

WIVES OF ALCOHOLICS: FAMILY RELATIONSHIPS AND MENTAL HEALTH

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Wives of alcoholics have been identified in the literature as being more vulnerable to the development of some psychiatric disorders such as depression. The study aimed to describe: socio-demographic characteristics, relationship with her husband and son and family history of wives of alcoholics. Fourteen wives participated in the study. Data collection was conducted through two home visits using the following instruments: script identification, Beck Depression Inventory, semistructured interview about life history and family genogram. The results showed that the wives presented signs of depression, conflict in the marital relationship and closer relationship with the child.

Descriptors: Mental Health; Women's Health; Alcoholism; Psychology; Family Relations.

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ESPOSAS DE ALCOOLISTAS: RELAÇÕES FAMILIARES E SAÚDE MENTAL

Esposas de alcoolistas têm sido apontadas pela literatura como tendo mais vulnerabilidade para o desenvolvimento de alguns distúrbios psiquiátricos, como a depressão. O estudo objetivou descrever: características sociodemográficas, relação com marido e filho e o histórico familiar de esposas de alcoolistas. Participaram do estudo quatorze esposas. A coleta de dados foi realizada através de duas visitas domiciliares, sendo utilizados os seguintes instrumentos: roteiro de identificação, inventário de depressão de Beck, entrevista semiestruturada sobre histórico de vida e o familiograma. Resultados demonstraram que as esposas apresentaram sinais de depressão, conflito na relação conjugal e relacionamento mais próximo com o filho.

Descritores: Saúde Mental; Saúde da Mulher; Alcoolismo; Psicologia; Relações Familiares.

ESPOSAS DE ALCOHÓLICOS: RELACIONES FAMILIARES Y SALUD MENTAL

Esposas de alcohólicos han sido apuntadas por la literatura como teniendo más vulnerabilidad para el desarrollo de algunos disturbios psiquiátricos como la depresión. El estudio objetivó describir: características socio-demográficas, relación con su esposo e hijo y el histórico familiar de esposas de alcohólicos. Participaron del estudio catorce esposas. La recogida de datos fue realizada a través de dos visitas domiciliares, siendo utilizados los siguientes instrumentos: guión de identificación, inventario de depresión de Beck, entrevista semi-estructurada sobre histórico de vida y el familiograma. Resultados demostraron que las esposas presentaron señales de depresión, conflicto en la relación conyugal y relación más próxima con el hijo.

Descriptores: Salud Mental; Salud de la Mujer; Alcoholismo; Psicología; Relaciones Familiares.

Introduction

Studies have shown that wives of alcoholics experience more mental, physical and communication problems, low social activity and marital dissatisfaction⁽¹⁻²⁾. Also indicate that the care of alcoholics, financial management and education of children are delegated to the wife. These women centered their lives in the care of her children and husband, do not talk about their difficulties and can not think about their lives⁽²⁾.

A study evaluated the different attitudes of husband and wife before the marital discord, perceptions, injustice and alternatives relationships to see which of these attitudes could be associated with marital separation⁽³⁾. The results showed that the absence of violence in marriage is

associated with low rates of dissolution of marriage. On the other hand, the use of drugs or alcohol by the husband is not associated with the high rate of dissolution of marriage.

In another study researchers interviewed 16 wives of alcoholics, all inserted in Care Program for alcoholics and their families, (PAA) linked to the Federal University of Espírito Santo⁽⁴⁾. The average age of interviewed was 40 years and the average time of marital living of 16 years. The data showed that on average they took 10 years to "believe" that the problem of their partners was alcoholism. The authors concluded that they justified or minimized the consequences of alcoholism because it

is a progressive disease. The daily contact leads to the combination of positive and negative affects mediated by alcohol consumption and the postponement of dealing with the problem. By the time the secret is revealed, the spouse's alcoholism is related to other events of a negative character for the family.

The presence of violence in the early years of marriage associated with alcohol use by the husband was the subject of a study⁽⁵⁾. The authors observed the presence of more violence in couples in which the husband was a drinker and the wife did not use drugs and incidents of violence took place in the early years of marriage and thus succeeded for the coming years. Husbands that were violent in the early years were more likely to be violent in recent years. Other research has examined the domestic violence and drug use, the results indicated that jealousy and financial difficulty were the most frequent causes of violence against women and were related to alcohol consumption⁽⁶⁾. The authors concluded that the consumption of alcohol and drugs is considered a risk factor for the occurrence of domestic violence.

A survey, by interviewing a group of women whose husbands were sons of alcoholics and developed alcohol dependence, showed that husbands were alcoholics functional, ie, they still lived with his family and worked⁽⁷⁾. They had about three times more likely to abuse alcohol compared with women whose husbands were not alcoholics. Research also showed that women whose partners had alcohol problems were more likely to experience victimization, harm, mood disorders, anxiety disorders⁽⁸⁾. However, data from another study showed that women had no higher rate of depression and bipolar disorder than those married to non-alcoholics⁽⁹⁾.

The quality of life and depression in women victims of violence was assessed and the authors reported that 70% of offenders were alcoholics and the reason that they reported as causing aggression were jealousy and alcohol use⁽⁸⁾. Of these women 61% had a score above eight in the Beck inventory suggesting moderate or severe depression.

The results described show the importance of studies directed to the knowledge of the reality of the wives of alcoholics. Aiming to this need, the present study aimed to: 1. identify the perception of wives of alcoholics on the existence of affection and conflict in the marital relationship and with the children, 2. check if the wives had a history of family alcohol use, 3. assess the mental health of wives checking the symptoms of depression. This study is part of the research project "parental alcoholism and family dynamics."

Method

Location: the study was conducted in an inner city of Paraná, located in the central-west of Paraná, Brazil.

Participants: were interviewed fourteen wives of alcoholics, whose husband had been diagnosed with alcoholism according to ICD 10 in category F.10. This classification covers mental disorders and behaviors resulting from alcohol use, and with possible co-

morbidities, eg, smoking, depression, anxiety and antisocial behavior and spouse with no history of drug use.

Procedure: After approval of the research by the Ethics Committee of the School of Nursing of Ribeirão Preto, visits were made to health services which provide care for addicts. Through contact with the alcoholic patients was possible to locate their wives. After identifying the alcoholic patients the wives were contacted through home visits to conduct the interviews. Fourteen wives were selected. Among the fourteen husbands, seven had been treated in a hospital that offered admission to drug addicts and others were being followed at CAPS.

Instruments: The following instruments were used to collect data:

1. Roadmap for identification and verification of the absence of chemical dependency on wife. Prepared with some questions on sociodemographic characteristics based on socio-economic classification criteria conditions in Brazil. This instrument enables the establishment of family income parameters for each Brazilian social class- A, B, C, D, or E, composed of a scoring system based on the possession of consumer durables, or schooling and housing conditions⁽¹⁰⁾. Were also added four questions from CAGE⁽¹¹⁾ (Cut down, Annoyed, Guilt and Eye-opener) translated and validated in Brazil⁽¹²⁾ to identify whether or not symptoms of alcoholism and tobacco dependence in interviewed.

2. Genogram Mounting: was established with the support of semi-structure interviews that addressed the issues of life history and marital relationship⁽¹³⁾.

3. Beck Depression Inventory: The Depression Inventory is a scale consisting of 21 items, including symptoms and attitudes, whose intensity varies from 0 to 3⁽¹⁴⁾. The items refer to sadness, pessimism, sensation of failure, lack of satisfaction, sensation of guilt or punishment, self-deprecation, self-accusation, suicidal ideas, crying spells, irritability, social withdrawal, indecisiveness, distortion of body image, work inhibition, sleep disturbance, fatigue, loss of appetite, weight loss, somatic preoccupation, decreased libido. According to the author of the instrument⁽¹⁴⁾ the choice of appropriate cutoff point depends on the nature of the sample and the study objectives. Another author⁽¹⁵⁾ points different cutoff points for assessing the intensity of depression in depressed patients: 0-9, minimal, 10-16 mild, 17-29 moderate, 30-63, severe depression. If the goal is to detect the maximum number of depressed people, the cutoff should be lowered to minimize false negatives. Even though the number of false positives will increase, this method is useful in screening possible cases of depression. For this study, which had the objective of verifying signs of depression in spouses, the cutoff point used was above nine.

4. Family genogram: an instrument designed to evaluate the affection and conflict in family relationships⁽¹⁶⁾. Affection was defined as a set of positive feelings between people. Already negativity was defined as the total of feelings that can be asource of stress demonstrated among family members. The adjectives used were selected

by a group of researchers based in part on personality descriptors selected. They are: kind, affectionate, loving, caring, cheerful, happy, caring, lively, pleasant, distant, angry, aggressive, stressful and tense. In answer sheet were combined adjectives referring to one of the family members where the person who is evaluating its relationship with that member must respond according to five categories ranging from 'does not match' to 'fully matches' (Likert scale ranging from 1 to 5). Research with family genogram applied in university revealed that for the child-mother dyad was found a Cronbach alpha of 0.95 for the affective factor and 0.87 for conflict factor, the child-father dyad showed a Cronbach alpha of 0.96 for the affectivity factor and 0.91 for the conflict factor, the mother-father dyad obtained a Cronbach alpha of 0.97 for the affectivity factor and 0.91 for the conflict factor. The whole procedure lasted on average 10-15 minutes.

Data Analysis

Quantitative analyzes of family genogram and qualitative analyzes of information obtained from the interviews were conducted and these have been organized into categories. The data analysis of family genogram was done through nonparametric tests, paired tests, tests for related samples using the SPSS 14.0 - SPSS - Statistical Package for the Social Sciences. The following non-parametric test was used: Wilcoxon test for two related samples. Interview data were organized into categories: sociodemographic characteristics, life history, marital relationship and relationship with the children. The Beck inventory was evaluated according to the instructions of the standard instrument.

Results

The results were organized into categories to describe more clearly the characteristics of the wives. Listed below are the categories;

1. Sociodemographic characteristics - age group from 30 to 50 years belonging to social classes D and E, most with low educational level: 21.42% was not literate and 78.58% had incomplete primary education, 50% had professional activities of domestic and clerk and 50% did not exercise professional activities and had an average of four children.
2. History of the family of origin - most had a history of alcoholism of the father or the brother and distant or conflictual relationship with the birth family and the families were headed by the mother. The father, according to participants, was controlling, authoritarian and aggressive, just a wife reported that her mother was an alcoholic and aggressive and his father had no problems with alcohol. Speech of wives describes this: *Stern father, for anything he became violent, the mother was patience (Wife 3). Father would not let me leave the house (Wife 5). Father hit the mother and almost strangled her, and then my older brother defended the mother and hit his father (Wife 1).*

Some wives said they did not have the support of parents and felt alone. It can be noticed that they experienced distant family relationships, feelings of

abandonment and complained about the lack of emotional support from parents. These feelings can be seen in the following statements: *I can not have my family's support, only from God. (She cried when talking about her family, Wife 3). After the mother died the father abandoned the family, I have no contact with my family (Wife 2).*

They referred to financial losses and the fact of the father being violent as a result of alcoholism. But many of them spoke of the father with a certain sense of "compassion" for the suffering he experienced. Even if they are adults and have their own family, they proposed to take care of the father when he was sick. Therefore, it can be said that in their families of origin they assumed the role of caregivers. In the following lines we observe the feeling of compassion and care that they had with the father: *Father and mother are sacred. Ah! Father, poor thing. Alcoholism destroys the family (Wife 1). He drank socially. He was a daddy and never let miss anything in the family (Wife 2). I took care of the father and worked to help the mother because he was sick (Wife 5).*

It is noticed that many of them had the model of severe and violent father and caregiver mother. They experienced moments of confusion of feelings towards the father. In a moment they feared the father and perhaps felt anger at the aggressive attitudes directed to the mother and themselves, and in another moment they saw him as someone who needed help, and then cultivate feelings of solidarity and compassion. Perhaps this conflict drove them to take care of the father motivated by compassion of the suffering of the father or/and the mother's suffering.

Living with father's alcoholism was repeated in living with an alcoholic husband⁽¹⁷⁾. Their childhood and adolescence were centralized in alcoholism of a family member.

3. Marital relationship - all husbands were unemployed, the average time of marriage was 15 years and on average after 10 years they realized alcoholism as problematic. Only four of the fourteen husbands were at the stage of withdrawal. They expressed that the situations that more anguished them were the suicide attempts of the husband, sometimes witnessed by a child, and the reactions of aggression of the husband with his wife and children. They also reported feelings of shame, guilt, helplessness because they do not know how to deal with an alcoholic husband and the emotional and behavioral reactions of children. The speech of this wife clearly expresses the feeling of guilt and shame: *I could have done something, I could have avoided all this, but I ignored it. If he had been hospitalized, I could have avoided all. But I waited him to become conscious (Wife 2). I was ashamed of his alcoholism. One day someone tried to burn his body, he was lying in the street (Wife 1).*

Most wives reported that their husbands were aggressive due to jealousy and alcohol abuse, 60% of them were victims of aggression. Some wives have experienced the separation episode, but they eventually returned because they felt sorry for the husband. Many of them assumed the role of caregivers in the same way that they did into their family of origin. Others said that they were betrayed and that today do not live as husband

and wife, only live in the same house. They experience a confusion of feelings toward her husband as well as lived in the relationship with their parents. The conflict lived in the marital relationship can be observed through this speech: *Sometimes I fight with him and then I regret it. We sleep in a separate room (Wife 4). I liked him, but over the years I have turned this into shame and anger. When he does not drinks he is normal. I thought he had another woman. We discussed whenever he drinks. I can not stand it. All is quiet when he's away (Wife 5). He fights because of jealousy from the beginning, an insane jealousy (Wife 6). When we fight he goes out and drinks. The fight is because of the children (Wife 7). He thinks I'm bad. Today we live without conversation. He cheated on me with other women in the bar. Three years ago he sleeps in a separate room. I tried to separate, he left home several times (Wife 8). When he drinks he gets violent. When he drinks I sleep separately. Outside the drink he is affectionate (Wife 9).*

They still qualify the marital relationship as distant, very stressful, tense and unloving. According to data from family genogram they perceive the relationship with their child as being more emotional than the relationship with her husband ($p = 0.003$). There is also a tendency to perceive more conflict in the relationship with her alcoholic husband than in the relationship with their child ($p = 0.065$).

In the organization of these families the wives, besides taking care of children in relation to educational issues, had also assumed the financial maintenance of the family, as many spouses were unemployed. So it was their responsibility to decide and resolve most of family problems. Husbands were more passive in these matters. The accumulation of liabilities assumed by the woman and the husband alcoholism are family stress factors that are affecting marital relations and even the relationships between parents and children, possibly causing the same symptoms of depression⁽¹⁸⁾.

4. Relationship with children – they reported that due to alcoholism their children had fear, nervousness, involvement in fights with classmates, learning disability resulting in school failure, psychosomatic reactions (difficulty in digestion of food and loss of sphincter control). The speech of this wife shows these reactions of children: *At age five my son returned to pee and poop into his pants. Today, at 8 years old the teacher said he had slow learning (Wife 1). When he was a three years old baby he was afraid of him and still do. The 10 year old daughter was nervous and fought at school (Wife 2). From birth she is traumatized. She is nervous and cries a lot (Wife 3). When he (the son) saw his father drunk he was scared and cried (Wife 9).*

The family genogram data showed that most women have loving, emotional and thoughtful relationship with their son. Many said that the relationship with their children is more affective than with their husband ($p = 0.003$).

5. Signs of depression- all women had a score above eight in the Beck Depression Inventory. The results showed that 90% of women showed signs of depression, according to a cutoff equal and greater than 10⁽¹⁵⁾. The most marked items whose scores contributed to the final score of the Beck Depression Inventory were loss of libido and irritant reactions.

Discussion

Confirming literature data, the wives of the present study showed signs of depression and qualified the marital relationship as stressful and confrontational⁽¹⁻²⁾. The signs of depression are probably arising from the marital relationship conflict and task overload that they have assumed. Wives of alcoholics show signs of anxiety, depression, aggression and cognitive impairments as indicative of high levels of psychological distress⁽¹⁹⁾.

The family of origin data confirmed that most wives of alcoholics were daughters of alcoholic parents. The literature suggests that the alcoholic son has difficulty to differentiate themselves from their family of origin and a form of pseudo-differentiation is get married to an alcoholic and so perpetuate a super responsible family role⁽²⁰⁾. When the wives of alcoholics assume the role of caregivers of their husbands and become responsible for the financial support they are repeating the same process they experienced with their parents, what makes us think that they sought a pseudo-differentiation of their family of origin⁽¹⁷⁾.

Children of alcoholics are more likely to marry an alcoholic than children of non alcoholics⁽²¹⁾. Grow in the presence of alcoholism seems to constrain women to form their families with alcoholics⁽²²⁾.

Besides paternal alcoholism be associated with damage in children's development⁽²³⁻²⁵⁾ unsatisfactory marital relationships may also cause physical and psychological problems in the children, including: health problems, depression, low social competence, low academic performance and various other conduct disorder correlated.

Women⁽⁹⁾ victims of violence are more likely to develop depression, confirming the results of this research that showed that wives victims of marital violence presented more signs of depression. The use of alcohol can be considered a risk factor for the occurrence of domestic violence and consequently the emergence of depression in wives⁽⁵⁾. Regarding to identification of feelings directed toward the spouse they experience a confusion of feelings mediated by alcoholism of her husband corroborating other studies⁽⁴⁾.

The association between marital dissatisfaction and alcohol perceived by these women who reported the presence of conflict in the relationship with her alcoholic husband and more affection with your child is confirmed in other studies (12). Probably marital conflicts drive the wife to an affective relationship closer to the child as a way to compensate the experience of marital dissatisfaction.

Final considerations

Obtain information about data regarding the life history of family of wives of alcoholics through the genogram and family genogram can help in understanding the family dynamics. And also in the development of intervention programs targeted to work with conflictual family relationships in the context of alcoholism, which if not tackled tend to repeat in future relationships.

In general, society and health professionals deposit in wives of alcoholics task of care and providing emotional support for the alcoholic, especially at the time of his recovery. However, few studies have evaluated whether they have the psychological resources to assume this task. The present study showed that women who live with the stressful situations of alcoholism of husband present symptoms of depression and have a family history of relationship difficulties that are probably associated with their personal difficulties. The data confirm that they need a specialized service to improve their quality of life to be trained to assist in the rehabilitation of alcoholics.

The data from this study can not be generalized and it is impossible to say that the behavior of wives of alcoholics in this group is a pattern since the study did not carry out a comparative analysis with wives of non-alcoholics. It is suggested to carry out comparative and longitudinal research on the interactive approach to investigate the association of family relationships and mental health of family members with alcoholism. Develop and test an intervention program with wives of alcoholics is also important.

It is concluded that interventions with the wives of alcoholics enabling them to deal with the stress of living with an addict spouse can contribute to the treatment of alcoholics, improve family relationships and reduce behavioral and emotional damage of children living in this environment.

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