

## Sources of distress among women in treatment with their alcoholic partners

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### Abstract

We examined sources of psychological and relationship distress among 90 nonalcoholic women with alcoholic male partners seeking outpatient, conjoint alcohol treatment. Results indicated that greater psychological distress among these women was most strongly associated with lower satisfaction with the marital relationship, presence of domestic violence, lower frequency of male partner's drinking, lower perceived social support from family, and more frequent attempts to cope with the partner's drinking. Controlling for psychological distress, greater marital satisfaction was associated most strongly with greater attempts to reinforce positively the partner's abstinence and with less effort to detach from the partner's drinking. Severity of partner's alcohol problems was unexpectedly associated with greater marital satisfaction in multiple regression analyses, though not in bivariate analyses. Results highlight the close connection between psychological and relationship distress and potential relations between alcohol-related coping behaviors and both psychological and relationship distress.

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### 1. Introduction

Spouses of actively drinking alcoholics experience considerable psychological distress (Kogan & Jackson, 1965; Orford et al., 2001) and consequent increased utilization of health care resources (National Institute on Alcohol Abuse and Alcoholism, 1985). This distress may have important consequences for the family, as maternal depression has been associated with poor functioning among children of alcoholic fathers (Johnson & Jacob, 1995). Additionally, the marital relationships between alcoholics and their spouses are characterized by high levels of conflict (McCrady, Epstein, & Kahler, 1998) which may in turn contribute to individual psychological distress. If major and modifiable factors contributing to nonalcoholic partners' psychological distress can be identified, interventions could be targeted to reducing these factors and consequently reducing their experienced distress. Efforts to assist spouses of alcoholics to cope with their partner's alcohol use hold the promise of improving spouse and relationship functioning but have just

recently begun to be developed and tested (e.g., Halford, Price, Kelly, Bouma, & Young, 2001). Greater understanding of sources of psychological and marital distress is needed to inform these intervention efforts.

Although early writing on female spouses of alcoholics focused on fairly immutable personality traits that could account for their psychological distress (e.g., Lewis, 1937), research suggests that these women, on average, do not differ from female community controls on personality measures indicative of enduring, pathological traits (Hill, 1993; Pitman & Taylor, 1992). On the other hand, the notion that psychological distress reported by spouses of alcoholics is attributable primarily to the stress of living with an alcoholic (e.g., Jackson, 1954) has generally been supported. For example, although spouses of actively drinking alcoholics generally show higher levels of depression, anxiety, and somatization than normal controls, improvement in the alcoholic's functioning after treatment is associated with reduced spouse distress (Finney, Moos, Cronkite, & Gamble, 1983), and spouses of alcoholics who resolve their drinking problems are indistinguishable from normal controls (Kogan & Jackson, 1965; Moos, Finney, & Gamble, 1982). These effects have been demonstrated even when controlling for

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the associations between nonalcoholic spouse functioning and both demographic characteristics and other negative life events (Finney et al., 1983; Moos et al., 1982).

Marital distress is also common among couples where one partner has a drinking problem, with high rates of marital separation and divorce (Nace, 1982) and low rates of marital satisfaction (Zweben, 1986) having been documented. Women with alcoholic partners report significantly lower marital satisfaction than their male partners (O'Farrell & Birchler, 1987), and much of this marital dissatisfaction appears to be related to the extent to which alcohol use impairs family functioning (Zweben, 1986).

Family conflict and psychological stress appear to mutually influence each other. Among spouses of alcoholics, greater family conflict is associated with greater depression and anxiety (Moos et al., 1982). In both Mexican and English families with an alcoholic member, open family conflict was found to correlate positively with family members' distress; positive family climate correlated negatively with distress (Orford et al., 2001). To date, studies of psychological distress among spouses of alcoholics have not discriminated consistently between conflict within the marital relationship and conflict that occurs with other family members. A recent general population study found that marital dissatisfaction was a significant predictor of alcohol problems (as well as generalized anxiety disorder, major depression, and panic disorder), whereas not getting along with other relatives and friends generally was not associated with any of the psychiatric disorders studied (Whisman, Sheldon, & Goering, 2000). Furthermore, research has indicated that marital distress and individual psychopathology may exacerbate each other (Halford, Bouma, Kelly, & Young, 1999). The association between marital distress and psychological distress in spouses of alcoholics merits further examination.

Violence in the marital relationship also may have a strong effect on the functioning of spouses of alcoholics. Husband-to-wife physical aggression has been shown in a longitudinal study to impact negatively on women's psychological functioning and marital functioning (Testa & Leonard, 2001). In the general population, husbands are more likely to have been drinking during occurrences of physical violence than during occurrences of verbal aggression, suggesting that alcohol use may contribute most strongly to episodes of severe violence (Leonard & Quigley, 1999). The elevated rates of marital violence among alcoholics seeking treatment have been well documented (Murphy & O'Farrell, 1994; Murphy, O'Farrell, Fals-Stewart, & Feehan, 2001) and suggest the possible unique role of violence in spousal distress and relationship dissatisfaction.

### 1.1. Coping

Given the association between excessive alcohol use and both psychological and marital distress, an important question becomes "What types of behavioral responses from

spouses of alcoholics are associated with relatively better functioning for the relationship and the individual?" Two types of coping have been examined in studies of spouses of alcoholics: (a) coping behaviors in response to general life events and (b) coping behaviors specifically in response to the partner's drinking. Regarding general coping with life events, Moos et al. (1982) found that greater use of avoidant coping behaviors in response to a recent stressful event was associated with greater alcohol use, anxiety, depression, physical symptoms, and medication use among spouses of alcoholics. Similar results were reported by Rychtarik and McGillicuddy (1997). However, results based on general coping checklists may not be very informative because many of the items on these checklists are not relevant to specific problems of interest (Endler, Parker, & Summerfeldt, 1998). Instead, measures of alcohol-specific coping may provide a clearer, more clinically relevant description of the association between coping strategies and psychological distress among spouses of alcoholics.

Alcohol-specific coping involves the behaviors spouses use to try to influence and/or cope with their partners' drinking. The alcohol-specific coping of wives of alcoholics has been shown to change over time as their husbands' drinking habits change and in response to their husbands' behavior (James & Goldman, 1971). Certain coping behaviors, such as providing positive consequences of sobriety, are thought to be more adaptive responses to partner drinking (Halford, Price, Kelly, Bouma, & Young, 2001). However, in general, a greater frequency of coping efforts may reflect primarily the severity of the alcohol problem (Orford et al., 1975).

Alcohol-specific coping and its relation to psychological distress and familial conflict has been examined in a series of studies by Orford and colleagues involving family members of alcoholics in Mexico and England. They identified three broad dimensions of alcohol-specific coping: engaged coping, tolerant-inactive coping, and withdrawal coping (Orford et al., 1998). Across both samples, tolerant-inactive coping (e.g., making excuses for the drinking, pretending there is not a problem) was associated with greater distress among relatives of alcoholics and was correlated positively with open family conflict and negatively with a positive family climate (Orford et al., 2001). Engaged coping (e.g., trying to set rules regarding drinking, making clear objections to drinking) also was correlated positively with family conflict in the English sample and with greater distress in both samples, but withdrawal coping did not demonstrate any significant associations. That two apparently distinct coping behaviors (tolerant-inactive and engaged coping) were associated with increased distress is consistent with findings from numerous studies in other populations indicating that greater frequency of coping is often associated with higher levels of distress (Coyne & Racioppo, 2000). Examination of the relative frequency of different coping behaviors may shed further light on the behaviors that are most closely associated with both psychological and relationship distress. Such a strategy

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