Marital Dynamics in Alcoholism: Implications for Gender Aware De-Addiction Management

SELWYN STANLEY

This study compares marital dynamics between wives of alcoholics and those of non-alcoholics, who were matched on key socio-demographic variables. Poor marital adjustment and higher conflict levels were seen in alcohol complicated marriages. Further, these wives reported less marital satisfaction, cohesion, consensus and affectional expression and a higher prevalence of violence and verbal aggression. Implications for social work intervention have been discussed which indicate the need for heightened gender sensitivity in de-addiction management.

Dr. Selwyn Stanley is Head, Department of Social Work, Bishop Heber College, Tiruchirappalli.

Alcoholism and its concomitants have drawn the attention of professionals from several disciplines such as psychiatry, psychology, sociology and social work. The problem of excessive drinking has been explored from several perspectives — etiological, sociocultural, psychodynamic, interpersonal, biological, therapeutic intervention and outcome, to name a few. While most researchers have focused attention on the alcoholic per se — their behaviour, communication, personality and drinking pattern, and so on — the realisation that it is the family, particularly the spouse, who bears the brunt of the husband's alcoholism and who being caught up in the pathology of the alcoholic's disease process may develop parallel emotional and/or behavioural problems, shifted the focus of attention to the spouse and to the study of intrafamilial dynamics.

The manifestation of conflict is an inevitable aspect of any interpersonal system and the marital relationship is no exception. Marital conflict has been the subject of many investigations and has been identified as an important determinant of marital happiness, satisfaction, success and stability. Disagreement and conflict are common in
marriage. Argyle and Furnham (1983), found that 'arguing' was one of the distinctive activities of marital partners. Marital dissatisfaction provides a relationship context that favours the occurrence of marital aggression, O'Leary (1988), reported that negative interchanges between spouses is linked to marital aggression and although maritally satisfied couples also experience such interchanges, the frequency of such episodes is relatively more among dissatisfied couples.

The inevitability of conflict in marriage suggests that perhaps more important in determining its impact on any interpersonal relationship would be the means used to resolve it. Further, the tactics or conflict resolution strategies deployed by the spouses and their outcome, influence one's perception and experience in a marital relationship. Managing conflict is one of the central tasks in maintaining a marriage and so it is important to identify what specific conflict resolution style is linked to change in marital satisfaction (Gottman, 1994). Scanzoni (1979) observed that at a greater level of interdependence, conflict is more likely but that its resolution would lead to higher rewards. Braiker and Kelly (1979) note that a close relationship with deep commitment often requires working through rather than avoiding conflict. Marital satisfaction has been found to be negatively related to the joint frequency with which the wife uses conflict engagement and the husband uses withdrawal for coping (Heavey, Layne and Christenson, 1993; Noller, Feency, Bonnell and Callan, 1994).

Two theoretical perspectives have attempted to explain the causal relationship between marital satisfaction and conflict resolution style. The first based on the theory of interdependence theory (Rubinstein, 1983), posits that perceived rewards to a relationship such as the frequent use of conflict resolution strategies and perceived costs to the relationship such as the frequent experience of negative conflict resolution styles, determine satisfaction with the relationship. The second based on self-fulfilling prophecy theory (Snyder, Tanke and Berscheid, 1977), holds that one's attitude (for instance, level of marital satisfaction) provides a psychological environment that elicits behaviour (for instance, conflict resolution styles) that reinforces and is consistent with the initial attitude.

Alcoholism literature presents a bleak scenario, of high intensity conflict, inebriated tantrums, domestic violence and wife battering. The alcohol complicated marriage is mostly portrayed as a highly dysfunctional system, one which is turbulent and devoid of peace and
harmony. The picture of the wife which emerges in such a marriage, is that of a victim of circumstantial distress, of one under tremendous stress, who finds herself unable to comprehend and come to terms with the devastating consequences of her husband’s alcoholism.

In a patriarchal society, oppression of the feminine gender is no exception. The introduction of alcoholism in a typical husband dominated Indian marriage can wreak havoc on the marital system and have an advance insight in the marital experience of the wife. The term 'co-dependency' which means being a partner in dependency, is used to describe a person, primarily the alcoholic's wife (Kaminer, 1990), whose life has become unmanageable as a result of living in a committed relationship with an alcoholic, owing to the intense trauma and stress experienced in such relationships (Gorski and Miller, 1984).

This study is an attempt to determine the impact of alcoholism on the marital experience of co-dependents. It studies the marital adjustment of wives of alcoholics and other dimensions such as marital satisfaction, cohesion and conflict. It brings out the association between these marital dimensions and various socio-demographic factors. It also examines the implications of these findings for better de-addiction management and social work intervention.

**Objectives**

- To study and compare wives of alcoholics with those of non-alcoholics with regard to dyadic adjustment and conflict.
- To find out the association between socio-demographic factors and the marital dimensions studied, in the wives of alcoholics.
- To examine the inter-relationship, if any, among the marital dimensions studied.

**Materials and Methods**

*Sample Selection Procedure*

*Study Group*

The study group comprised 150 wives of alcoholics who were contacted at the de-addiction centre of Khajamalai Ladies Association (an NGO), Tiruchirapalli, selected on the following criteria:

- The husband was registered for in-patient treatment after being diagnosed by the psychiatrist of the centre according to ICD-10 criteria.
- Should be married for at least three years and living with the spouse.
- Should not be the wife of a relapsed or recovering alcoholic visiting the centre for follow-up services.

**Reference Group**

Same number of wives of non-alcoholics (150) were identified through the study group respondents, each of whom provided two addresses of friends, neighbours or relatives where the husband was not an alcoholic and who had a similar background. Home visits were made and the family which resembled the referrer study group respondents closely in terms of socio-demographic background was shortlisted for data collection. The wife was included as a respondent only if her husband scored less than seven (indicating non-alcoholic status) on the Alcohol Use Disorders Identification Test (Babor, Funete, Saunders and Grant, 1983). The two groups of respondents were comparable and matched on the following variables (Table 1).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Sample-I Mean</th>
<th>Sample-II Mean</th>
<th>&quot;r&quot; Value</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Age</td>
<td>31.77 yrs.</td>
<td>31.32 yrs.</td>
<td>0.61</td>
<td>P &lt; 0.05</td>
</tr>
<tr>
<td>No. of Family Members</td>
<td>4.91</td>
<td>4.68</td>
<td>1.18</td>
<td>P &lt; 0.01</td>
</tr>
<tr>
<td>Family Income per month</td>
<td>Rs. 1,393.62</td>
<td>Rs. 1,433.97</td>
<td>0.30</td>
<td>P &lt; 0.05</td>
</tr>
<tr>
<td>Duration of Marriage</td>
<td>13.17 yrs.</td>
<td>11.32 yrs.</td>
<td>2.37</td>
<td>P &lt; 0.05</td>
</tr>
<tr>
<td>Number of Children</td>
<td>2.19</td>
<td>1.99</td>
<td>1.46</td>
<td>P &lt; 0.05</td>
</tr>
</tbody>
</table>

* df = 298

**Research Design**

This is a comparative study based on the presumption that the effect, if any, of living with an alcoholic (study group) or a non-alcoholic, (reference group) would have already manifested itself on the marital experience of both the groups. The researcher having matched the groups on certain important variables, is only attempting to study the similarities and differences between the two groups of wives in terms of their marital experience, as manifested at the point of data collection.
This quasi-experimental study thus uses an ex-post facto research design.

**Instruments**

*Dyadic Adjustment Scale (DAS-Spanier, 1976)* is a 32 item scale with a theoretical score range of 0-151. High score indicates high marital adjustment. It has four sub-scales which measure four dimensions of marital adjustment namely dyadic consensus, dyadic satisfaction, dyadic cohesion and affectional expression.

*Conflict Tactics Scale (CTS-Straus, 1979)* is a 14 item, five-point scale with a score range of 0-70. High score indicates higher conflict. It measures three conflict tactics used namely reasoning, verbal aggression and violence.

Tamil translated versions of these instruments were used after ascertaining their translation validity by comparing correlation values of the English to Tamil and English (re-translated) and English (original) versions.

**General Background of Respondents**

The majority in both the groups were Hindu housewives. Most of their husbands were engaged in semi/unskilled occupations and in agriculture. Most of the women in both groups had schooling up to the high school level and so was the case with their husbands.

The wives of alcoholics had a mean age at marriage of 19.77 years while those in the reference group had a mean of 21.27 years. The mean age difference between the spouses in the study group was 6.24 years as against 4.31 years for the reference group couples. A high majority of respondents in both the groups had non-consanguinous, arranged marriages. The mean number of children was 2.19 for the study group and 1.99 for the reference group.

**Results and Discussion**

*Perception of Husband's Drinking*

The majority of the wives of alcoholics said that the duration of their husbands' drinking was below six years (50.6 per cent) and the problem drinking phase was less than three years (72.0 per cent). They reported alcohol consumption during all times of the day (61.3 per cent). They felt that their husbands were spending up to Rs. 200 per week on liquor and frequently borrowed money (56.7 per cent) to
meet their drinking expenditure. The majority complained of financial difficulties owing to their husband's drinking. Quarrelling with the family (79.3 per cent), abusing family members (77.3 per cent) and wife beating (68 per cent) were frequently oft reported negative events consequent to intoxication reported by the majority of the study group respondents.

<table>
<thead>
<tr>
<th>SI. No.</th>
<th>Dimensions</th>
<th>Wives of Alcoholics</th>
<th>Wives of Non-Alcoholics</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dyadic Consensus</td>
<td>Mean: 41.25</td>
<td>Mean: 55.20</td>
<td>t = 11.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 12.68</td>
<td>SD: 8.90</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>2</td>
<td>Dyadic Satisfaction</td>
<td>Mean: 23.57</td>
<td>Mean: 38.03</td>
<td>t = 18.20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 6.91</td>
<td>SD: 6.85</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>3</td>
<td>Affectional Expression</td>
<td>Mean: 7.86</td>
<td>Mean: 9.47</td>
<td>t = 7.72</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 2.22</td>
<td>SD: 1.28</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>4</td>
<td>Dyadic Cohesion</td>
<td>Mean: 9.09</td>
<td>Mean: 1.74</td>
<td>t = 4.66</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 4.37</td>
<td>SD: 5.42</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>5</td>
<td>Overall Dyadic Adjustment</td>
<td>Mean: 81.77</td>
<td>Mean: 114.44</td>
<td>t = 14.39</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 21.65</td>
<td>SD: 17.43</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>6</td>
<td>Reasoning</td>
<td>Mean: 32.70</td>
<td>Mean: 13.83</td>
<td>t = 8.30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 21.28</td>
<td>SD: 17.96</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>7</td>
<td>Verbal Aggression</td>
<td>Mean: 27.92</td>
<td>Mean: 10.35</td>
<td>t = 8.57</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 19.89</td>
<td>SD: 15.32</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>8</td>
<td>Violence</td>
<td>Mean: 12.99</td>
<td>Mean: 6.43</td>
<td>t = 3.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 20.83</td>
<td>SD: 13.30</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>9</td>
<td>Overall Conflict</td>
<td>Mean: 73.61</td>
<td>Mean: 30.61</td>
<td>t = 8.76</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SD: 47.20</td>
<td>SD: 37.19</td>
<td>P &lt; 0.001</td>
</tr>
</tbody>
</table>

*df=298

**Marital Adjustment**

Mean score comparison of the respondents reveals that the two groups of wives studied, show a statistically significant difference in terms of
overall dyadic adjustment and all its component sub-dimensions. Further, the lower mean scores obtained by the wives of alcoholics show that they perceive their marriage to be characterised by low consensus, cohesion, satisfaction, emotional expression and, therefore, lower marital adjustment than that reported by the wives of non-alcoholics.

The low marital adjustment seen in wives of alcoholics is in consonance with the findings of Soni, Veeraraghavan and Jilohi, • (1993), Rychtarick, Tarnowski and St. Lawrence (1989) and Perodeau and Kohn (1989) who have also reported poor marital adjustment in wives of alcoholics. Significant correlations were obtained for the marital adjustment scores, which related positively to the family size (r = 0.23, P < 0.01) and negatively to the duration of the wives' awareness of their husbands' drinking (r = -0.15, P < 0.05) as well as to the adverse events (such as wife beating, abusing, frequent quarrels, and so on) attributed by them to intoxication (r = -0.27, P < 0.01). Zweben (1986) also obtained significant relationships between drinking problems and marital adjustment in spouses of alcoholics.

Lower marital consensus was seen in wives of alcoholics than those of non-alcoholics. According to Spanier (1976), this indicates a divergence of views on several issues relating to family finance, recreation, friends, conventionality or proper behaviour, major decisions, household tasks and leisure time activities. Lack of consensus would only heighten marital conflict and is an indicator of marital incompatibility. Consensus scores correlated positively with the wife's income (r = 0.17, P < 0.05) as well as to the total family income (r = 0.17, P < 0.05). Thus it appears that the economic hardship faced by the family and perceived to be consequent to the expenditure on drinking tends to undermine consensus between the spouses.

Further, the positive correlation between consensus and the duration of drinking (r = 0.15, P < 0.05) and its negative relationship with the adverse events associated with drinking (r = -0.19, P < 0.05) and the duration of the wives' awareness of their husbands' drinking (r = 0.15, P < 0.05) clearly bring out the role of alcoholism in undermining marital consensus. The importance of marital consensus from the perspective of therapeutic intervention has been highlighted by a few authors. Brown, Hyer and Harrison (1985), report that low husband-wife consensus is predictive of higher relapse rates. Lower consensus and more arguments in relapsed alcoholics than in non-alcoholic controls and recovered alcoholics has also been reported (Moos and Moos, 1984).
Wives of alcoholics reported lower levels of marital satisfaction than the reference group. This indicates less happiness, lack of intimacy and a feeling that their needs are not being met in their marital relationship (Spanier, 1976). Soni et al (1993) have also observed that wives of alcoholics are dissatisfied with their marriage. Marital satisfaction scores correlated positively with the consensus scores ($r = 0.18$, $P < 0.05$) and the same has also been reported by Rollins and Galligan (1978). Marital satisfaction was seen to be negatively related to conflict ($r = -0.37$, $P < 0.005$) and the adverse consequences of intoxication ($r = -0.37$, $P < 0.001$). These correlations may, to some extent, indicate the reasons for marital dissatisfaction. Argyle and Furnham (1983) have contended that marital satisfaction and conflict are compatible since the spouse could be the greatest source of conflict and satisfaction. However this contention does not gain support in the present study since it was seen that wives of alcoholics report higher levels of conflict and low marital satisfaction.

Lower mean scores obtained by wives of alcoholics with regard to affectional expression shows that behaviour demonstrating feelings of love, affection and warmth and verbal expression of such feelings is lacking in their marital relationship. Frankenstein, William and Nathan (1985), have observed few positive non-verbal behaviour in alcoholics than in their spouses. Affectional expression showed a positive association with the consensus ($r = 0.71$, $P < 0.001$) and dyadic satisfaction ($r = 0.37$, $P < 0.001$) scores. It appears that lesser consensus with the spouse on various issues and lower marital satisfaction, restricts intimacy and the expression of affectionate feelings between the partners. The importance of affectional expression for therapeutic intervention with alcoholics has been highlighted by earlier authors. Moos and Moos (1984) found that relapsed patients often come from families which are low in terms of expressiveness. Orford (1976) also reported a poor treatment outcome in marriages where spouses give and receive little attention to the other.

The dimension of marital cohesion also elicited significantly lower scores from the wives of alcoholics than the reference group. This shows that the spouses in the study group hardly undertook any activity together, exchanged ideas or discussed issues of common interest. This is to be expected since it was earlier seen that these spouses were low on consensus. Dyadic cohesion scores correlated positively to the other dimensions of the DAS such as affectional expression ($r = 0.36$, $P < 0.001$), consensus ($r = 0.55$, $P < 0.001$) and satisfaction ($r = 0.42$, $P <$
Levinger (1966), has earlier established that dyadic cohesion is determined by satisfaction in the marital relationship. Thus, it appears that the low satisfaction scores obtained from the wives of alcoholics could account for the low cohesion seen in these couples. The duration of marriage ($r = -0.15, P < 0.05$) and the duration for which the wife was aware of the husband's drinking ($r = -0.16, P < 0.05$) related negatively to dyadic cohesion. With the increase in the span of marriage and the deterioration in the husband's drinking behaviour and the manifestation of higher conflict levels, the spouses gradually fall apart and seldom come together to involve in joint activities.

Luckey (1996) explains that the duration of marriage is negatively related to marital satisfaction since the longer a couple is married, the less favourable personality traits they tend to see in one another. Perhaps in a long standing marital relationship where the husband is an alcoholic, the unfavourable perception of his personality by the wife could be further accentuated owing to the havoc and suffering that follows in the wake of his alcoholism. Several bitter experiences and problems were attributed to their husband's drinking by the respondents of this study. Orford (1976) found a negative relationship between marital cohesion and the degree of hardships reported by the wife.

Better treatment outcome in families which are high in cohesion has been reported by Moos (1979) and Orford (1976). Further Moos and Moos (1984) found lower cohesiveness in the marriages of relapsed alcoholic patients. These findings emphasise the need to strengthen cohesiveness between spouses in alcohol complicated marriages.

**Marital Conflict**

Inter-spousal conflict was seen to be higher in the alcoholic families than the reference group and the two groups showed a statistically significant difference. This finding is consistent with the literature regarding the higher manifestation of conflict in alcohol complicated marriages (for example, Cohen and Krause, 1971; Gelles and Cornell, 1985; Coleman and Straus 1979). It was observed that higher dyadic satisfaction scores are associated with lower conflict rates ($r = 0.18, P < 0.05$). A similar negative relationship between marital satisfaction and conflict has been earlier reported by Mathew and Milhanovich (1963). Verbal aggression correlated positively with violence ($r = 0.46, P < 0.0001$) and overall conflict ($r = 0.83, P < 0.001$). Similarly a positive association between marital dissatisfaction and discord,
verbal aggression and violence has been reported in earlier studies (Brinkerhoff and Lupri, 1988; Leonard and Blane, 1992; Margolin, John and Gleberman, 1988).

The husband's income was related negatively to conflict (r = -0.17, P < 0.05). Several wives reported economic hardships faced by them on account of their husband's drinking. The low income high conflict relationship suggests that more conflict is experienced in low income families owing to unfulfilled needs posed by the economic strain arising out of the husband's expenditure on drinking. The overall conflict score had a positive relationship to the duration of the husband's drinking (r = 0.15, P < 0.05). This association, to some extent, seems to implicate alcoholism for the heightened manifestation of conflict in these families.

Higher violence rates were reported by the wives of alcoholics. The association between marital violence and alcoholism has been well documented (Coleman and Straus, 1979; Kaufman-Kantor and Straus, 1990; Leonard and Blane, 1992; Leonard, Bromet, Parkinson, Day and Ryan, 1985; O'Leary, Barling and Arias, 1989). Willis (1980), observed that violence in marriage is symptomatic of conflicts which cannot be resolved in other ways owing to the lack of coping resources. It was also seen that respondents who had a higher family income had a lesser tendency to use violence as a conflict tactic (r = -0.17, P < 0.05). Further, elder women (r = -0.21, P < 0.05) and those with a higher family income (r = -0.19, P < 0.05) tend to be less verbally aggressive. A better treatment outcome has been reported in families which are lower in conflict and who report more positive and fewer negative life experiences (Moos, 1979).

A few studies have shown that marital aggression does not preclude the possibility of marital satisfaction (O'Leary et al, 1989) and that marital satisfaction and conflict are compatible, since the spouse could be the greatest source of both conflict and satisfaction (Argyle and Furnham, 1983). However, these observations do not find support in the present study since it was seen that wives of alcoholics reported higher levels of conflict and were low on marital satisfaction.

Analysis of variance (ANOVA) did not reveal any significant difference among the wives of alcoholics in terms of their marital adjustment and conflict scores when they were classified according to their age, husband's age, family size and income, duration of marriage or duration of awareness of their husbands' drinking.
Implications for Social Work Intervention

From the social work perspective, the intention of this study is to bring the alcoholic's wife sharply under focus in alcoholism treatment programmes. Spouse involvement in most de-addiction programmes is seen to be peripheral and often of a routine nature either for the purpose of intake or for pre-discharge counselling of the alcoholic. The findings of this study have two major implications for de-addiction management. First, they point towards the need for greater gender sensitivity on the part of the therapist and for specific spouse directed therapy to enable the wife overcome her problems. Second, it is imperative for counsellors to take into account the aberrations manifested in the couples' marital functioning and to work towards their resolution.

Several researchers have documented a better treatment outcome in spouse-involved treatment programmes than in other conventional methodologies which deal exclusively with the alcoholic (for example, Bowers and Al-Redha, 1990; McCrady, Stout, Noel, Abrams and Nelson, 1991; O'Farrell, 1994; Zweben, Pearlman and Selina Li, 1988). Further, lower relapse rates have been reported in families which provide a more positive and relatively stressfree environment in terms of greater expressiveness and lesser marital conflict (for example, Aruna, 1988; Barry and Fleming, 1990; Brown et al, 1985; Desai, Channabasavanna and Sinha, 1992; Moos, Finney and Gamble, 1982; Moos and Moos, 1984). Perodeau and Kohn (1989), have emphasised the need to obtain the spouse's point of view in order to have a more accurate picture of a couple's marital dynamics. All this evidence conclusively points to the need for greater spousal involvement in alcoholism treatment programmes.

A major implication of this study is in the realm of marital/family therapy. The study revealed how the marital adjustment of the alcoholic's wife was impaired in areas such as consensus, cohesion, affectional expression and satisfaction. A considerable amount of verbal aggression, violence and conflict was also seen in their families. A vitiated domestic environment, with its accompanying stress would hardly be conducive to abstinence following treatment and at the slightest provocation could trigger a relapse. The non-alcoholic spouse may contribute to the slips of a recovering alcoholic (Glass, 1977). Bowers and Al-Redha (1990), observe that marital dysfunction and relationship problems are prominent and highly probable features in
the alcoholic's life. If the couple is shown effective coping mechanisms to deal with these stresses, the result can be a more cohesive family environment and, in turn, a more positive treatment outcome.

Thus, it is important to evaluate the marital life of couples coming for treatment on a highly individualised basis, to understand the deficits in their marital system. The couple has to be enabled to realise the extent and the manner in which their behaviour and response to one another contributes to their marital relationship. The effort of the social worker would be ultimately to strengthen the marital union by enabling a more favourable perception among the partners, a better understanding of one's role and behaviour, opening up channels of communication, facilitating mutual expressiveness, instilling impulse control and self-regulatory mechanisms and to enable partners to understand areas of potential conflict, their avoidance and management.

The social worker is an important member of the multidisciplinary team of almost any detoxification centre and is in a vantage position from the point of view of intervention since his/her professional responsibilities entails not only working with the alcoholic but also to do so in close proximity with his family. As such, a conscious effort to step beyond the routine case-history taking and group and marital therapies being conducted, to more intensive and couple-specific marital therapy and a heightened sensitivity to the trauma and problems of the wife would go a long way in enhancing therapeutic outcome in alcoholism treatment programmes.

NOTE
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Alcoholism, also known as alcohol use disorder (AUD), is a broad term for any drinking of alcohol that results in mental or physical health problems. The disorder was previously divided into two types: alcohol abuse and alcohol dependence. In a medical context, alcoholism is said to exist when two or more of the following conditions is met. Alcohol is one of the most widely used psychoactive substances in the world, and has been a part of different cultures for hundreds of years. Drinking alcohol can have serious harmful consequences, it’s been linked to various cancers, gastrointestinal diseases, and metabolic problems.