The Examination of Marital Adjustment in Wives of the Patients with Alcohol Dependence Disorder

Eşlerinde Alkol Bağımlılığı Bulunan Kadınların Evlilik Uyumunun Değerlendilmesi

Nazan Kıvanç[1], Ahmet Kokurcan[2], İnci Özgür İlhan[3]

ABSTRACT

Introduction: Alcohol dependence disorder (ADD) causing gross social and occupational disabilities, is a high prevalent psychiatric disorder in population. Burnout, depression, and anxiety disorders are common in the family members, especially in spouses of the ADD patients. It was aimed to identify the relationship between marital adjustment and gender roles in wives of the patients with ADD in this study.

Method: The sample of the study consists of 33 wives of the alcohol dependence disorder (according to DSM-IV-TR criteria) patients who were applied to a University Hospital Alcohol Use Disorder Clinic to stop alcohol use. Sociodemographic questionnaire, Marital Adjustment Scale (MAS), Maslach Burnout Inventory (MBI), Bem Sex Role Inventory-Short Form (BSRI), and Beck Depression Inventory (BDI) were applied to the wives of AUD patients. The results were analyzed with correlation analysis, Student's t test and logistic regression analysis.

Results: Marital adjustment scores showed a negative correlation with "emotional exhaustion", "depersonalization", and BDI scores (P=0.005, P=0.028, P=0.032). There was a negative correlation between depression scores and "personal accomplishment" scores (P=0.037) while depression scores were positively correlated with "emotional exhaustion" and "depersonalization" scores (P=0.034, P=0.000). Marriages longer than ten years, emotional exhaustion, and masculinity scores were found to be predictors of marital adjustment (P=0.006, P=0.004, P=0.016, respectively) according to the regression analysis. While emotional exhaustion and marriages longer than ten years was negatively correlated with marital adjustment, masculinity was associated positively with marital adjustment.

Key Words: Marital adjustment, emotional exhaustion, sex roles.

ÖZET

Giriş: Alkol bağımlılığı toplumda sık görülen bir psikiyatrik bozukluk olup sosyal ve mesleki yeti yitimine sebep olmaktadır. Hastaların ailelerinde ve özellikle eşlerinde tükenmişlik, depresyon, anksiyete bozukluğu gibi psikiyatrik rahatsızlıklar sık görülmektedir. Bu araştırma, alkol bağımlılığı bulunan erkeklerin eşlerinde tükenmişlik düzeyi ve cinsiyet rollerinin evlilik uyumu ile olan ilişkisini incelemek amacıyla yapılmıştır.

Yöntem: Araştırmanın örneklemini alkol bağımlılığı bulunan ve alkolü bırakmak amacıyla Üniversite Hastanesi Alkol Kullanım Bozukluğu Kliniği'ne başvuran 33 erkek hastanın eşleri oluşturmuştur. Eşlere araştırmacı tarafından düzenlenmiş sosyodemografik veri formu, Evlilik Uyum Ölçeği, Maslach Tükenmişlik Ölçeği, Bem Cinsiyet Rolleri Ölçeği Kısa Formu ve Beck Depresyon Envanteri uygulanmıştır. Sonuçlar korelasyon analizi, Student's t test ve lojistik regresyon analizi ile değerlendirilmiştir.

Bulgular: Alkol bağımlılığı bulunan hastaların eşlerinde evlilik uyumu puanlarının Maslach tükenmişlik ölçeğinin "duygusal tükenmişlik", "duyarsızlaşma" alt ölçekleri ve Beck depresyon skoruyla ters orantılı olduğu bulunmuştur (P=0.005, P=0.028, P=0.032). Eşlerin depresyon puanları ile Maslach tükenmişlik ölçeğinin "kişisel başarı" alt ölçeği arasında negatif (P=0.037); "duygusal tükenmişlik" ve "duyarsızlaşma" alt ölçekleri arasında pozitif korelasyon saptanmıştır (P=0.034, P=0.000). Çok değişkenli regresyon analizinde evlilik süresi, duygusal tükenmişlik puanı ve erkeksilik puanının evlilik uyumu ile ilişkili olduğu gösterilmiştir. Duygusal tükenmişlik ve on yıl ve üstü evlilik süresi evlilik uyumunu azaltırken (P=0.006, P=0.004) 'erkeksi' cinsiyet rolü evlilik uyumunu arttıran bir değişken olarak saptanmıştır (P=0.016).

Anahtar Kelimeler: Evlilik uyumu, tükenmişlik, cinsiyet rolleri.

[1] Uzm. Dr., Nusaybin State Hospital

[2] Uzm. Dr., Dışkapı Yıldırım Beyazıt Research and Training Hospital

[3] Prof. Dr., Ankara University Psychiatry Clinic Department of Alcohol and Substance Use Disorders

Address reprint requests to: Ahmet Kokurcan; Dışkapı Yıldırım Beyazıt Research and Training Hospital, Ankara - TURKEY

E-mail address: ahmetkokurcan@hotmail.com

Phone: +90 (312) 595 66 70

Date of submission: December 22, 2016

Date of acceptance: January 7, 2017

INTRODUCTION

Alcohol dependence disorder (ADD) causing gross social and occupational disabilities, is a high prevalent psychiatric disorder in population (1). ADD is a syndrome manifested by three or more of the seven items of the DSM-IV, occurring at any time in the same 12-month period (2). The prevalence of lifetime ADD in the United States of America is 3-5% in women, and 10% in men according to Epidemiological Catchment Area (ECA) Study (3). Lifetime alcohol abuse was found more common (10% in women, 20% in men, respectively) in the ECA study (4). ADD has multiple challenges in its management for both patients and their families. Burnout, depression, and anxiety disorders are common in the family members, especially in spouses of the ADD patients (5). While burnout and disabilities of the patient due to alcohol use have been studied in previous researches, clinical characteristics of burnout in the wives or family members of the patients with ADD haven't been understood adequately yet (6). Burnout is a clinical syndrome, characterized by exhaustion, frustration, and lack of motivation (6). The burnout term in the family members of patients is used to identify the effects of the challenges they face during the long period of the disease, negative experiments, and the problems disrupting their lives (7). Although burnout in wives of the ADD patients is known to be associated with many factors, studies researching burnout is usually focused on the dependence severity and duration of the disorder (8).

Alcohol dependence disorder cause interpersonal problems, family problems, and also domestic violence is more common in the families of the ADD patients (8). So ADD should be assessed as a challenging social problem with its consequences (9). Marriage rate in ADD patients is lower than the society, and also divorce rates are higher in the married ADD patients (10). Lower functionality of the patient and financial problems due to spending longer time for consuming alcohol causes relationship problems, and also decreased marital satisfaction of the couples (11). In a large sample study inquired the marital satisfaction and communication problems in the families with ADD patients stated that marital satisfaction was lower, and communication problems were more challenging in the families with ADD patients (12).

Another study comparing the differences of family relationships and problem-solving skills between the families with ADD members, ADD members with antisocial personality, and members with neither ADD nor antisocial personality pointed worse relationship quality and insufficient problem-solving skills in ADD patients with antisocial personality group. Problem-solving skills were found to be best in third group, including members with neither ADD nor antisocial personality (13). Parthasarathy also stated that emotional stress, ego problems, cognitive difficulties, depression, and anxiety disorders are more frequent in spouses of the ADD patients (14). Therefore, marital adjustment in the families with ADD patient was disrupted according to previous studies. Also personal traits and sex roles of the spouses were found to affect on marital satisfaction in Bhowmick et al's (2000) study (15).

Considering the results described above, many various factors can paly role on marital satisfaction and may cause burnout in spouses of the ADD patients. It was aimed to determine the factors influencing on marital adjustment, and also to identify the relationship between marital adjustment, sex roles, and burnout in wives of the patients with ADD in this study.

METHOD

Participants

Wives of the alcohol dependence disorder (according to DSM-IV-TR criteria) patients who were applied to a University Hospital Alcohol Use Disorder Clinic to leave alcohol use were recruited to the study. The participants were diagnosed by psychiatrists specialized in the dependence treatment. Some patients included in the study were hospitalized (n=26) while some were

followed as an outpatient (n=7). Any psychiatric or neurological comorbidity along with ADD, being under 18 years of age were exclusion criteria for the patients. Being illiterate and having any addiction disorders were exclusion criteria for the spouses.

Materials and procedure

Sociodemographic questionnaire, Marital Adjustment Scale (MAS), Maslach Burnout Inventory (MBI), Bem Sex Role Inventory-Short Form (BSRI), and Beck Depression Inventory (BDI) were applied to the wives of ADD patients. The MBI was developed by Maslach and Zimbardo (1982) (16) and Turkish validity and reliability was conducted by Ergin (1996) (17). It consists of 22 items and 3 subscales assessing emotional exhaustion, depersonalization and personal accomplishment. There are 5-likert items in the Turkish form of the scale and items are rated from 0 (never) to 4 (always). Higher scores at "emotional exhaustion" and "depersonalization" subscales but low scores at "personal accomplishment" subscale are considered as burnout.

The MAS was developed by Locke and Wallace (1959) (18) in order to evaluate marital satisfaction in clinical trials. The reliability and validity study of its Turkish form was conducted by Tutarel and Kışlak (1999) (19). MAS consists of 15 items ranging between 0 and 58 points. 58 points indicate higher marital satisfaction while lower points indicate distressed (unsatisfied) couples.

The BSRI was developed by Bem (1981) (20) in order to characterize personality as masculine, feminine, androgynous, or undifferentiated types. Its Turkish validity and reliability was conducted by Ozkan and Lajunen (2005) (21). It is a 7-likert 30 item scale examining the underlying gender roles of feminine, masculine, androgynous and undifferentiated.

The BDI, a 21-item self-report questionnaire is one of the most widely used psychometric tests for measuring the severity of depression. The scale was developed by Beck et al (1961) (22) and Turkish form was conducted by Sahin (1988) (23). Total scores of 14-19, 20-28, 29-63 indicate mild, moderate, and severe depression respectively. Results were analyzed by using correlation analyses, Student's t test and regression analyses. The study was approved by the ethics committee of the university and informed consents were taken from all participants.

RESULTS

Mean age of the patients and wives were respectively 48,4 ± 8,14 and 44,4 ± 8,06 years. Thirty-one (94%) patients had regular income although seventeen (51%) of them were working in a regular job. The marriage time longer than ten years was found in twenty-six (79%) couples. Twenty-three (70%) wives admitted to have been encountered with any psychological or physical abuse in their marriages by their husbands.

Mean BDI score of the wives was 14,7 ± 6,32 and 16 (48,5%) wives got higher than 13 points which mean depression. Lower income status and having increased number of children were associated with depression severity. Mean emotional exhaustion score and personal accomplishment scores were found 19,41 ± 3,75 and 20,97 ± 3,66 respectively while depersonalization score was 6,62 ± 3,85. Due to lack of a cut-off scale of MBI, it was not possible to determine the number of wives who were exhausted. Burnout scores weren't associated with sociodemographic variables rather than type of the marriage. Arranged marriages, classical marriages in Turkey encouraged by parents of the couples, were associated by higher exhaustion scores of the wives (P=0.029). Also depression scores were positive correlated with emotional exhaustion, and depersonalization scores (P=0.034, P=0.000).

Marital adjustment score was found under the cut-off score (29,63±10,33) in wives of AUD patients. Marriages longer than ten years was associated with lower marital adjustment (P=0.008) and masculinity scores were found higher in wives who perceived their income status higher (P=0.012) in our study.

The correlation table is illustrated in Table1. Pearson correlation was used to analyze the relationship between marital adjustment and depression, sex roles, and burnout in the wives. Marital adjustment scores showed a negative

correlation with "emotional exhaustion", "depersonalization", and BDI scores (P=0.05, P=0.028, P=0.032). As a result emotional exhaustion, depersonalization and depression were showed to disturb marital satisfaction of the spouses. There was a negative correlation between depression, and "personal accomplishment" scores (P=0.037) while depression scores were positively correlated with "emotional exhaustion" and "depersonalization" scores (P=0.034, P=0.000). Although the complex relationship between depression and burnout isn't the issue of this study, it can be interpreted that burnout may worsen in course of time and may trigger depression. Also depression may exacerbate the symptoms of burnout. We could not find any differences in the burnout subscales with regards to sex roles of the spouse (P > 0.05). Also sex roles wasn't associated with marital adjustment in our study (P > 0.05). Age wasn't found to be related with sex roles, marital adjustment, and depression scores (P > 0.05). There was a positive correlation between "number of children" and depression scores (P=0.043) while "number of children" was correlated negatively with marital adjustment (P=0.008).

Variables predicting marital adjustment according to the linear regression analysis are illustrated in Table2. The variables found to be associated with marital adjustment in Student's t test and correlation analysis were involved in linear regression analysis. Also masculinity score, age, and education of the spouses were included to eliminate confounding factors. Marriages longer than ten years, emotional exhaustion, and masculinity scores were found to be predictors of marital adjustment (P=0.006, P=0.004, P=0.016, respectively) according to the regression analysis. So marriages longer than ten years and emotional exhaustion disrupt marital adaptation while masculinity traits make the adaptation easier according to our study. And another interesting finding was the positive correlation between marital adjustment and masculinity (P=0.008). Masculinity role was found to improve marital adjustment in contrast to previous studies (Orford et al. 2001).

DISCUSSION

Emotional exhaustion and depression were common in spouses of the patients with ADD in our study. This could be explained by several reasons. There may be a distortion in expected roles of the spouses which cause disequilibrium over the family relationship. New status of the relationship challenges the wives of ADD patients through hard responsibilities such as protection of family, duties related with children, etc. (24). As a result wives will take on the duties of their spouses, and carrying out a strained marriage may trigger burnout and depression in the wives according to us.

Depersonalization scores in our study were lower than scores in a large sample study inquired burnout in caregivers of patients with cancer (25). This result may reflect different courses of these disorders. As well known, cancer in which prognosis depends on type of the cancer and the treatment properties, is a wide group of diseases. Remission periods of ADD may relieve wives and improve relationship between the spouses so that lower depersonalization might be provided in our opinion. Although higher emotional exhaustion scores lower depersonalization scores of the spouses can be interpreted as the wives of ADD patients being able to cope with burnout without depersonalization; they might have forced themselves to carry out the marriage despite emotional exhaustion. Besides that wives may avoid mentioning their depersonalization. Our comments on depersonalization are just predictions and further studies are needed to figure out the depersonalization issue.

Lower income status and having increased number of children were associated with depression severity in wives. This finding is consistent with previous studies as lower socioeconomic status is one of the main factors affecting on depression (26). Marriages longer than ten years, having increased number of children, and higher emotional exhaustion scores were associated with lower marital adjustment in our study. Having increased number of children is associated with duration of the marriage we suppose and longer duration

cause unsatisfied couples in a tough marriage (27). Longer duration of marriages means assuming responsibilities for longer time and also increases the probability of being mistreated (28). Decreased emotional bond in years due to challenges of ADD may disrupt the marital adjustment (28). Another explanation for weaker emotional bond might be decreased perceived attractiveness of the spouses each other within years which may be occurred in many married couples (9). As well, emotional exhaustion is usually associated with the exposure duration and the association between burnout and marital adjustment obtained in our study wasn't surprising (15, 26).

Masculinity scores in wives who perceived their income status higher were higher than wives perceiving their income lower. We can hypothesize that higher income provide self confidence, which is accepted to be related with masculinity pattern (29). In contrast to previous studies, masculinity role was found to be associated with higher marital adjustment in our study (30). This finding is inconsistent with many previous studies which have found positive relationship between marital adjustment and androgynous or feminine traits (31,32). We can speculate that taking responsibilities of the family, caring for children alone may strengthen the wife and make her stronger. Being strong is related with masculinity pattern rather than other sex patterns (31). Therefore, masculine wives show better adaptation to challenges of life, and also marriage. Better adaptation to difficulties of life and marriage was seemed as higher marital adjustment in our opinion.

According to previous studies, improvements were succeeded in functionality of family, marital adjustment, medical and treatment compliance through early family interventions (33). Number of relapses and medical requirements of the patients with ADD decreased by early family therapies (24). Early family interventions may be used along with the detoxification treatment of the patients considering lower marital adjustment in ADD couples (24). It is obvious that any psychosocial intervention, regardless of the type chosen, should be planned before wives of the patients exhausted or the marital satisfaction declined (34). There were some limitations in our study. First, the effect of stigmatization of dependence on the wives was not evaluated. Stigmatization of alcohol dependence in the community is an important factor on burnout. Second, it was a cross sectional study and absence of post-intervention results can be considered as a limitation. Third, the number of participants was lower to make an accurate evaluation and results are unlikely to generalize to Turkey.

CONCLUSION

The treatment of the patient with ADD is the main process to improve marital adjustment and burnout of the wife. However, ADD is a recurrent disorder and full recovery couldn't have been succeeded in many patients up to now. Therefore, psychotherapeutic interventions aiming to improve burnout or marital adjustment may be planned for the wives concurrently with the treatment of ADD patients (35). We suggest the family interventions should last until a long time remission supplied considering that ongoing therapies may prevent relapses of the disease. Finally, most of the wives of ADD patients will need psychotherapeutic treatments during tough disease process. So incorporating spouses into the treatment of ADD patients is a necessity to avoid burnout, and to provide marital satisfaction of couples.

REFERENCES

1- Meier E, Miller MB, Lombardi N, Leffingwell T. Assessment reactivity: A randomized controlled trial of alcohol-specific measures on alcohol-related behaviors. Addict Behav 2016; 67:44-48.
2- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th edition, Washington DC: 2000.
3- Xuan Z, Naimi TS, Kaplan MS, et al. Alcohol policies and suicide: A review of the literature. Alcohol Clin Exp Res 2016; 40: 2043-2055.
4- Schuckit M. Alcohol Use disorder.

Lancet 2009; 371:492-501.
5- O'Flynn N. Harmfull drinking and alcohol dependence: Advise from recent NICE Guideline. Br J Gen Pract 2011; 61:754-56.
6- Ariyasinghe D, Abeysinge R, Siriwardhana P, Dassanayake T. Prevalence of major depressive disorder among spouses of men who use alcohol in a rural community in central Sri Lanka. Alcohol and Alcoholism 2015; 50: 328-32.
7- Angermeyer MC, Bull N, Bernert S, et al. Burnout of caregivers: A comparison between partners of psychiatric patients and nurses. Archives of Psychiatric Nursing 2006; 20:158-165.
8- Kishor M, Pandit LV, Raguram R. Psychiatric morbidity and marital satisfaction among spouses of men with alcohol dependence. Indian J Psychiatry 2013; 55:360–65.
9- Kahler CW, McCrady BS, Epstein EE. Sources of distress among women in treatment with their alcoholic partners. J Subst Abuse Treat 2003; 24: 257–65.
10- Gil-González D, Vives-Cases C, Alvarez-Dardet C, Latour-Pérez J. Alcohol and intimate partner violence: Do we have enough information to act? Eur J Public Health 2006; 16: 279–85.
11- Dawson DA, Grant BF, Chou SP, Stinson FS. The impact of partner alcohol problems on women's physical and mental health. J Stud Alcohol Drugs 2007; 68:66–75.
12- Homish GG, Leonard KE, Kearns-Bodkin JN. Alcohol use, alcohol problems, and depressive symptomatology among newly married couples. Drug Alcohol Depend 2006; 83:185–92.
13- Floyd FJ, Cranford JA, Daugherty MK, et al. Marital interaction in alcoholic and nonalcoholic couples: Alcoholic subtype variations and wives' alcoholism status. Journal of Abnormal Psychology 2006; 115:121–130.
14- Parthasaraty K. Psychosocial problems of the wives of alcoholics. International Journal of Scientific Research 2013; 2:574-575.
15- Bhowmick P, Tripathi BM, Jhingan HP, Pandey RM. Social support, coping resources and codependence in spouses of individuals with alcohol and drug dependence. Indian J Psychiatry 2001; 43:219–24.
16- Maslach C, Zimbardo PG. Burnout: The Cost of Caring. New Jersey: Prentice-Hall Inc, Englewood Cliffs, 1982.
17- Ergin C. Doktor ve hemşirelerde tükenmişlik ve Maslach tükenmişlik ölçeğinin uyarlanması. Ankara VII. Ulusal Psikoloji Kongresi, 1992: 143–145.
18- Locke HJ, Wallace KM. Short marital-adjustment and prediction tests: Their reliability and validity. Marriage and family living 1959; 21: 251-255.
19- Tutarel-Kışlak Ş. Evlilikte Uyum Ölçeğinin güvenirlik ve geçerlik çalışması. 3P Psikiyatri, Psikoloji, Psikofarmokoloji Dergisi 1999; 7:55-65.
20- Bem SI. The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology 1974; 42:155-162.
21- Özkan T, Lajunen T. Masculinity, femininity, and the Bem sex role inventory in Turkey. Sex Role 2005; 52: 103-110.
22- Beck AT, Ward CH, Mendelson M, et al. An inventory for measuring depression. Arch Gen Psychiatry 1961; 4: 561-71.
23- Şahin NH. Beck depresyon envanterinin geçerliliği üzerine bir çalışma. Psikoloji Dergisi 1988; 6:118-126
24- Rognmo K, Torvik FA, Roysamb E, Tambs K. Alcohol use and spouse mental distress in a population sample: The nord-trondelag health study. BMC Public Health 2013; 13:319.
25- Ybema JF, Kuijer RG, Hagedoorn M, Buunk BP. Caregiver burnout among intimate partners of patients with a severe illness: an equity perspective. Pers Relationship 2002; 9:73–88.
26- Marshal PM. For better or worse? The effect of alcohol use on marital functioning. Clinical Psychology 2003; 23:959-997.
27- Torvik FA, Rognmo K, Tambs K: Alcohol use and mental distress as predictors of non-response in a general population health survey: The HUNT study. Soc Psychiatry Psychiatr Epidemiol 2011; 47:805-16.
28- Dawson DA, Grant BF, Chou SP, Stinson FS. The impact of partner alcohol problems on women's physical and mental health.

J Stud Alcohol Drugs 2007; 68:66–75.
29- Isaac R, Shah A. Sex Roles and Marital Adjustment in Indian Couples. International Journal of Social Psychiatry 2004; 50:129-141.
30- Orford J, Natera G, Velleman R, et al. Ways of coping and the health of relatives facing drug and alcohol problems in Mexico and England. Addiction 2001; 96:761–74.
31- Dasgupta S, Basu J. Marital quality and gender role stereotype. Psycol Stud 2011; 56:360-67.
32- Tempier R, Boyer R, Lambert J, et al. Psychological distress among female spouses of male at-risk drinkers. Alcohol 2006; 40:41–9.
33- Hansson H, Zetterlind U, Åberg-Örbeck K, Berglund M. Two-year outcome of coping skills training, group support and information for spouses of alcoholics. Alcohol Alcohol 2004; 39:135–140.
34- Cornelius JR, Kirisci L, Reynolds M, et al. Husband's SUD is associated with higher levels of co-occurring but not non-co-occurring psychiatric disorders among their wives. Addict Behav 2008; 33:1231–1234.
35- Homish GG, Leonard KE: The drinking partnership and marital satisfaction: The longitudinal influence of discrepant drinking. J Consult Clin Psychol 2007; 5:43–51.