

Coping Strategies and Perceived Social Support in Wives of Persons with Alcohol Dependence Syndrome

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ABSTRACT

Background: In India alcohol is the most commonly used substance of abuse. The effect of alcoholism in husbands mostly leads to disturbances in marital life. These effects may directly or indirectly drain out caregivers of substance abusers. One of the most affected among caregivers is the marital partners. In other words it is the wives of substance abusing husband who are the victims. Coping mechanisms are used by the wives to handle the stressful situation has a vital role in reducing psychological difficulties. In case of wives with alcohol dependent husbands, the social support is a buffer for crisis periods. **Aim of the study:** The study is aimed to enquire the coping strategies and perceived social support of the wives of persons with alcohol dependence syndrome. **Material and methods:** A total 30 wives of persons with alcohol dependence syndrome according to ICD-10 were taken as the sample using purposive sample collection. Socio-demographic profile was assessed through semi-structured questionnaire while coping strategies was assessed through Ways of Coping Scale (1986) and the Multidimensional Scale of Perceived Social Support (1988) was applied to assess the perceived social support after taking their informed consent. **Data analysis** was done using SPSS for descriptive statistics. **Results:** The result shows that varied types of coping strategies were used by wives of persons with alcohol dependence. In contrast the previous studies suggest use of emotional focused or escape avoidance coping. This study suggests that adaptive copings such as positive reappraisal, seeking social support and problem solving were used in comparison to escape avoidance. In contrast to previous studies perceived social support was found to be high in this study group. **Conclusion:** It is well known fact that coping strategies plays a major role in dealing with stressful life situations and perceived social support also have positive impact over health. Finding from this study suggests that any psychosocial intervention designed for this group must consider these facts and findings. Eventually these findings from the study can be used to help in enhancing the wellbeing of wives of alcohol dependents.

Keywords: Alcohol dependence, coping strategies, perceived social support

INTRODUCTION

The day to day harassing and crisis is faced by a wife of a person with alcohol dependence due to frequent arguments, conflicting opinions, loneliness, neglect, abusive, assaultive behavior. The feeling of hopeless and helplessness is quite common and wives in this situation start blaming their own fate for all these hardships. The

situations become worse when the families of the spouse blame the wife for all the problems for not being able to handle the situation. During this process wives struggle to manage the situations, leading to frustration, anger out bursts, nervousness, and fearfulness, desperation and are often. For a family with alcohol dependent person the societal relationship also gets adversely affected. The whole family becomes a victim of social neglect and discrimination. Relatives and neighbors tend to avoid the family because of alcohol intake habit and behavior of the spouse for as borrowing money, cheating, fraud and lying. The situation leads to lose of faith in the support system. Where by the wife usually expect support, care and affection to deal with the crisis. Ackerman^[1] has proposed that coping strategies function as 'home remedies' and provide brief respite from anxiety situations in families with alcohol related issues. Researchers proposed coping mechanism as a means to enhance reasonable levels of well being.^[2,3]

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Many researchers reported various coping strategies adopted by the wives of persons with alcohol dependence in order to adjust in the family and to overcome the mental difficulties. Most of the Indian studies suggest that commonest coping strategies are avoidance, withdrawal or fearful withdrawal, sexual withdrawal along with discord, indulgence.^[4-8] A consistent body of research suggests that increased escape-avoidance and withdrawal coping behaviours in this population are associated with increased alcohol use of their partner.^[3, 9-10] It has been proposed that stress & coping existent in families with alcoholism is similar to any family coping with mental health issues. Stress in marital system is a direct result of crisis drinking behaviour in spouses.^[11,12] Some wives do compromise with their husbands to avoid quarrel or arguments at home, and also adopt a good coping mechanism to adjust with the stressful situation.^[13] Feldhaus^[14] reported that alcohol dependence persons & their spouses as well as entire family as a whole have poorer problem solving ability. Perceived social support is a part of a constellation of cognitions that drives social behaviours and accounts for differences in interpretation regarding the behaviour and motivation of others.^[15] Wives of person with alcohol abuse are mostly pre-occupied with their home atmosphere and try to keep away from society, to hide the husband's misbehaviours and do not like to share their negative feelings.^[16] Revathi^[17] reported in her study that in comparison to normal controls wives of persons with alcohol dependence syndrome perceive significantly low social support.

Quality of marital life is often deteriorates to the lowest levels when the coping strategies fail and added to this, the wives may perceive an absence of social support. Though, this area have been explored to a larger extent in other parts of India, there is no evidence to show that, studies have been done much in the north-eastern parts of India where addiction related problems are reported to be at alarming levels. This study tries to find out how wives perceive care and support that she receives during this situation and how she copes in this period which in turn affects her quality of life. This study can have implications in improving understanding and for providing necessary interventions. It helps in targeting and strengthening the coping strategies and provides support which may be lacking. These efforts will improve the perception of wives regarding social support.

Aim of the study: The study aimed to understand the

coping skills & perceived social support of the wives of persons with alcohol dependence syndrome.

METHODOLOGY

The research design in the present study was descriptive in nature. The study setting was the outpatient department and the family therapy centre of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH, Tezpur). The wives having husband with Alcohol Dependence Syndrome and attending LGB Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam during the period of February to July, 2014 for admission or follow up were taken as participants for the current study. In the study a total 30 participants were taken for the Research study with their full consent. For the recruitment of sample purposive sampling procedure was followed to assess the quality of marital life, coping strategies and social support in women of husband with alcohol dependence. Persons with Alcohol Dependence Syndrome and either admitted in the indoor of LGBRIMH or were on medication and attended OPD for treatment were included in the study. While that person with multiple substance uses (except tobacco) and other co- morbidity were exclude. The wives of persons with alcohol dependence syndrome in the age range between 18-45, currently living with their husband for a minimum period of 3years and giving consent for the interview were included in the study and those women having severe physical or mental illness were excluded in the study .

Tools for Data Collection

1. Socio-Demographic Information Schedule
2. Ways of Coping Scale^[18]
3. The multidimensional scale of perceived social support^[19]

Scale Descriptions

1. Socio-Demographic Information Schedule

A socio demographic information schedule consisting of information on age, sex, religion, educational status, occupation, socioeconomic status, family type and domicile was used for the study. Number of admission of the husband in hospital and awareness of wife about husband's alcohol use/abuse before marriage was also included as extra variables to find out association with marital quality, ways of coping of husband and perceived social support by wife of the person.

2. Ways of Coping Scale

The Ways of Coping (Revised) is a 66-item questionnaire containing a wide range of thoughts and acts that people use to deal with the internal and/or external demands of specific stressful encounters. It was developed by Folkman & Lazarus.^[18] It has 8 domains, namely confronting coping, distancing, self controlling, seeking social support, accepting responsibility, escape avoidance, plan-full problem solving and positive appraisal respectively. This scale is reliable with satisfactory validity and mostly used in different research for measuring coping mechanisms.

3. The Multidimensional Scale Of Perceived Social Support

The MSPSS was developed by Zimet, Dahlem, Zimet, & Farley^[19] and aims to measure perceived social support. It includes 12 items which cover three dimensions: Family, Friends and Significant others. Each item is rated on a seven-point Likert-type response format (1 = very strongly disagree; 7 = very strongly agree). A total score is calculated by summing the results for all items. The possible score range is between 12 and 84, the higher the score higher the perceived social support. In addition, separate subscales can be used by summing the responses from the items in each of the three dimensions. The possible score range for the subscales/ dimensions are between 4 and 28. The MSPSS is widely used and the three-factor model has demonstrated good psychometric properties in previous studies.

Tool no 2 & 3 was used following permission and after translation to local language as per standard translation procedure.

Statistical analysis : An appropriate statistical measure was analyzed using the SPSS 20 version. Descriptive statistics was used to analyze the socio demographic variables and Pearson's correlation coefficient used to find out correlation among different variables.

Data collection procedure : All the subjects who fulfilled the inclusion criteria were included in the study. They were explained about the purpose of the study, its procedure and also about the future use of the study. A written informed consent was obtained from all participants. Respondents were also informed about the confidentiality and they were given choice to withdraw from the study at any stage. Sufficient opportunity has

given to the participants to contact the investigator for any clarification if needed. Participants those capable of filling out the questionnaires were completed by themselves, and who are incapable of filling them were assisted by the researcher. Firstly socio-demographic data sheet was administered, and then other scales were used.

Ethical considerations: The respondents were assured confidentiality; informed consent was taken from the respondents. The data was used only for research purpose. The participants were clearly explained the purpose of the study and samples were selected on voluntary basis. After the interview psychosocial care and supportive counselling had been provided wherever possible by the researcher and appropriate referrals were made.

RESULTS

Socio-demographic description of respondents – the mean age of the respondents was found to be 33.86 (SD+ 7.10), 90 % of them belongs to Hindu religion, most of them (77%) educated up to secondary school (class 12th), 66.7% were homemakers while 30% of them engaged in self employment and in business. Only 13.3% belong to upper class while the rest of the population was seen to be from lower to middle class. 66.7% came from nuclear family and 60% were from rural background.

Table 1 shows that from the eight domains of coping styles the most commonly used has positive reappraisal (15.13+2.64) followed by seeking social support (13.16+3.4), plan full problem solving (12.60+2.76) as well as self control (12+4.21). The study also reveals that many of the respondents used confronting (11.40+3.10) as a coping strategies and similarly escape avoidance (11.80+2.24). Distancing as a coping mechanism has rarely used (7.70+3.14) and accepting responsibility was (6.13+2.60) less.

Table 2 reveals that women with alcohol dependent husband reported perceived social support to be more from society (20.83+3.60) and family (20.3+4.80) in comparison to friends (18.03+3.86).

DISCUSSION

The survival strategies for a wife with husband with an alcohol dependence are to develop strong coping strategies. Coping mechanisms are used by the wives to handle the stressful situation. So it has a vital role in reducing mental difficulties. Many researchers

Table 1
Distribution of Ways of Coping

Domains	Mean	SD	Minimum	Maximum
<i>Confronting coping</i>	11.40	3.10	3	15
<i>Distancing</i>	7.70	3.14	3	16
<i>Self controlling</i>	12.00	4.21	5	21
<i>Seeking social support</i>	13.16	3.4	2	18
<i>Accepting responsibility</i>	6.13	2.60	2	11
<i>Escape avoidance</i>	11.80	2.24	6	17
<i>Plan full problem solving</i>	12.60	2.76	6	18
<i>Positive appraisal</i>	15.13	2.64	10	20

Table 2
Distribution of Various Domains of Perceived Social Support Scale

Domains	Mean	SD	Minimum	Maximum
Society	20.83	3.60	15	28
Family	20.30	4.80	4	28
Friend	18.03	3.86	10	25
Total score	58.16	11.19	35	80

proposed coping mechanism as a means to enhance reasonable levels of well being (Moos, 1982). It is found that from the eight domains of coping styles the most commonly used is positive reappraisal and followed by seeking social support, plan full problem solving as well as self control. All these self reported coping strategies are considered as adaptive. The study also reveals that many of the respondents used confronting as coping strategies probably when things go beyond their tolerance level. This finding was contrary to the traditional Indian belief that spouse do not indulge in confronting communication. Similarly, escape avoidance was also used by many to deal with stress full situation. Though most of the respondents do not feel responsible for their husband's alcohol taking behaviour, an interesting finding came from the study that distancing as a coping mechanism was rarely used. The probable reason behind this finding may be that in India as well as in this region, wives do not leave their husbands to their fate. They take the responsibility of

helping the husband to normalise even though they themselves have been tormented in the process.

Most of the studies conducted across the globe reported escape or avoidance as the most is most used coping strategy to deal with their alcohol dependent husbands Indian studies also showed similar finding^[6,7] then studies^[9, 13, 20, 21] from other countries. Weinberger^[22] suggested repressive coping style as a psychological devise, to ward off unpleasant feelings and cognitions. Other studies reported that mutual understanding and husbands drinking behaviour are the determining factors for choosing coping strategies for the wives.^[10,22]

Social support can be provided instinctively through the natural helping networks of family, friends and society or can be mobilized through an informal helping network. In case of wives with alcohol dependent husbands, the social support is a base for survival in the crucial period of time when husband cannot earn for the family members. Unhealthy family environment by quarrelling is highly distressful for a woman. In the present study overall perceived social support was found to be high and more from society and family in comparison to friends at the time of need. However, in contrast to this finding in India, a previous study carried out by Revathi^[17] found that social support was significantly low among the wives of person with alcohol abuse. Similarly Sabhaney^[16] in his study reported that wives always were pre-occupied with their home atmosphere and try to keep away from society and do not like to share their negative feelings.

The reason for the current study finding suggests that alcohol taking behaviour is commonly known and culturally accepted custom in north-east and wives do not hesitate to reveal the facts. Use of social support is high at the time of need and in this way they report high perceived social support.

CONCLUSION

Adaptive coping and high perceived social support are being considered as having positive impact over health. It helps to deal with stressful situation by modifying, controlling and changing the existing situation. Any intervention planned aimed and in such population should consider the role of coping and social support. These findings from the study can also be used for planning experimental studies with psychosocial intervention focusing on positive coping mechanisms and family therapy. This could help in enhancing the wellbeing of wives of alcohol dependence and empirically testing the efficacy of psychosocial intervention with strength based perspective from social work. Both these interventions of coping investment and family therapy can go hand in hand with the empowering process for the individual and social system around.

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