collected from hospital and from the rehabilitation center, hence the result could not be generalized. To have more authentic results, there is a need to take a large sample.

2. The study was conducted by taking only two independent variables i.e. family type and locality.
3. To get a more holistic picture other factors can also be taken in the future for the investigation and to yield more information.

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