

SOCIAL SUPPORT, COPING RESOURCES AND CODEPENDENCE IN SPOUSES OF INDIVIDUALS WITH ALCOHOL AND DRUG DEPENDENCE

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ABSTRACT

This study examines the relationship between social support, coping resources and codependence in the wives of individuals with drug and alcohol dependence. Thirty male individuals each with drug and alcohol dependence were assessed for severity of addiction by Addiction Severity Index (ASI). Their wives were administered Social Support Scale (SSS), Coping Resources Inventory (CRI) and Codependence Assessment Questionnaire (CAQ). Of the sixty patients, forty nine were found to be codependent. On ASI, the codependent group had more impairment in the financial and the legal domains of the husbands whereas non codependent group had more impairment in the psychological domain. Codependent wives had lower coping resources and social support. On multivariate analysis, three variables were found to be significant predictors of the development of codependence in the wives. These were (i) husbands' duration of drug or alcohol abuse, (ii) total CRI score and (iii) husbands' ASI employment score.

Key words : Social support, coping resources, codependence, alcohol dependence, drug dependence.

The presence of individual with alcohol or drug dependence in the family affects various aspects of family like leisure time activities, family and social relationships and finances. The perceived and experienced stress and its consequences depend on the degree of tolerance and acceptance of the behaviour of individual with alcohol or drug dependence by the family members. Although the whole family is affected due to the presence of an individual with drug or alcohol dependence in the family, most of the researchers have focussed on the effect on wives who often fail to recognize the degree of their own pain. Their energies become centred on the individual with drug or alcohol dependence which leads to the development of codependence. Their own personal needs, creativity and sexual and aggressive urges are suppressed. These processes block the growth and development in

the cognitive, emotional and spiritual aspects of the individual, and over a period of time, the codependent spouse may become prone to stress related diagnosable psychiatric disorders. The development of codependence, is however, influenced by many factors including available social support and coping resources employed. Infact, seeking and receiving social support is, in itself, a major form of coping activity and can lessen the load of coping with the stressor, alter the nature of the stressor itself, and minimize the negative effects of the stressor (Cobb, 1974). There is increasing evidence to suggest that maladaptive ways of thinking and behaving occur disproportionately more among wives of individuals with drug or alcohol dependence who have poor social support. Appropriate or inappropriate coping strategies adopted by the wives to deal with the stress depend partly on the social adjustment of

the individual with drug or alcohol dependence and the severity of addiction. The coping strategies used by them include pleading, threatening, arguing, avoiding, withdrawing sexually, being indulgent, taking greater control or responsibilities, seeking outside help and taking steps towards separation (Orford, 1975; Orford and Guthrie, 1976). This study examines the relationship between social support, coping resources and codependence in the wives of individuals with drug and alcohol dependence.

MATERIAL AND METHOD

Individuals with drug and alcohol dependence (30 each) were selected randomly from the inpatient as well as the outpatient department of the drug dependence treatment centre of the All India Institute of Medical Sciences, New Delhi. Male patients in the age group of 18 to 50 years with a diagnosis of alcohol or drug dependence according to ICD-10 criteria (WHO, 1992) and duration of dependence of more than 5 years were included. Only wives in the age group of 18 to 50 years staying with the patient during the last 1 year prior to the study were included. Excluded were the patients with multiple drug dependence, history of major psychiatric disorder and major psychiatric or physical illness in the family. Exclusion criterion for the wives was a history of major psychiatric or physical illness. Major psychiatric disorders (like schizophrenia, mania, depression and other psychoses), in the patients as well as the wives, were excluded by clinical assessment.

The severity of addiction in selected patients was assessed with 'Addiction Severity Index' (ASI) (McLellan et al, 1980). Their wives were administered three questionnaires viz. CRI (Hammer, 1988), SSS (Dube et al, 1988) and CAQ (Efron and Efron, 1989) to assess their coping, social support and codependence respectively. The CRI consists of 60 items and measures the coping resources in five domains viz. cognitive, social, emotional, spiritual/philosophical and physical. Every item is scored on a four point scale.

Five individual scale scores and a total resource score were obtained and then these raw scores were converted into standard scores as described in the CRI manual. Higher scores denote higher coping resources. In CAQ, a self administered questionnaire, the items are grouped under eight characteristics viz. fear, shame/guilt, prolonged despair, anger, denial, rigidity, impaired identity development and confusion. All the items had dichotomous responses i.e. yes/no to indicate presence or absence of a particular characteristic. At least two items had to be scored 'yes' in any major area for that characteristic to be considered positive for codependence. Codependence was present when the individual reported at least 5 out of 8 characteristics positive. The 'SSS' has been designed for the assessment of social support available to a person during the illness. The scale has four dimensions viz. (i) social network support, (ii) financial support, (iii) emotional support and (iv) belief support. Every item is scored on a five point scale. The greater the score, the higher is the social support available to the person.

On the basis of 'CAQ', the wives were designated codependent if they reported at least 5 of the 8 characteristics positive. The average value of 'ASI' score of husbands' of codependent and non-codependent wives were statistically compared. Average 'CRI' and 'SSS' scores of wives were also compared by applying Wilcoxon Rank Sum Test (non-parametric). Stepwise logistic regression analysis was done to determine the predictors of codependence among the wives. For this, initially a univariate logistic regression analysis was performed and all those variables showing statistically significant association ($p < 0.25$) were selected as candidate variables to be used in stepwise logistic regression. STATA 6.0 intercooled version software was used to analyse the data.

RESULTS

Majority of the patients were in the age group of 31 to 40 years (mean age : drug

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dependence group = 36±5.3 years; alcohol dependence group = 38±6.1 years) and most of the wives were in the age group of 20 to 30 years (mean age for drug group=31 years; mean age for alcohol group=33.5 years). The wives of individuals with alcohol dependence had higher educational qualification than the wives of individuals with drug dependence. Individuals with alcohol dependence did not differ from those with drug dependence in their employment status but the wives of individuals with alcohol dependence were more often employed than those of individuals with drug dependence ($X^2=1.96$, d.f.=1, $p<0.05$). Majority of patients in both the groups were living in nuclear families and in urban area. There was no significant difference in the duration of marriage of the two groups (mean duration for the drug group=13.8±5.3 years; mean duration for alcohol group=14.5±6.4 years).

Duration of abuse was significantly longer ($t=3.83$, $p<0.001$) in the alcohol group (mean duration=14.9±7.1) than the drug group (mean duration=8.8±4.8 years). The 'ASI' scores of patients whose wives were codependent were compared with the scores of patients whose wives were not codependent (Table 1). In the codependent group, husbands had more impairment in financial and legal domains ($p<0.05$) and in non codependent group, there was more impairment in psychological domain ($p<0.05$). Codependent wives had significantly lower coping resources and social support as compared to that of non codependent wives (Table 2). The age of

TABLE 1
ASI SCORES OF HUSBANDS OF CODEPENDENCE AND NON CODEPENDENT WIVES

ASI score	Codependent (n=49) Mean±SD	Non codependent (n=11) Mean±SD	Test statistic
Medical	0.12±0.26	0.27±0.37	N.S.
Employment	0.59±0.30	0.63±0.17	N.S.
Drug/Alcohol	0.56±0.31	0.67±0.26	N.S.
Financial	0.52±0.19	0.35±0.23	2.33, $p<0.05$
Psychological	0.16±0.16	0.32±0.18	2.70, $p<0.05$
Legal	0.02±0.17	0	2.11, $p<0.05$

TABLE 2
CRI AND TOTAL SSS SCORES OF CODEPENDENCE AND NON CODEPENDENT WIVES

Variables	Codependent Mean±SD	Non codependent Mean±SD	Test statistic
'CRI' scores	37.5±10.8	51±8.8	4.35, $p<0.001$
Total 'SSS' scores	99.67±14.82	118.27±15.27	3.66, $p<0.01$

the wives was significantly lower in the codependent group as compared to the non codependent group (Table 3).

Out of 49 codependent wives, 27 (55%) were from the drug group and 22 (44.9%) were from the alcohol group. Of these, 35 (71.4%) had husbands with a duration of drug abuse of less than 10 years and 14 (28.6%) had husbands with duration of abuse of more than 10 years. Amongst 11 non codependent wives, 3 (27.3%) were from the drug group and 8 (72.2) from the alcohol group. Only 2 (18.2%) had husbands with duration of abuse of less than 10 years whereas 9 (81.8%) had husbands with duration of abuse of more than 10 years. The duration of abuse was more in the non codependent group than in the codependent group ($X^2=8.64$, d.f.=1, $p<0.01$).

TABLE 3
AGE-WISE DISTRIBUTION OF CODEPENDENCE AND NON CODEPENDENT WIVES

Age (in years)	Codependent n=49 n (%)	Non codependent n=11 n (%)	Test of proportion
<30	28 (57.5)	2 (18.1)	$X^2=7.45$, d.f.=2, $p<0.001$
31-40	18 (36.7)	6 (54.5)	NS
41-50	3 (6.1)	3 (27.2)	NS

On multivariate logistic regression analysis, three variables were found to be important, of which two variables were statistically significant predictors of the development of codependence in the wives (Table 4). These variables were (i) duration of husbands' drug or alcohol abuse

TABLE 4
RESULTS OF BIVARIATE ANALYSIS AND
MULTIVARIATE LOGISTIC REGRESSION ANALYSIS
WITH CODEPENDENCY AS A BINARY OUTCOME

Variables	Codependent		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Duration				
<10	9	14	11.25 (2.37-28.31)	10.2 (1.52-68.00)
>10	2	35	1.0	1.0
CRI score				
<40	8	8	13.67 (3.14-58.51)	14.3 (1.31-15.7)
>40	3	41	1.0	1.0
ASI employment				
>0.5	7	12	5.39 (1.41-20.47)	5.3 (0.82-34.3)
<0.5	4	37	1.0	1.0

($p < 0.05$), (ii) coping resources (total score) of wives ($p < 0.05$) and (iii) husbands' ASI employment score (improved $p = 0.054$). It was observed that the chances of becoming codependent were ten times more if the duration of abuse was less than ten years than if it was more than ten years (Adjusted O.R. = 10.2). It was also observed that the risk of being codependent was 14.3 times more if the coping resources score was less than 40 than if it was more than 40 (Adjusted O.R. = 14.3). The chance of being codependent was five times higher in wives whose husbands had ASI employment score more than 0.5 than the wives whose husbands scored less than 0.5 (Adjusted O.R. = 5.33)

DISCUSSION

Mean age at onset of alcohol dependence (23.1 years) in our study was lower than that of drug dependence (27.2 years). This was an unexpected finding because it is well known that alcohol dependence generally develops at a later age than drug dependence. However, our centre being a tertiary care hospital, patients with more severe course may have been predominant in our study and there is some evidence to support that those with type 2 alcohol dependence have an

earlier onset and more severe course (Schuckit, 2001).

Codependence in this study was found to be more common in wives less than 30 years of age. It is difficult to say whether the older wives had codependence in the past and later become non-codependent. This can be related to the findings of Jackson (1954) who described 7 stages that the wives of alcoholics pass through and noticed that in the later stages, the wives accept their husbands' drinking, try to reorganize the family and take more responsibility. It is possible that during those stages of reorganization, wives come out of codependence.

The association of the impairment in husbands' financial and legal domains of life as per ASI scores with codependency in wife was on expected line that economic instability and legal problems (e.g. arrests, court case, imprisonment etc.) are major stressors for the wives of individuals with drug or alcohol dependence. It was found in this study that the chances of developing codependence in wives of dependent patients were 10 times more if the husbands' duration of abuse was less than 10 years. This could be because of decrement of perceived stress over time by the wives of the dependent patients or the improvement in the coping of wives over time as the family is reorganized. Another finding that the chances of being codependent amongst wives were 5 times more if patients had impairment in employment than if they did not have on expected line. Patients' impairment in employment contributes to lower social support to wife. As social support minimizes negative effects of stressors (Lazarus, 1980), decreased social support leads to more negative effects of stressors which in turn can give rise to development of codependence in the wives of individuals with drug and alcohol dependence. It was also observed that the wives with poor coping resources had more risk of being codependent. It is known that coping resources can modify and control the stress and change the situation (Pearlin and Schooler, 1978). Coping has been regarded as a highly individualised intrapsychic defence

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against threat (Litman, 1979). By modifying the stress and controlling the situation coping resources can prevent development of codependence.

In this study it was observed that the wives of individuals with drug and alcohol dependence who had poor social support, less coping resources and whose husbands had less impairment in employment had more chances of developing codependence. As of now, not much is known about the diagnostic validity of codependence though some of the recent evidence supports the concept of codependence (Gotham and Sher, 1996; Hinkin and Kahn, 1995; Carson and Baker, 1994). What happens to codependence, in the long run, is not clear. Our model of codependence was a linear model i.e. stress - coping with stress and social support - codependence. Codependence was the end product in this model which may not be absolutely true in all situations. In fact, some of the investigators (Carson and Baker, 1994; Hinkin and Kahn, 1995) do not agree with this model. Ideally, codependence model should be an interactional model and all family members should be interviewed to study the family interaction and development of codependence. Only some of the variables like social support, coping resources and severity of addiction have been examined for the development of codependence in the wives. Other variables like personality of the wives, ego functions and situation specific factors could also be important in the development of codependence. In future research, actual coping strategies and quality of available social support also need to be examined.

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