



Quality of life and family environment of spouses of alcoholics and Spouses of non- alcoholics

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Abstract:

Introduction:- Present Study aim to assess the difference between Quality of life and Family Environment of spouses of alcoholics and the spouses of non-alcoholics. **Background:-** According to Groulx et al. (2000) quality of life means to feel good and to have what is needed to cope with your life in the best possible, like for example, having the right to go to school, to be able to work, to live in a decent dwelling that is not too expensive (not a slum), and to have right to health care. Quality of life is also being able to live in peace and harmony with others, without discrimination, without feeling differences between the races or the sexes or between handicapped and non handicapped people. It is to feel accepted as we are. It is also to have the greatest control possible over our own lives. Family environment bearing healthy and high quality characteristics affects the development of the child in many ways like self concept of the child and his/her emotional and social development. Social status of the parents, relations within the family, the number of siblings and the relations among the siblings determine the characteristics of the family environment. **Methodology:-** The sample comprised 150 spouses of alcoholics and 150 spouses of non-alcoholics. The sample of spouses of alcoholics was collected from the permission of authority of Ankur rehab Center, Indore, M.P. Non-Alcoholics (Spouses) data was also collected from Indore, M.P. Alcohol Use Disorders Identification Test Second Edition (WHO, 1992), The WHOQOL (World Health Organization Quality of Life) -100 (WHO, 1994), Family Environment Scale- Indian adaptation of FES, (Joshi & Vyas, 1987) and General health Questionnaire GHQ (Shamsunder et. al, 1986) were used in data collection. **Result & Conclusion:-** Study revealed that the differences between quality of life and family environment spouses of alcoholics group and spouses of non-alcoholics group.

Keywords: Quality of life, Family Environment, spouses of alcoholics and the spouses of non-alcoholics.

I. INTRODUCTION

Alcohol addiction is an alcohol use disorder characterized by continued drinking despite negative consequences and the inability to fulfil responsibilities. Alcohol dependence, also known as alcoholism, is characterized by a craving for alcohol, possible physical dependence on alcohol, an inability to control one's drinking on any given occasion, and an increasing tolerance to alcohol's effects (APA, 1994).

Those who are alcohol addicted meet all of the criteria of alcohol abuse, but they will also exhibit some or all of the following:

1. Narrowing of the drinking repertoire (drinking only one brand or type of alcohol beverage).
2. Drink-seeking behaviour (only going to social events that will include drinking or only hanging out with others who drink).
3. Alcohol tolerance (having to drink increasing amounts to achieve previous effects).
4. Withdrawal symptoms (getting physical symptom after going a short period without drinking).
5. Drinking to relieve or avoid withdrawal symptoms (such as drinking to stop the shakes or to "cure" a hangover).
6. Subjective awareness of the compulsion to drink or craving for alcohol (whether they admit it to others or not).
7. A return to drinking after a period of abstinence (deciding to quit drinking and not being able to follow through (Pastor, 2008)

WHO refers the Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment.

Family environment bearing healthy and high quality characteristics affects the development of the child in many ways like self concept of the child and his/her emotional and social development. Social status of the parents, relations within the family, the number of siblings and the relations among the siblings determine the characteristics of the family environment.



Grolnick et al.(1994) defined the environment in which the family lives as a setting of learning which has vital effects on the child. The child is affected by the sources of the family environment to a great degree while gaining experiences relating to life.

Vimladevi (1992) attempt to find out how far the family relationship is affected by their alcohol dependent father. The study was done by comparing adolescents of alcohol dependent group with adolescent of non-alcohol dependent fathers. The study was carried out in two high schools in the city of Madras among nine grade students by using the mean, standard deviation and critical ratio. The results were discussed in the light of previous research findings. The results of the present investigation show that the adolescents of alcohol dependents father exhibits poor family relationship and the study bears practical implications for counselling and guidance centres.

Objective:-Quality of life and family environment of spouses of alcoholics and Spouses of non- alcoholics.

Methodology

Sample:

The sample was collected from Ankur Rehab Centre, Indore (Madhya Pradesh) with the permission of authority of Ankur Rehab Centre, Indore. Ankur rehab centre is a prominent institute in Indore and many addicted alcoholics are the members of this institute. Before participating in the study all the participants were requested to read and sign the informed consent form. They were assured and told that the study is regarding their quality of life and Family Environment. Non- Alcoholics Sample was also collected in Indore (Madhya Pradesh). They were assured about the secrecy of the results.

The sample consisted of 300 out of 150 was Spouses of alcoholics and 150 were spouses of non-alcoholic. The method of sample selection was purposive sampling method.

Sample selection criteria:

Inclusion Criteria (For alcoholic)

- Spouses of alcohol dependents.
- Age range 30-40 years.
- Education at least 10th Std.
- Those who can give their consent for study.

Inclusion Criteria (For non-alcoholic)

- Non-Alcoholics and spouses of non-alcoholics.
- Age range 30-40 years.
- Education at least 10th Std.
- Those who can give their consent for study.

Exclusion Criteria (For alcoholics)

- Spouses of social drinker
- Presence of any other AXIS-1 (DSM-IV)
- Those who cannot give their consent for study.

Exclusion Criteria (For non-alcoholics)

- Any psychiatric illness.
- Those who cannot give their consent for study.

Tools used for data collection:

1. Socio-demographic and personal data sheet:-

Age, domicile, education, income, occupation, types of family, types of marriage, duration of marriage, family history of alcohol dependent, family history of separation or divorce (due to drink habit), such type of information was included in personal data sheet.

2. Alcohol Use Disorders Identification Test Second Edition (WHO, 1992)

The AUDIT was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment. It can help identify excessive drinking as the cause of the presenting illness. It provides a framework for intervention to help risky drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. The AUDIT also helps to identify alcohol dependence and some specific consequences of harmful drinking. AUDIT test-retest reliability is very high.

3.The WHOQOL (World Health Organization Quality of Life) -100 (WHO, 1994)

The WHOQOL-100 questionnaire was developed by the World Health Organization as a cross-cultural instrument for assessing QOL separate from a specific disease. The current 100 item self- administrated version of the WHOQOL-100 was extracted from a 235 item preliminary version by pilot testing in 15 different centres. This version of the WHOQOL-



100 consists of six domains (physical, psychological, level of independence, social relationships, environment, and spirituality), 24 facets and 96 items. In addition, global QOL and general health can be assessed by another facet (with four items).

There are six domains of quality of life

Physical

- 1 Pain and discomfort
- 2 Energy and fatigue
- 3 Sexual activity
- 4 Sleep and rest
- 1 Sensory functions

Domain II Psychological

- 6 Positive feelings
- 7 Thinking, learning, memory and concentration
- 8 Self-esteem
- 9 Bodily image and appearance
- 10 Negative feelings

Domain III Level of independence

- 11 Mobility
- 12 Activities of daily living
- 13 Dependence on medicinal substances and medical aids
- 14 Dependence on nonmedicinal substances (alcohol, tobacco, drugs)
- 15 Communication capacity
- 16 Work capacity

Domain IV Social relationships

- 17 Personal relationships
- 18 Social support
- 19 Activities as provider/supporter

Domain V Environment

- 20 Freedom, physical safety and security
- 21 Home environment
- 22 Work satisfaction
- 23 Financial resources
- 24 Health and social care: accessibility and quality
- 25 Opportunities for acquiring new information and skills
- 26 Participation in and opportunities for recreation/ leisure activities
- 27 Physical environment (pollution/noise/traffic/climate)
- 28 Transport

Domain VI Spirituality/religion/personal beliefs

4. Family Environment Scale- Indian adaptation of FES, (Joshi & Vyas, 1987)

In present study the Family Environment Scale-Indian Adaptation form was used to assess the family environment. The original Family Environment Scale of Moos and Moos was translated into Hindi (the dominant Indian Language) as well as standardized by Joshi and Vyas, 1987. The Hindi version of FES has 79 items, which are answered in a 5 point Likert type scale. There are total of ten subscales, that are broadly grouped into three dimensions (i) relationship (it is further divided in three sub scales: cohesion, expressiveness and conflict), (ii) personal growth (it is further divided in five sub scales: independence, achievement orientation, intellectual cultural orientation, active recreational orientation and moral religious emphasis) (iii) systems maintenance dimensions (it is further divided in two sub scales organization and control). The scale has moderate to high test retest reliability and internal consistency. Reliability and validity of this scale was very high.

5. General Health Questionnaire-GHQ-5 (Shamsunder et al, 1986):-

To screen any psychiatric morbidity in normal control GHQ-5 (was administered GHQ-5 is a short version of the general health questionnaire (GHQ). The original 60 items and is an effective first stage tool for detection of non-psychotic psychiatric illness. However it is lengthy and cumbersome to use as a quick screening process. The 5 items version consist of items 14, 39, 42 and 54. It has sensitivity of 86 % specificity of 89 % and an overall misclassification rate of 13 %



with a cutting point of ½. This used to screen any psychiatric morbidity in normal samples. Each items is scored on four probable answers such as not at all, no more than usual, rather more than usual, and much more than usual. Subject has to choose the most suitable one, each positive answer is scored 1. Scored range from 0 to 5 and 0 is the cutoff.

PROCEDURE:

Data Collection Procedure:

The sample was collected from Ankur Rehab Centre, Indore with the permission of authority of Ankur Rehab Centre, Indore. Before participating and establishing good rapport with them in the study all the participants (Spouses of Alcoholics) were requested to read and sign the informed consent form. They were told that the study is regarding their family environment. After the selection of samples purposively they were administered: socio-demographic datasheet, alcohol use disorders identification test, WHOQOL-100, family environment scale, GHQ. Later on the same tests were administered on spouses of Non-Alcoholics were selected from the general population, matched with age and sex of the alcoholics. The researcher ensured about ethical consideration and results of the tests from the end of the respondents.

STATISTICAL ANALYSIS:

Descriptive statistics such as mean and standard deviation was used according to measures and variables for statistical analysis using Statistical Package of Social Sciences (SPSS) version 20.

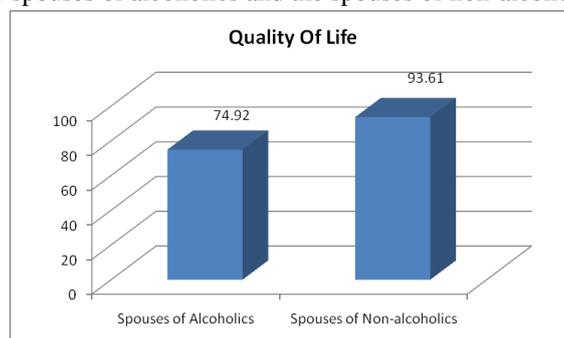
RESULTS

The table 1 Shows comparison between the spouses of alcoholics and the spouses of non-alcoholics group in terms of quality of life.

Name of Variable	Type of Group	N	Mean	Std. Deviation	t	Sig. Level
Quality of Life	Spouses of Alcoholics	150	74.92	2.94	53.40	0.01
	Spouses of Non-alcoholics	150	93.61	3.11		

An independent-samples t-test was conducted to compare the spouses of alcoholics and the spouses of non-alcoholics for the score of quality of life. The score of quality of life of the group of the spouses of alcoholics is poor (Mean =74.92 and SD =2.94) than the spouses of non-alcoholics group of individuals (Mean =93.61 and SD =3.11). Obtained $t_{(298)} = 53.40$ ($p < .01$) is significant. Since, according to manual, the maximum score indicates better quality life, it is interpreted that the quality of life is better in the spouses of non-alcoholics group than the spouses of alcoholics group.

Graph no. 1: comparison between the spouses of alcoholics and the spouses of non-alcoholics group in terms of quality of life.

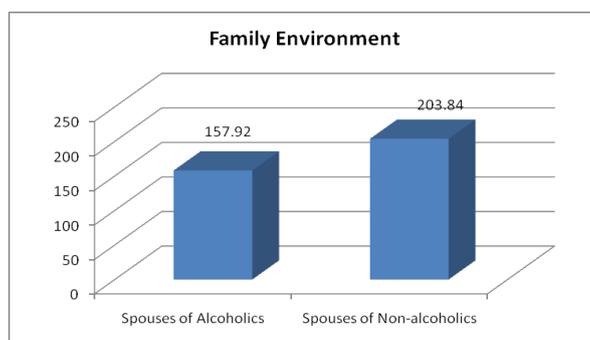


The table 2 Shows comparison between the spouses of alcoholics and the spouses of non-alcoholics group in terms of family environment.

Name of Variable	Type of Group	N	Mean	Std. Deviation	T	Sig. Level
Family Environment	Spouses of Alcoholics	150	157.92	16.11	23.16	0.01
	Spouses of Non-alcoholics	150	203.84	18.17		

An independent-samples t-test was conducted to compare the family environment scores for the spouses of alcoholics and the spouses of non-alcoholics. Family environment score of the group of the spouses of alcoholics is poor (Mean =157.92 and SD =16.11) than the spouses of non-alcoholics group of individuals (Mean =203.84 and SD =18.17). Obtained $t_{(298)} = 23.16$ ($p < .01$) is significant. Since, according to manual, the maximum score indicates better family environment, it is interpreted that the family environment is better in the spouses of non-alcoholics group than the spouses of alcoholics group.

Graph No. 2: comparison between the spouses of alcoholics and the spouses of non-alcoholics group in terms of family environment.



Family environment of spouses of alcoholics (Mean=157.92 and SD=16.10) would be poor than spouses of non- alcoholics (Mean=203.84 and SD=18.17). Obtained $t(298) = 23.16$ ($p < .01$) is significant. Hence, fourth hypothesis is verified..

Discussion & Conclusion:-

The present investigation focuses on a better understanding of the quality of life and family environment of spouses of alcoholics and spouses of non-alcoholics.

Anjali Srivastava (2000) stated that so far as participation in the family affairs are concerned it has been found that alcohol dependent are not co-operating, such type of people due to their drinking behaviour do not care the family affairs and the economic condition of the family destroyed and complete structure of the house becomes ruined. Such type of person never pays regard to their family members whether they are their parents or other elder members. When they are free from drink, the anxiety is increased. If they are in intoxication, the anxiety is reduced. Their faithfulness are always doubtful.

Vimladevi (1992) attempt to find out how far the family relationship is affected by their alcohol dependent father. The study was done by comparing adolescents of alcohol dependent group with adolescent of non-alcohol dependent fathers. The study was carried out in two high schools in the city of Madras among nine grade students by using the mean, standard deviation and critical ratio. The results were discussed in the light of previous research findings. The results of the present investigation show that the adolescents of alcohol dependents father exhibits poor family relationship and the study bears practical implications for counselling and guidance centres.

The damaging impacts of alcohol abuse on marital results and families have been all around reported (for surveys, Marshal, 2003, Roberts and Linney, 2000) For instance, Leonard and Robets (1998) found that both married couples' drinking were prescient of lower conjugal quality and expanded conjugal precariousness more than 1 year. Additionally, Chilcoat and Breslau (1996) found that nearness of a liquor utilize scatter anticipated consequent separation in a specimen of youthful grown-ups. Existing proof shows positive connections amongst liquor addiction and conjugal clash (e.g. Whisman, Sheldon and Goering 2000) and also conjugal brutality (Leonard, 1999, 2002) which recommends that essential components for the dangerous impacts of liquor abuse on marriage are through negative marital interaction processes in family.

The number of American adults who mishandle liquor or are liquor ward is around 17.6 million or around 8.46% of the grown-up populace. Not exclusively is this an essential wellbeing worry in itself; however it is moreover of concern since liquor inclusion has huge ramifications for youngster prosperity and advancement. Around 1 out of each 4 U.S. kids less than 18 years old years in presented to the impacts of liquor manhandle or reliance in a family member (Grant, 2000).

In a survey by Buxton et al (1996) in Royal Edinburgh Hospital interview with 212 patients having alcohol related problems. They experienced much poorer quality of life in socio economic and health related domains.

In a research by Yolk et al (1997) the health related Quality of life among 1333 primary health care patients was found to be poorer as compared to normals. It consisted of both physical as well as mental health. The mental health was found to be at stake having mood and anxiety disorders.

Polak K (2001) saw the Quality of life in 70 professional solders at psychiatric clinic in Cralow in 1996-98. The results confirmed lower quality of life among them. They experienced lower quality of life in health, social and economic domains.

Dreppen et al (1998) surveyed in 147 alcohol dependent patients aged 26-27. The scores obtained were low in role and psychological dimensions but were closer to population values in physical and functional dimensions. The result suggests that alcohol dependent patients perceived their problems more psychologically than physical.

S.Blum; Prakash and Qureshi Hull J.G. and young P.O. M.R. Rajni (1980) Alcoholics have poor self esteem than normal and have poor adjustment. In a study by Donovan et al (2005) it was found that Alcoholics have lower QOL compared to general health conditions and it is found that QOL is improved after the treatment.

In a study of Male Alcoholism by A. Sharma and R. SrinivasaMurty (1998) in the department of psychiatry NIMHANS Banglore found that out of 71 male alcoholics 560/0 had physical problems 410/0 had associated psychiatric problems the commonest being depression.



Zobeck et al (1994), Naranjo and Bremner (1993) found excessive drinking is liable to cause profound social problems particularly in the family. Marital and family tension in evitable at work the drinkers had declining efficiency. Out of 44529 people killed 41 % were due to Alcohol intoxication.

A study on Burden of care and quality of life (QOL) in opioid and alcohol abusing subjects (Shareef et al., 2013) was conducted to analyse the quality of life and burden of care in alcohol and opioid dependent patients. The report of many subjects of poor quality of life during early withdrawal periods stresses the need for implementing ways of improving quality of life during this stage, to reduce relapse, and have better compliance of the detoxification and management measures. Our study also shows that the quality of life of alcohol users is equally poor when compared to that of opioid dependent subjects.

Singh (2012) studied perceived family environment among parents, spouses and siblings of alcohol dependence patients: They wanted to find out to know how the parents, siblings and spouses of individuals with alcohol addiction perceive the quality of family environment. In the review 90 members (30 parents, 30 spouses and 30 siblings) of the patients determined to have liquor reliance disorder were chosen purposively. Devices like socio-statistic information sheet, Family Environment Scale (FES), and General Health Questionnaire-12 were utilized for information accumulation. This review had a few confinements e.g. little example estimate, tests were gathered from a solitary place and effect of culture was not controlled, impact of psychosocial variables on family communication example and family condition (as shame, express feelings, co-dependency and so forth.) were not evaluated. They finished up this life partners uncovered lower level of family condition in the area of expressiveness when contrasted with guardians and sibling of alcohol dependence.

In the present study it is observed that there is significant difference quality of life and family environment between spouses of alcoholics and spouses of non-alcoholics.

Findings of all these studies support the results of the present study related to quality of life and family environment.

LIMITATIONS:

1. The study has covered only those respondents who live in Indore, Madhya Pradesh.

2. Only spouses of alcoholics and spouses of Non- alcoholics were probed but other substances were not probed if taken along with alcohol.

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