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**Saravanan.S**  
Professor & HOD, Department  
of Mental Health Nursing,  
Sri Gokulam College of  
Nursing, Salem, Tamilnadu,  
India.

**Correspondence:**  
**Saravanan.S**  
Professor & HOD, Department  
of Mental Health Nursing,  
Sri Gokulam College of  
Nursing, Salem, Tamilnadu,  
India.

## Marital Quality and Coping Level of the Wives of Alcoholics

**Saravanan.S**

### Abstract

The study is designed to determine the quality of marital life and level of coping among the wives of alcoholic dependent. The study was adopted quantitative research approach and the design was descriptive. Wives of 60 alcohol dependent individuals were selected for the study. The questionnaires include socio demographic schedule, Marital quality scale (Shah 1995) and coping with drinking questionnaire (Orford and Guthrie 1975). The findings show that, regarding age, majority of wives 50 (83%) were between 21-40 years, about religion 55(91.6%) were Hindus, regard to education 27(45%) wives were studied up to the secondary level. Considering the occupation majority of wives 42(70%) were housewives, around 22(36.6%) wives have the family income between Rs.3001-Rs.5000 as major, Considering the place of living 41(68.3%) were from urban. Regarding the type of marriage, 57(95%) was married through arranged marriage. Considering the duration marital life, 40(66.6%) wives' marital life were more than 10years. Most of the wives 31(51.6%) were had moderate level of quality of marital life. Around 19 (32%) wives' qualities of marital life were usually influenced by the factor Role functioning. The majority of subjects 52(86.6%) were used coping as moderate. Most of the subjects 33(55%) were used the coping Discord at maximum level. There is a negative relationship found between the quality of marital life and level of coping among the wives of alcoholic dependent patients.

The study concludes with the finding that wives of alcoholic dependent patients experience low quality of marital life which leads them to adopt various coping styles, whether it is positive or negative impact on the alcoholic person.

**Keywords:** Marital Quality, Coping, Wives of Alcoholic Dependents, Role functioning, Discord.

### 1. Introduction

Alcoholism has been an important problem of global concern. The impact of alcohol not only disturbs the physical health of an individual it also affects the people who surround him.

Today, experts who study alcoholic families knows that, family and marital problems often start because of alcoholism, but they also learned that spouses and children may contribute to the drinker's habit and make it worse. Some of the families allow heavy drinking to continue rather than deal with serious family problems and keep the habit going in exchange for keeping the family together. Denial is an essential problem for alcoholics and family members. Family members use denial to rationalize the drinker's alcohol dependency. In the beginning, denial is understandable because every family loves and wants to protect its members, but there comes a time when denial negatively affects family members. When family members deny the obvious and refuse to look for help, their behavior can trigger multiple emotional problems in the children of the family.

#### 1.1 Need for The Study

Drinking alcohol is not an isolated effect that affects only one individual, for every dependent, there are multiple victims. Apart from the chemically dependent person, the prime victims are his wife, parents and children. The wife of chemically dependent person is a set of hurt, confused people. They are the victims of addiction who do not use chemicals, but are nevertheless victimized by the drug. They are victims struggling desperately to solve their problems. The chemically dependent partner numbs his feelings and the non-abuser is

doubled over pain-relieved only by anger and occasional fantasies, wrote Janet Geringer Woititz.

The nurse plays a major role in identifying these groups, rendering counseling & support and motivating them to utilize help from various self-help groups etc. Nurses working in de-addiction centers have responsibilities of understanding their needs and problems and rendering care by giving them an opportunity to ventilate their bottled emotions. She can also act as a counselor and as a facilitator for wives' self-help groups. Therefore, the researcher felt that it is important to assess the coping strategy and marital quality among the wives of alcoholic patients and thus the present study was designed to determine the quality of marital life and level of coping among the wives of alcoholic dependent patients, so that nursing interventions can be planned to overcome this issue.

**1.3 Objectives of The Study**

1. To assess the quality of marital life among the wives of alcoholic dependent patients.
2. To assess the level of coping among the wives of alcoholic dependent patients.
3. To find out the relationship between quality of marital life and level of coping among the wives of alcoholic dependent patients.
4. To find out the association between the quality of marital life among the wives of alcoholic dependent patients and selected demographic variables.
5. To find out the association between the level of coping among the wives of alcoholic dependent patients and selected demographic variables.

**2. Materials and Methods**

The quantitative research approach was adopted and the

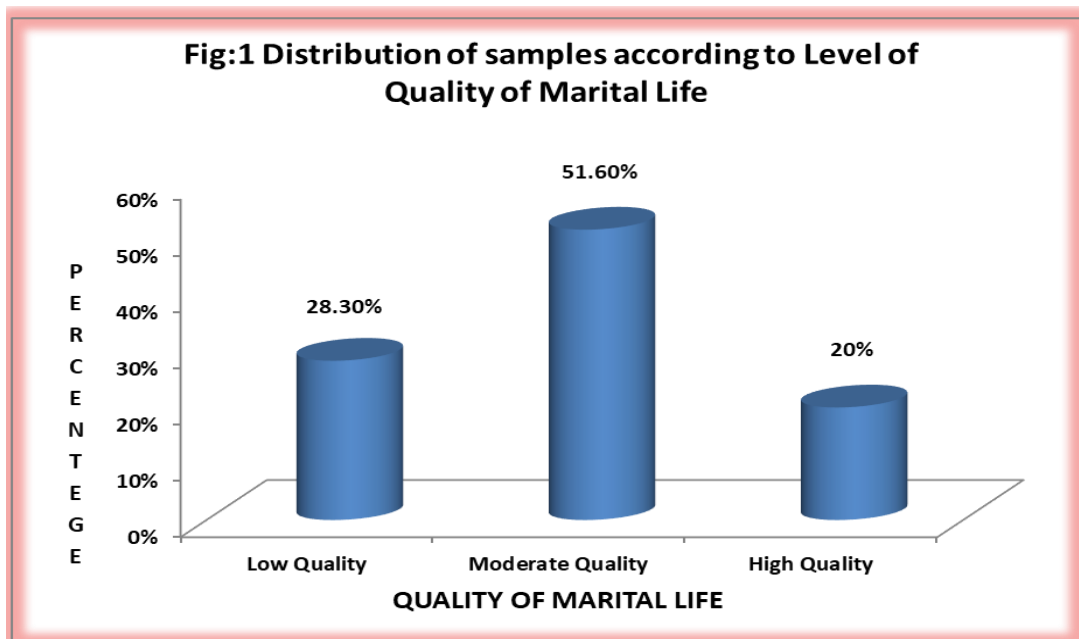
design was descriptive. Wives of 60 alcohol dependent individuals, who were accompanied with their husbands either outpatient or in patient department in Trisul De-Addiction center, Madurai Tamilnadu, were selected for the study. The Socio demographic schedule, Marital quality scale (Shah 1995) and coping with drinking questionnaire (Orford and Guthrine 1975) were used to collect the data.

**3. Results**

The results of the study show that, maximum numbers of respondents 50(83%) were between 21-40 years of age, 55(91.6%) were Hindus, 15(25%) were studied upto Secondary level of education and 42(70%) were Housewives. Among the subjects 22(36.6%) had the family income between Rs.3001 to Rs.5000, 41(68.3%) were living in urban, 57(95%) were married by arranged marriage, 40(66.6%) subjects marital life duration were more than 10years, 45(75%) were from nuclear families, 26(43.3%) women had 2 children, 45(75%) were have the family support and majority of the husbands 59(98.3%) were not having extra marital relationships. Among the subjects 40(66.6%) were exposed to mass media and the majority of husbands 34(56.6%) were drinking alcohol for the past more than 10 years. And most of the husbands 25(41.6%) were taking alcohol 350-500ml at a time, 30(50%) were taking alcohol outside only, 40(66.6%) were taking alcohol at any time as they wish and 34(56.6%) were have the history of family drinker.

**3.1 Findings on Quality of marital life among the wives of alcoholic dependent patients**

Majority of wives 31(51.6%) had moderate quality of marital life, 17(28.3%) wives had low quality of marital life and 12(20%) wives had high quality of marital life. (Fig.1).



Around 19(32%) wives' quality of marital life were usually influenced by the factor Role functioning. (Table.1). Among the subjects 23(38%) subjects' quality of marital life was sometimes influenced by the factor Dissolution potential, Dominance is the factor which was rarely influenced the quality of marital life of 31(52%) subjects,

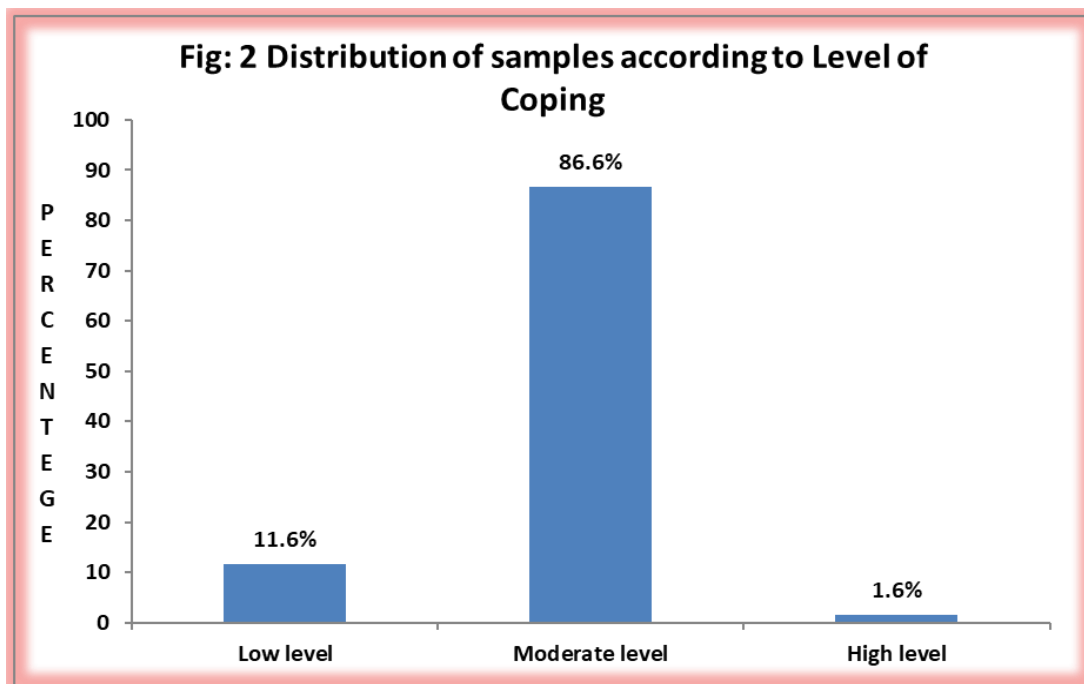
Rejection is the factor which was never influenced the quality of marital life of 23(39%) subjects. The duration of marital life was associated with the level of quality of marital life among the wives of alcoholic dependent patients.

**Table 1:** Frequencies and Percentage distribution of factors of Quality of Marital life among the Wives of Alcoholic dependent patients. N=60.

Factors of Quality of Marital Life	Factors of Quality of Marital Life							
	Usually,		Sometimes		Rarely		Never	
	Freq	%	Freq	%	Freq	%	Freq	%
Understanding	15	25%	19	31%	16	27%	10	17%
Rejection	5	8%	12	20%	20	33%	23	39%
Satisfaction	15	25%	20	33%	15	25%	10	17%
Affection	10	16%	20	34%	22	36%	8	14%
Despair	7	12%	12	19%	21	35%	20	34%
Decision making	11	19%	20	33%	19	32%	10	16%
Discontent	10	17%	16	27%	20	33%	14	23%
Dissolution potential	18	30%	23	38%	15	25%	4	7%
Dominance	2	4%	14	23%	31	52%	13	21%
Self-disclosure	15	24%	19	32%	19	31%	7	13%
Trust	18	30%	22	37%	18	30%	2	3%
Role functioning	19	32%	20	33%	15	25%	6	10%

**3.2 Findings on Coping of the wives of alcoholic dependent patients**

The majority of subjects 52(86.6%) were used coping as moderate. (Fig.2).



Most of the subjects 33(55%) were used the coping Discord at maximum level. (Table.2). The majority of subjects 25(42%) were used the coping Fearful withdrawal as moderate, 32(53%) were used the coping Sexual withdrawal as minimum, 48(80%) were never used the

Competition as coping style. The occupational status, type of family, amount of alcohol consumption by husband at a time and time of consuming alcohol by husband was associated with the level of quality of marital life among the wives of alcoholic dependent patients.

**Table 2:** Frequencies and Percentage distribution of various components of Coping among the Wives of Alcoholic dependent patients. N=60.

Dimention of Coping with Drinking	Levels of Coping							
	Maximum use		Moderate use		Minimal use		Never use	
	Freq	%	Freq	%	Freq	%	Freq	%
Discord	33	55%	15	25%	6	10%	6	10%
Avoidance	11	19%	19	32%	17	27%	13	22%
Indulgence	6	10%	8	14%	12	20%	34	56%
Competition	0	1%	6	9%	6	10%	48	80%
Anti drink	16	26%	11	19%	14	24%	19	31%
Assertion	9	15%	18	29%	8	14%	25	42%
Sexual withdrawal	7	12%	13	22%	32	53%	8	13%
Fearful withdrawal	8	13%	25	42%	20	34%	7	11%
Taking special action	10	17%	14	23%	10	16%	26	44%
Marital breakdown	8	13%	8	15%	15	24%	29	48%

### **3.3 Findings on relationship between quality of marital life and level of coping among the wives of alcoholic dependent patients**

There is a negative relationship found between the quality of marital life and level of coping among the wives of alcoholic dependent patients.

### **4. Conclusion**

The study concludes with the finding that wives of alcoholic dependent patients experience low quality of marital life which leads them to adopt various coping styles, whether it is positive or negative impact on the alcoholic person. It also revealed that low quality of marital life and low coping is the major problem of wives of alcoholic dependent patients. They require counseling and various other services. A psychiatric nurse could participate in planning and implementing effective intervention program in collaboration with other members of the multidisciplinary team.

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